<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004013</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 16</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Paudie Galvin</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Valerie McLoughlin</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>11</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
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</table>
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 3 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
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<tbody>
<tr>
<td>27 July 2015 09:30</td>
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<tr>
<td>28 July 2015 14:00</td>
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<tr>
<td>31 July 2015 08:00</td>
<td>31 July 2015 12:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

This registration monitoring inspection of community houses Rathfarnham - Good Council Health Services Executive (HSE) was announced and took place over two and a half days. This is the first inspection of this centre by the Health Information and Quality Authority (the Authority). The provider nominee, Paudie Galvin is accountable to the board for 9 centres, one of which includes Good Council, Rathfarnham. He had applied to register 11 places to provide care for residents with moderate to severe intellectual disability, complex medical needs and mental health needs.

As part of the inspection, inspectors met with residents and staff members.
Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures. Inspectors received questionnaires from residents and relatives which were complimentary of the service being provided at the centre.

A support inspector focused on the outcome related to premises and the lead inspector visited the three houses where residents lived and monitored all the outcomes. Staff files had been reviewed prior to this inspection, as all staff files were stored at head office.

The provider nominee is accountable for this centre and all similar Good Councils centre’s on the South side of Dublin. A fit person interview was carried out with the provider nominee during a previous inspection. He was found to be knowledgeable in his role and the requirements of the regulations. The provider nominee is supported by a director of nursing, the person in charge and a team of nurse managers. Residents’ assessments, care plans and evaluation of health care were met to a high standard. There was a limited evidence that residents had behaviour that challenges, when it did occur it was found to be well managed.

Staff were found to be kind, caring, well trained and competent in their role. Staffing levels and skill mix were not consistently adequate to meet residents current social care needs. Lack of staff meant that residents had limited opportunities to engage with the local community and residents did not have the freedom to return home from day services early as the centre was not staffed during the day. The provider nominee was actively trying to recruit additional staff to enable residents to have a better quality of life and it was envisaged that new staff would be in place in the near future.

The inspector found that residents were supported to develop and maintain personal relationships and links with their family and they were encouraged and welcomed to be involved in the lives of residents. Resident’s communication needs were also assessed and met to a good standard.

While the location, design and layout of the centre are suitable for its stated purpose and meets residents’ individual and collective needs of residents in a comfortable and homely way, some maintenance work was required in one of the houses.

The health and safety of residents, visitors and staff is promoted and protected and an annual report of the quality and safety of care and support in the designated centre was available. A copy of this report had not yet been provided to residents in an accessible format. The Statement of Purpose required additional details to be in line with the regulations.

Areas for improvement on this inspection include, staffing, maintenance in one of the houses, medication management, and implementation of the risk management policy, further development of life skills. In addition residents needed to be informed about the plans in place to ensure their needs will be met following closure of the day service on campus. Residents who required staff support for holidays needed clarity about these arrangements.
The non compliances are discussed in the body of the report and included 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.**

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>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.</td>
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**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors found that residents were provided with access to employment, education and day services within the services and in the community.

Residents were consulted with and participated in decisions about their care and the organisation of the centre. They also had access to advocacy services and this information was accessible to residents and visitors. Information about residents’ rights was available to residents and residents were aware of their rights.

Inspectors found that residents were consulted via the residents committee about how the centre was managed. There was weekly discussion with the residents to plan things like social activities, the menu, and planning birthday celebrations. The residents reported that they felt they were involved in making decisions about their daily routine, and decisions such as how they decorated and cared for their home.

The residents guide met the requirements of the regulations, for example it was completed in picture and word format and provided a very good overview of the services being provided.

Residents can meet their visitors in private.

Residents have opportunities to participate in activities that provide meaning and purpose to them, and which suit their needs, interests and capacities.

Residents told inspectors that they were able to make decisions about their own lives, setting the goals they want to achieve, for example going home for weekends, attending concerts, and gaining employment in the community.
Each resident had their own weekly schedule that included a wide range of activities such as training, attending literacy classes, employment, household tasks, cutting the grass and social activities. Residents make arrangements to do their own laundry and staff offered support as required. It was clear from a review of the records and from talking with the residents that they were involved in developing their support plans. However, residents told inspectors that they were very concerned as they did not have a holiday last year and they were unsure if they would receive staff support to take a holiday this year. This is discussed in more detail, and actioned as requiring improvement, under outcome 16; use of resources.

Inspectors found staff to be committed and diligent in their work. However, due to staff shortages staff were unable to support residents fully to develop their life skills. This is discussed in more detail under outcome 16; use of resources.

Staff told inspectors that they are unable to take residents food shopping as one person is unable to supervise three residents who are at risk of wandering and getting lost. Staff in another house were unable to take residents shopping as the dependency needs of the residents was high and there were not enough staff to support residents outings. This is discussed under outcome 17, staffing; and is actioned as requiring improvement under outcome 16; use of resources.

Residents in two of the houses told inspectors that they liked to have a lie in on the weekend and relax over the weekend. They explained that the centre is closed from 09.00 to 17.00 and as a result they cannot go back to their house during this time. If they are feeling unwell during the day, they have to go to the day care centre on campus until their house re-opens. The person in charge explained that additional staff can be made available to care for any resident feeling unwell, but that a period of notice would be required to facilitate this.

Some residents attended day services where they took part in activities of interest to them, and made new friends. Other residents choose not to attend day services and staff ensured suitable activities were available to meet residents needs such as going out to the shop’s, meeting friends in the community, or attending the active retirement group.

The complaints policy met the requirements of the regulations, for example it clearly outlined the appeals process. It was in an accessible format for the residents.

A review of the complaints log showed that complaints had been well managed and learning had occurred within the centre as a result. All of the residents spoken with said they knew who to speak to if they had any worries. There was a summary of the complaints procedure in an accessible formation available on the wall in the sitting room in each of the houses.

Inspectors found that staff were respectful of residents’ privacy and dignity and were observed knocking on the main door of residents’ bedroom, and waiting for a response to enter. Some residents had keys to their house and they could come and go as they pleased.
On the day of the inspection residents spoken with knew the staff by name and said they felt the staff treated them well and were kind to them. Inspectors observed residents and staff to have a friendly, caring relationship.

Staff respected residents’ personal information. Inspectors saw that resident’s files were stored securely to maintain confidentiality. Personal letters were delivered to residents, and residents had access to a phone to make calls in private if they wished.

Residents were registered to vote, and supported to access the polling station if they required support.
Inspectors found there were adequate facilities for occupation and recreation. Residents told inspectors that they enjoyed getting together with their friends and family.

Residents told inspectors that they liked their home and that they had enough room to keep personal possessions, for example, family photographs, books and clothing. The inspector found that there was adequate space in residents’ bedrooms for residents’ personal effects.

There was a policy in place to protect and manage residents’ personal finances and personal possessions. All residents had a money management assessment completed, and a number of residents managed their own monies. Other residents attended a money management course to promote their independence in managing their money with some support from staff. The inspector reviewed the policy and found it met the requirements of the regulations. For example residents’ monies over a specified amount were maintained in their own personal bank account.

Inspector checked the procedure that was in place to manage small amount of residents’ monies and found good record keeping in place. Monies withdrawn and lodged were signed by two staff members. Balances checked were correct. The person in charge audited the procedure of managing residents’ monies regularly to ensure staff were adhering to the policy.
Inspectors found that there was not a system in place to provide an up to date list of residents’ personal possessions as required by the Regulations.

Inspectors found that medical records and other records, relating to residents and staff, were not consistently stored in a secure manner in one of the houses as the office door was left open and unlocked and was accessible to residents and visitors.

**Judgment:**
Non Compliant - Moderate
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:
Overall residents’ communication needs were met to a good standard. Personal plans detailed residents preferred method of communication, for example, the use of hand gestures, pictures and the use of plain sentences. Residents had access to radio, television, newspapers and magazines.

Residents were seen to access their local communities and explained how they enjoyed going to the swimming club and working as volunteers in local shops.

Residents were not facilitated to access assistive technology and aids and appliances where they are required to promote the residents’ full capabilities as they did not yet have access to the internet. The provider explained that he had applied for internet access and awaiting its installation in September.

Staff were aware of the communication needs of residents and these were clearly described in the communication care plan maintained on file for each resident.

The staff on duty interacted with residents in a caring, respectful and patient manner, and they ensured that each resident had an opportunity to be heard and valued for their contribution to discussions. On the day of inspection it was apparent that the residents and staff had a very good relationship. Residents knew the person in charge and the staff on duty by their first name.

Judgment:
Substantially Compliant

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

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
The inspector found that residents were supported to develop and maintain personal relationships. Where possible staff supported residents to develop links with the wider community.

Residents told inspectors that they were able to see their family and friends at times that suited them, and that they could see them in private. Inspectors observed staff supporting residents to visit their friends in other houses on the campus.

The inspector reviewed the policy in place about visitors. There are no restrictions on visits by friends, except when requested by the resident or when the visit or timing of the visit is deemed to pose a risk.

A number of residents spent weekends at home with their family, and went on holidays with family members.

Support plans set out the key relationships in resident’s lives as part of their support network, and any support that was needed to maintain those relationships. There were records of the contact residents had with their family and others.

Some residents were supported to take reasonable risks in their daily lives, following risk assessments of their skills and abilities to identify the support they required. For example, some residents travelled independently to work by bus, while other residents were developing skills in social activities such as playing pool.

Many residents sought educational opportunities and were successful in achieving educational certificates, trophies and medals which they said they felt very proud of.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There was a comprehensive policy in place which outlined the process to support residents moving in and out of the centre. The admission process was in line with the statement of purpose.
Each resident had a contract in place that explained the service to be provided and any additional charges that may incur as required by the regulations. For example, utility bills were “all inclusive” in the fees.

In addition each resident had a financial agreement in place that outlined payment details for rent, food and day care services, signed by the resident.

**Judgment:**
Compliant

**Outcome 05: Social Care Needs**

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

Care and support provided to residents reflected their assessed needs and the services outlined in the statement of purpose.

There was a comprehensive assessment tool in place, based on an adapted version of a validated, “human needs model of nursing” and Maslow's hierarchy of needs. For example, the model included an assessment of respect and dignity of residents, choice, psychological needs, healthcare, behaviour, belonging and health promotion.

Inspectors saw from the records that residents were involved in their assessment, to identify their needs and choices. Residents explained how staff supported them in their personal, social and educational development and what steps were needed to be put in place to achieve their goals. Residents enjoyed a range of activities, for example, going to the library, attending drama and art, reminiscence therapy, doing puzzles and colouring, Thai Chi, rug making, cinema, and going out for a drive or going for a walk.
Residents are supported to attend religious services if they wished to do so.

Residents are reviewed at the multidisciplinary team and there was recorded evidence that family members attended also if they choose.

Inspectors read a sample of the care plans and found that they completed to a high standard. They were seen to identify the support needs of the resident, and how they were to be met. They were person centred and focused on what people wanted from life, such as personal, social and environmental wellbeing including wellbeing in communicating effectively with a positive support plan if required, good mental and physical health, wellbeing priority goals, exercising rights, choosing their daily routine and interacting with others in the community.

The plans included any goals that had been set, and the progress made in meeting them.

The person in charge and staff gave details of the progress residents had made over time. This was clear from the support plans and from feedback from residents. Reviews were completed annually in consultation with residents or more frequently if required. The person in charge and the staff kept family members up to date with residents changing needs with the resident’s permission.

Psychology and psychiatric services were available to residents as required. Records showed that they were involved in residents care and their recommendations were implemented, monitored and reviewed. Residents reported that they felt supported by the staff and the health care team, for example, residents had access to occupational therapy, chiropody, ophthalmology, dental care and speech and language therapy.

Residents reported a high level of satisfaction with the service and they appeared to be very happy in their home.

**Judgment:**
Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The designated centre consisted of three, two-storey houses in suburban communities, located in such a way as to facilitate privacy and offer opportunities to engage with the local community. The houses were of a suitable size to accommodate the residents living there, with sufficient shared living space and private space to allow residents to be alone or to receive visitors. Each resident had their own bedroom, with a spare bedroom for the sleepover staff member, which doubled as an office and room in which files and medications are stored. There were a suitable number of bathrooms in the house.

The houses were comfortable, spacious, well-lit, homely and personalised for the residents living there. Photos, certificates, and trophies of the residents adorned the walls and mantelpieces of the shared living spaces, and the bedrooms were decorated as per the wishes of the residents.

The kitchen was clean and easily accessed by the residents. There was no risk determined around resident abscondion, hence the doors were not locked, allowing residents to freely step outside to smoke, to do some gardening or go to and from their jobs without restriction.

There was a number of maintenance issues that required attention in one of the houses and also in one of the storage areas outside. Records reviewed indicated that these issues had been referred to the maintenance department and there was in plan to address these issues.

Judgment:
Substantially 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 were systems in place to promote and protect the health and safety of residents, visitors and staff. Inspectors reviewed the policies and procedures that covered health and safety in the house, this included policies on incident reporting, infection control and missing persons. There was also an up to date safety statement that covered residents, staff and visitors.

The risk management policy covers the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents. The risk management policy had not been fully implemented and not all staff
were trained in risk management. There was a local risk register in place that was kept under review, however it did not contain all of the environmental risks in the houses, for example safe storage of chemicals and uneven surfaces on a pathway at the back of one of the houses.

There was a health and safety committee in place that met regularly and discussed issues such as fire safety and residents at risk of absconding. The safety committee reviewed the risks and escalated areas of high risks to the senior management team for review for example, the risks associated with inadequate staffing levels and skill mix and the risk of using temporary agency staff. This will be discussed in more detail under outcome 17, and actioned under outcome 16; use of resources.

Inspectors observed a range of measures in place in the centre to manage risks in relation to health and safety, including manual handling training and fire training. The person in charge and the health and safety representative carried out a risk assessment of all the houses and identified risks such as risk of falls from trailing wires, fire doors held open and chemicals stored in unlocked cupboard. While control measures had been put in place to minimise these risks, there was no recorded evidence of regular monitoring of these risks. For example, inspectors found that chemicals were stored in unlocked cupboards which could pose a risk to residents.

The person in charge reviewed all incidents and accidents to identify if there were any patterns or trends or any actions required to reduce the risk of recurrence. There was evidence of learning from incidents and accidents, for example removal of hot flasks following an accident.

The centre has policies and procedures relating to incidents where a resident goes missing. Each resident had a care plan in place which provided details and photographic identification should it be required in the event of a missing resident. Emergency policies and plans were in place, for example alternative accommodation was available should residents be required to evacuate the house.

There was recorded evidence that infection control audits had been carried out and checks completed for example on hand hygiene and food safety procedures, with a compliance rate of 90%. Inspectors noted however, that infection control measures could be improved. There was no hand cleansing facilities such as hand gels or a hand washing station to minimise the risk of cross infection.

Records reviewed indicated that all vehicles were insured and road worthy.

All houses kept a well-maintained fire folder. Morning or evening fire drills were held regularly and at a mix of different times. Drill reports make references to who was on the premises, time taken to evacuate, and notes to take into consideration for the evacuation plans and the priority of assistance based on the residents mobility and cognitive capacity to evacuate. The fire folder contains logs of necessary daily, weekly, monthly and yearly checks, and invoices for equipment servicing. Evacuation routes were clear and doors that were held open electronically or magnetically will disengage in the event of fire. Emergency contacts and the evacuation assembly point were clearly identified.
A fire safety risk assessment report was conducted in June 2014, highlighting issues such as levelling off or painting yellow some steps or other level based trip hazards, applying new running man signs and “fire door; keep shut“ tags, having smoke detectors in ceiling alcoves, or ensuring that hatches or hot press doors are fire sealed. There were issues in the fire safety risk assessment report that had not yet been remedied.

Residents were well informed about fire safety, and could tell inspectors about how they participated in regular fire drills.

One of the house has recently been purchased after being rented previously, and plans have begun to update parts of the premises, such as removing an awkward set of outdoor steps that presented a tripping hazard. Emails reporting and addressing maintenance issues across all houses, including correspondence confirming completed jobs, were seen to be archived.

There was an established morning and evening cleaning routine. Mops were clipped to the wall rather than sitting in buckets, and were colour coded based on their area of usage.

**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:**
There were systems in place to safeguard residents and protect them from the risk of abuse and evidence of a culture of safeguarding residents.

There was a policy and procedure on the prevention, detection and response to abuse for adults. It included the definitions of different types of abuse including neglect and psychological abuse. Staff members had all received training in adult protection. Staff spoken with were knowledgeable in relation to the prevention, detection and
The person in charge was educated in safeguarding and very clear around the process of managing an allegation of abuse and its investigation. At the time of inspection, there were no cases of allegations of abuse recorded. Some residents spoken with in one of the houses during inspection were unable to communicate whether or not they felt safe in their home. Inspectors noted that residents appeared to be content in their home, and that there was a calm and homely atmosphere in each of the houses.

Residents spoken with in the other two houses told inspectors that they feel safe because the staff are helpful and friendly and there are always people around.

A restraint free environment was promoted. There were limited restrictive practices in use. There was minimal instances of behaviours that challenge. There was a policy in place for providing personal intimate care and all residents had a detailed care plan on how their personal intimate care would be met. Staff were familiar with the care requirements.

**Judgment:**
Compliant

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<tr>
<th><strong>Outcome 09: Notification of Incidents</strong></th>
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<tr>
<td><em>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</em></td>
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**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

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

**Judgment:**
Compliant
Outcome 10. General Welfare and Development
 Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors found that residents general welfare and development was being facilitated. Each resident had opportunities for new experiences, social participation and activities that matched their preferences.

Educational and training opportunities were available to all residents, and residents were being supported to engage in learning opportunities. For example, some residents attended college, workshops, literacy classes and courses on money management.

Records reviewed, and discussions held with residents and staff, confirmed residents had a variety of opportunities to engage. Each resident had their own weekly schedule that set out the range of activities they were involved in.

Residents who spoke with inspectors told of the different activities they took part in. This included attending day services, attending drama, art groups and swimming.

Residents asked to speak to inspectors and expressed concern that they did not know what they would do when the day centre on campus closed down. Residents told inspectors that they were concerned and anxious as there was no definite date of when the day centre would close down. They were worried that they would have no place to go to meet people, to be involved in activities or to continue to work. Staff told inspectors that residents had raised this concern at weekly meetings and that they had escalated the concern to senior management. Staff told inspectors that they were also concerned seeing the residents being upset. This issue and other issues outlined in this section of the report are actioned under outcome 16; use of resources.

Some residents were planning to retire and would be spending more time in their homes. The provider nominee was aware of the changing needs of the residents and had plans in place to develop a “retirement hub” for residents to attend. He explained that he was in the process of finding suitable accommodation.

Personal plans reviewed were guided by resident’s own interests and preferences and in some cases set out in their personal goals. The planning meetings between the residents and their key workers identified things residents wanted to achieve and some evidence was seen of these being met, for example, some residents were in full time or part time employment which meant a lot to them. Other residents were successful in obtaining FETAC education certificates which they felt proud of. Staff encouraged and
supported residents in achieving their goals and celebrated their success.

It was noted that an assessment of resident’s skills and where new skills could be developed would further improve their opportunities for development, for example in self medicating and assisting in making meals, cooking and baking.

Inspectors found staff were unable to support residents fully to develop their life skills due to staff shortages as mentioned under outcome 1. One resident explained how she used to love to cook and she told inspectors she did not have the opportunity to do so in the centre as she might burn herself. Staff confirmed that due to the lack of staff that it was very difficult to spend an adequate amount of time with residents to further develop their independence. In addition inspectors found that one staff member was responsible for all aspects of the residents’ care, transport arrangements, documentation, appointments, food shopping, cooking, cleaning and maintaining a home for the residents and this restricted the time available to work with residents to develop life skills. The action plan relating to this is under outcome 16.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 11. Healthcare Needs</th>
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<tbody>
<tr>
<td>Residents are supported on an individual basis to achieve and enjoy the best possible health.</td>
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**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors found that there were effective and efficient arrangements in place to provide a high standard of health care for each resident. Each resident is supported to achieve and enjoy the best possible health.

Health care needs were met to a high standard, for example residents with a history of diabetes, dysphagia (difficulty swallowing), seizure management, specialist dietary arrangements including residents with dementia related conditions. Residents had comprehensive care plans that guided staff to provide evidenced based practice. The person in charge ensured that staff had received training on the management of diabetes, epilepsy, dementia care and swallowing difficulties. Staff spoken with were knowledgeable about these conditions and the documentation was reflective of the residents assessed needs. Care plans reviewed were evidenced based and directed residents care.

When required residents were assessed by allied health professionals such as speech
and language therapists, dietician, ophthalmologist, occupational therapy and dental and their recommendations were reflected in the care plan, implemented and monitored closely. Staff in the houses and staff in day care communicated well and monitored residents’ condition carefully. Inspectors saw written records from day care on residents’ progress, for example food monitoring charts and information about continence care.

Staff detected any change in residents’ condition promptly and made appropriate referrals promptly. For example, referring residents with memory loss to the memory clinic for assessment, referring residents with continence problems to the GP. Following GP review they was recorded evidence of referrals to specialist consultant services for retina examination, ultra sound examination and urology services.

Staff were proactive in maintaining a safe environment for residents, for example risk of falls. Inspectors found that residents had a risk assessment and a multidisciplinary care plan in place for falls prevention and management to include measures such as prompt referral to the occupational therapist and medication reviews.

There was recorded evidence that therapeutic blood results were reviewed by the GP and medications adjusted accordingly in a timely manner.

The person in charge ensured that residents with a history of dementia had their needs met. Residents with dementia were referred and reviewed annually by a dementia nurse specialist, and care plans were in place to guide residents care. Staff had also received training about dementia related conditions.

Plans were formally reviewed yearly, but more frequently if there was a change in the residents’ health status, for example evidence of difficulty swallowing, raised blood glucose and hearing loss.

Residents had access to a range of medical and allied healthcare professionals based on their assessed needs, for example physiotherapist, dietary, occupational therapy, chiropody, psychology, psychiatry and medical consultants. Residents were assessed for specialist seating, and inspectors noted that residents had been provided with suitable seating to meet their needs.

Residents had access to a general practitioner (GP) of their choice, and access out of hour’s service medical services. Health assessments had recently been put in place to ensure residents received appropriate health screening, for example, prostate examination.

Residents planned their own menus with staff support. Inspectors saw that the healthcare assistants cooked residents’ meals very nicely. Staff told inspectors that they buy fresh vegetables, fruit and meat weekly. Inspectors noted there was a good supply of fresh products in the centre.

Staff were available to provide discrete supervision at mealtimes as required. A number of residents required assistance with their meals, and inspectors observed staff providing appropriate assistance in an un Rushed and appropriate manner. There was good record keeping of food intake for those residents requiring monitoring, for
example, residents with diabetes, residents at risk of weight loss and residents with a poor appetite. Inspectors observed staff returning to residents who had not eaten much for lunch and providing a snack.

Inspectors found that there was an ample supply of snacks available. Fresh fruit and juice was available during the day which residents could access whenever they wished.

Judgment:
Compliant

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 written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Improvements were required in the prescribing of medications. Each resident had a typed comprehensive medication administration record (MAR) in place. The nursing staff administered medications from the MAR, not from the prescription chart.

A number of prescriptions were overwritten (rather than re written) which made it difficult to read the name of the medication. The strength of medications was not always recorded and the purpose of pro rota (as required medications) was also not consistently recorded. These practices could increase the risk of medication errors occurring and result in poor outcomes for residents.

The processes in place for the handling of medicines are safe and in accordance with current guidelines and legislation. There are appropriate procedures for handling and disposing of unused and out-of-date medicines.

Staff adhered to best evidence guidelines on the management of PRN medications. For example, the use of medications to reduce anxiety was not given as a first option. Staff considered alternatives first, such as chatting about events, and the use of distraction such as providing a hairdo. Records were maintained of the amount and the frequency of these medications administered in a 24 hour period, and there was no evidence of overuse.

A system is in place for reviewing and monitoring safe medication management
practices. The pharmacist carried out a medication management audit in May 2015. There was evidence of improvements put in place following this audit, for example monitoring of the fridge temperature and monitoring therapeutic blood levels for people prescribed special medications.

The person in charge has a system of audit in place for medication management. Inspectors noted improvements made as a result, for example the residents photograph was attached to their medication administration record (MAR) for the purpose of identification and any allergies recorded on the MAR. However, resident identifiers were not visible on the prescription chart.

Inspectors found staff were knowledgeable in medication management. For example there were safe processes around the management of insulin and the potential risks associated with diabetes. Staff were vigilant in monitoring blood glucose levels and were aware of how to manage a low and a high blood glucose level. Medication was available to increase blood glucose levels if required in the event of an emergency.

**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:**
The statement of purpose had been developed within the past year and a copy was submitted to the Authority and reviewed prior to this inspection.

The statement of purpose did not include all information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. For example, no reference is made to the age and gender profile of the residents the centre accommodates. The statement of purpose does not outline the organisational structure at centre level.

The remainder of the required information was included, albeit with more specificity to the centre required; for example in arrangements around attending religious services, residents’ contribution to reviewing their personal plan and arrangements with external agencies providing education and training.
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:
Inspectors found effective management systems in place to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services provided. There was a cohesive team in place and staff were very clear about their role and the reporting structures in place. The person in charge was supported in her role by the director of nursing, a clinical nurse manager, a nurse, the provider nominee and the staff team. The clinical nurse manager, staff nurse and healthcare assistances report to the person in charge. The person in charge reports to the Director of Nursing who in turn reports to the provider nominee.

There is an out of hours managers’ rota and staff were aware that they could seek advice at any time.

The centre is managed by a suitably skilled, qualified and experienced person in charge who works full-time, including some weekends. The person in charge had good knowledge of the legislation and her statutory responsibilities. She demonstrated good managerial and leadership skills.

She was enthusiastic about her role and strived to promote a high standard of care and a good quality of life for residents. She was actively engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She is a qualified nurse and she maintained her own professional development. She holds a BSc in Nursing Studies and an MSC in Quality and Safety Management.
The person in charge knew the residents and family members well. The person in charge managed two other designated centres. She explained that it can difficult to manage all three centres as they were located some distance from each other. She required some additional nursing support to be in place in the houses to ensure consistent supervision and management of the centre. This is actioned under outcome 16: use of resources.

There was recorded evidence of senior management meetings to discuss issues such as health and safety, complaints management, staff training, residents’ holidays and staffing.

There was also recorded evidence that the clinical nurse manager met with the healthcare staff and nurses regularly and discussed issues such as personal centred plans, menus and training.

The person in charge had undertaken a number of audits to improve practice as outlined under outcome 7 and 8.

The provider nominee had carried out an unannounced six monthly review of the quality and safety of care in the designated centre. A copy of the review of the quality and safety of care had not been provided to residents in an accessible format as required by the regulations.

**Judgment:**
Substantially Compliant

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**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:**
The provider nominee was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The provider nominee had appropriate contingency plans in place to manage any such absence.
There were arrangements in place through the availability of the clinical nurse manager to cover absences of the person in charge. However, there was not adequate senior staff in place to provide coverage for the clinical nurse manager while she would be the acting as the person in charge. The director of nursing and the provider nominee were aware that appropriate measures would need to be put in place to ensure that there was a satisfactory contingency plan in place. This is actioned under outcome 16, use of resources.

The provider nominee was aware of the requirements to notify the Authority in the event of the person in charge being absent.

**Judgment:**
Compliant

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**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:**
Inspectors found that the centre is not adequately resourced to ensure the effective delivery of care and support in accordance with the centre’s statement of purpose.

There was not enough staff on duty. For example, there was no contingency plan in place to provide coverage for the clinical nurse manager should she have to act as the person in charge. There was no qualified nurse available in each of the houses to support healthcare staff and direct residents’ care. There were no cleaning staff employed, which resulted in healthcare staff being taken away from care giving duties to clean the house.

Arrangements for staff supporting residents to go on holiday were unclear at the time of inspection. Arrangements had not been put in place to provide day care and work opportunities for residents when the day care centre on campus would close permanently.

There were no clear arrangements in place to cater for the needs of residents, nearing retirement, semi retired or retired.

There was not enough staff available to staff residents homes during the day time and as a result residents were unable to return to their home between 09.00 to 17.00. This was an Infringement on the residents rights. This is actioned under outcome 1.
An assessment of resident’s skills and where new skills could be developed would further improve their opportunities for development, for example in self medicating and assisting in making meals, cooking and baking.

The person in charge required some additional nursing support to be in place in the houses to ensure consistent supervision and management of the centre. Additional senior management support was also required to ensure adequate coverage of the person in charge and or her deputy.

As mentioned under outcome 1 there was not enough staff on duty to support residents to do their food shopping.

A review of the rota showed that staffing and skill mix required improvement. Staff explained that it was difficult to have time to attend training as it was scheduled on their days off. Staff also said that the workload was too much for one person, for example housecleaning, food shopping, cooking, and completing documentation. Staff felt that their time would be better spent spending some quality time with residents, and being able for example to promote residents independence more in implementing the self-medication management policy.

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:
Inspectors found there to be a dedicated and caring team of staff who had worked with residents for a number of years. Staff knew the residents very well and it was evident that there was a good relationship between staff and residents. Residents also got along well together.

Inspectors found that the staffing levels and skill mix were not sufficient to meet the residents assessed needs consistently, for example residents in two of the houses were locked out of their house all day and residents were not supported to return to their house until after 17.00hrs. Issues discussed in this section are actioned under outcome
Staff worked hard to meet residents’ needs. Staff said that they found it challenging as there was not enough staff on duty. For example, no cleaning staff were employed.

As mentioned under outcome 1 there was not enough staff on duty to support residents to do their food shopping. A review of the rota showed that staffing and skill mix required improvement. Staff explained that it was difficult to have time to attend training as it was scheduled on their days off. Staff also said that the workload was too much for one person, for example housecleaning, food shopping, cooking, and completing documentation. Staff felt that their time would be better spent spending some quality time with residents, and being able for example to promote residents independence more in implementing the self-medication management policy.

A nurse calls to each house once per week to review residents’ personal plans, medications, menus and to compile a report. The person in charge agreed that staffing and skill mix could be improved, and “house meeting” could take place monthly to discuss residents’ needs and goals as a team. Residents in one of the houses had increased dependency needs, they were older and a number of these residents had dementia related conditions. Staff required additional support to meet the higher dependency needs of these residents.

The person in charge and the director of nursing agreed that residents’ quality of health and social care could be improved if they had additional support such as a nurse or senior social care worker to support the healthcare assistant in her role. The person in charge also required additional support in her role, as geographically the houses were difficult to get to, and a lot of time was spent travelling. The person in charge and the clinical nurse manager worked alternate Sundays, and they visited all of the houses once a week.

There was a reliance on agency staff to cover annual leave and sick leave. The person in charge explained that they use agency staff to cover sick leave, and that they book staff that are familiar with the centre. The person in charge explained that all agency staff had an induction to the centre on their first day.

There were arrangements in place for using agency staff. An inspector saw a copy of the service level agreement, which included the arrangements for assuring staff used, had been through appropriate recruitment checks. There was an induction programme in place for all agency staff to ensure they knew how to respond to emergencies. The provider nominee explained that additional staff had been recruited and would be in place in the near future.

Staff had received training and refresher training on positive behaviour support and manual handling refresher training, safeguarding and training on epilepsy and diabetic management. Training plans were in place for the remainder of the year, this included training on dementia care.

Two staff completed a three day course in risk assessment. These staff also took part in
the health and Safety meetings. The staff rota matched the staffing in each house. However, not all staff in the houses had received training in risk assessment and as a result they were not knowledgeable about all of the risks recorded on the risk register, for example environmental hazards in the back garden. This is actioned under outcome 16; use of resources.

A system of staff supervision and appraisal had commenced at senior level and there were plans in place for staff training on appraisal. At the time of inspection the clinical nurse managers, nurses and healthcare assistants had not yet received an appraisal.

Staff confirmed that the nurse and the management team visit the houses on a weekly basis and that they are supportive, approachable and can be contacted easily.

Minutes were seen of staff meetings, covering issues such as care planning, residents finances, restrictive practices and the risk register with staff.

Judgment:
Non Compliant - Moderate

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**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:**
The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place.

Written operational policies were in place to inform practice and provide guidance to staff. Inspector found that staff members were sufficiently knowledgeable regarding these operational policies.

**Judgment:**
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:

Valerie McLoughlin
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 report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004013</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>27 July 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15 October 2015</td>
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</table>

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:
Residents did not have control over their life as they did not have the freedom to return home from day services early should they wish to do so.

1. Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The registered provider has reviewed the centre to ensure that it’s adequately resourced to ensure the effective delivery of care and support in accordance with the centre’s statement of purpose. The review identified resources staffing and identified access to increased resources.
The HSE have sanctioned the recruitment of staff to meet the needs in the centre. A recruitment campaign for care assistant will take place. It is planned to have staff recruited by February of 2016 to support working towards opening houses during the day.
While staff are being recruited agency staff have been sanctioned to be available to support residents should they request to return to their home from day services or stay in their home.
Agency staff that has been sanctioned are known to residents and management and work on a regular basis.

Proposed Timescale: 29/02/2016
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Medical records and other records, relating to residents and staff, were not consistently stored in a secure manner in one of the houses as the office door was left open and unlocked and was accessible to residents and visitors.

2. 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:
All office doors have locks. Staff have been reminded of the importance of locking the office door when the room is not been used by staff. The situation will be monitored ongoing to ensure resident confidentially.

Proposed Timescale: 15/10/2015
**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents did not have access to the internet and they were not facilitated to access assistive technology and aids and appliances where they are required to promote the residents’ full capabilities.

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

**Please state the actions you have taken or are planning to take:**
The registered provider will provide safe internet access for residents in their home. The Residents will be supported by staff in the use of internet technology Identification of appropriate assistive technology for individual residents to use with internet will be carried in consultation with day services and Key worker.

**Proposed Timescale:** 19/11/2015

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**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was a number of maintenance issues that required attention in one of the houses and also in one of the storage areas outside.

**4. Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**
The Registered Provider has organised for the maintenance issues to be completed. The Registered Provider has organised for the storage area identified to be cleaned out and removed. Back and front door have been replaced in one house and the levelling of garden area.

**Proposed Timescale:** 15/10/2015
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:
The local risk register in place was kept under review, however it did not contain all of the environmental risks in the houses as described in the report.

5. 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 Registered Provider will ensure that risk assessments are completed to identify all environmental risks in the designated centre.
The registered Provider will ensure that all risks identified are regularly monitored by staff in the houses and recorded.
The Person in Charge or delegate will ensure that maintenance requirement are recorded and notified to HSE maintenance department requirements.
The Registered Provider following an adverse event will develop an action plan to ensure controls have been identified and initiated and are on target to being implemented.
The Registered Provider has instigated a specific 3 monthly meeting to review all incidents and examine follow up actions. This meeting will also identify trends; review actions ensuring existing controls are adequate.
The Registered Provider will continue to escalate to the CHO office, any risks that cannot be managed locally.
Risk assessments are been completed on the safe storage of chemicals and maintenance has been contacted to regards to providing locks for the presses.
Work is completed on the uneven surfaces on a pathway at the back of one of the houses.
Hand jels are been purchased and will be available in all houses when they are delivered.

Proposed Timescale: 01/12/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were issues in the fire safety risk assessment report that had not yet been remedied.

6. Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.
Please state the actions you have taken or are planning to take:
The Registered provider has organised for the HSE Fire Officer to complete a scope of works to meet the services requirements
HSE Fire Officer has commissioned works to meet the fire safety requirements in each house.
The fire works have an identified scope of work to meet the fire safety/regulations and have been completed.
Fire safety upgrade has been completed on two houses the third is being scheduled for work.

Proposed Timescale: 01/03/2016

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:
Medication management practices was found to be unsafe:
*The nursing staff administered medications from the medication administration record (MAR)., not from the prescription chart.
*A number of prescriptions were overwritten (rather than re written) which made it difficult to read the name of the medication.
*The strength of medications was not always recorded and the purpose of pro rota (as required medications) was also not consistently recorded.

7. 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 person in charge has organised prescription charts to be written by the general practitioner and not to have the prescription overwritten
The Person in Charge has organised for prescription charts to be available to all staff administering medication ensuring that the strength of medications are recorded and the purpose of pro rota (as required medications) are consistently recorded.

Proposed Timescale: 15/10/2015
**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
No reference is made to the age and gender profile of the residents the centre accommodates. The statement of purpose does not outline the organisational structure at centre level.

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

**Please state the actions you have taken or are planning to take:**
The registered provider will update the statement of purpose to reflect the age and gender profile of the designated centre
The statement of purpose will outline the organisational structure at central level.

**Proposed Timescale:** 31/10/2015

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**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:**
A copy of the six monthly review of the quality and safety of care had not been provided to residents in an accessible format as required by the regulations.

**9. Action Required:**
Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

**Please state the actions you have taken or are planning to take:**
The Registered Provider will make the 6 monthly review of the safety and quality action plan following all unannounced visit by the Registered Provider into an accessible version for residents.

**Proposed Timescale:** 01/11/2015
Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre is not adequately resourced to ensure the effective delivery of care and support in accordance with the centre’s statement of purpose.

There was not enough staff on duty. There was no contingency plan in place to provide coverage for the clinical nurse manager should she have to deputise for the person in charge. There was no qualified nurse available in each of the houses to support healthcare staff and direct residents’ care. There were no cleaning staff employed, which resulted in healthcare staff being taken away from care giving duties to clean the house.

Arrangements for staff supporting residents to go on holiday were unclear at the time of inspection. Arrangements had not been put in place to provide day care and work opportunities for residents when the day care centre on campus would close permanently.

There were no clear arrangements in place to cater for the needs of residents, nearing retirement, semi retired or retired.

There was not enough staff available to staff residents homes during the day time and as a result residents were unable to return to their home between 09.00 to 17.00. This was an Infringement on the residents rights.

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

Please state the actions you have taken or are planning to take:
The registered provider has reviewed the centre to ensure that it’s adequately resourced to ensure the effective delivery of care and support in accordance with the centre’s statement of purpose. The review identified resources staffing and identified access to increased resources.

The HSE have sanctioned the recruitment of staff to meet the needs in the centre. A recruitment campaign for care assistant will take place.
A nurse post has been sanctioned to support the centre and step up for the clinical nurse managers should she have to deputise for the person in charge.
While nurse are being recruited agency nursing staff have been sanctioned to be available in each of the houses to support healthcare staff and direct residents’ care.
HSE Finance Department have outstanding issues in relation to previous holidays and instructed that no holidays are to take place until these outstanding issues have been resolved. The Registered Provider is engaging with Senior management within HSE Finance Department in the resolution of this matter.
The Registered Provider has organised for day trips and special events to occur over the summer in the ongoing absence of organised holidays for the residents.
The Registered Provider has engaged with HSE Finance Department in developing a
policy for resident’s holidays that will meet both the HSE’s Finance Department and resident’s requirements.

The delays in the annual holidays are being discussed with residents at the resident’s forum and residents have been facilitated to choose locations for their day trips. Residents to be briefed individually relation to the move of day service from the campus setting and outline the date of completion (via the key worker system).

The Communication/Visual Board in residents home will continue to provide news and the regular updating for residents regarding the progress on their planned move of day services.

The Centres Annual Report will reflect the consultation with resident’s weekly house meetings.

The HSE have sanctioned the recruitment of staff to meet the needs in the centre to allow resident who wish to return to their home at a time of their choosing. A recruitment campaign for care assistant will take place. In the meantime the HSE has allocated extra agency hours to facilitate resident to return home at a time of their choosing.

The action for these outcomes will be reviewed at the monthly management meetings.

17 nursing post for the service has been advertised nationally and internationally and are awaiting recruitment, interview have been held and post offered but to date none taken up.

Dependency scales have been carried out for the community houses to assess staffing need and staff will be assigned based on need.

18 HCA intern post recruited for and 9 took up post. A new campaign for10 posts is being organised presently and it is planned to be completed by March 2016

**Proposed Timescale: 24/03/2016**

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<th>Outcome 17: Workforce</th>
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<td><strong>Theme:</strong> Responsive Workforce</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Staffing numbers and skill mix were insufficient to consistently meet the residents' assessed needs, as outlined in the report.

**11. 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 registered provider has reviewed the centre to ensure that it’s adequately resourced to ensure that the needs of the residents are met. The review identified an increase of staffing resources. The HSE have sanctioned the recruitment of staff to meet the needs in the centre. A recruitment campaign for care assistant will take place. A nurse post has been sanctioned to support the centre and step up for the clinical nurse managers should she have to deputise for the person in charge.
While nursing staff are being recruited, an agency nursing staff has been sanctioned to be available to the designated centre to support healthcare staff and direct residents’ care. 17 nursing posts for the service have been advertised nationally and internationally and are awaiting recruitment. Interviews have been held and posts offered, but to date none have been taken up.

Dependency scales have been carried out for the community houses to assess staffing need, and staff will be assigned based on need. 18 HCA intern posts have been recruited for, and 9 took up posts. A new campaign for 10 posts is being organised presently and it is planned to be completed by March 2016.

**Proposed Timescale:** 24/03/2016