

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Western Care Association
<b>Centre ID:</b>	OSV-0003915
<b>Centre county:</b>	Mayo
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Western Care Association
<b>Provider Nominee:</b>	Bernard O'Regan
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	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:
12 January 2016 10:30	12 January 2016 19:00
13 January 2016 10:00	13 January 2016 18:30

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 was the first inspection of this centre which comprised of one house and provided a residential service for five adults. Residents living in this centre had been assessed as having a severe to profound intellectual disability and required full-time support. In addition to an intellectual disability some residents had sensory, mobility, health and dietary support needs.

The centre is a detached single storey house located in a town. It is within walking distance of the town centre and amenities and had been purpose built as a centre for adults with disabilities. The house had been renovated in the months prior to the

inspection and was wheelchair accessible throughout with adequate private and communal space to meet the needs of the residents.

As part of this inspection the inspector met with residents, staff, the person in charge and a person participating in management. The inspector reviewed a variety of documents including residents' personal plans, medication documentation, risk management procedures, emergency plans, equipment servicing records, and policies and procedures.

Prior to and following this inspection the inspector reviewed a number of questionnaires submitted by family members. The questionnaires outlined family members' satisfaction with the service provided.

The inspector met with residents who indicated their satisfaction with the centre and the service provided. In line with residents' communication needs the inspector was facilitated by staff when speaking with residents. In addition, the inspector ascertained residents' experience of living in the centre by speaking with the person in charge and staff members and by reviewing documentation which had been completed by staff working for the service-providing organization and by professionals working for external service providers.

Overall the inspector found that residents were safe, were receiving an adequate service and were supported by staff and management who respected and liked the residents. However, improvement was required in a number of areas to ensure residents were safeguarded from the risk of abuse, supported to maximise their skills and supported to achieve the best quality of life possible.

Six of the 18 outcomes inspected were found to be in compliance with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the Regulations), with three outcomes in substantial compliance, three outcomes judged as moderate non-compliant and six outcomes judged as major non-compliant.

Areas judged as substantially compliant were:

- contracts for the provision of services (in Outcome 4)
- maintenance of some assistive equipment (in Outcome 6: Safe and suitable Premises)
- protocols in place for the administration of p.r.n. (as required) medicines (in Outcome 12: Medication Management)

Areas judged as moderate non-compliant were:

- links with the community (in Outcome 3: Family and personal relationships and links with the community)
- Healthcare Needs (Outcome 11)
- Workforce (Outcome 17)

Areas judged as major non-compliant were:

- Residents' Rights, Dignity and Consultation (Outcome 1)
- Communication (Outcome 2)
- Social Care Needs (Outcome 5)
- Safeguarding and safety (Outcome 8)
- Access to education, training and employment (in Outcome 10: General Welfare and Development)
- Governance and Management (Outcome 14)

The findings are outlined in the body of the report and the areas which required improvement are included 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:**

It was not evident that residents had been adequately supported to participate in decisions regarding the running of the centre. The daily routine of the centre was impacted by staffing and the completion of household duties such as cleaning, preparing meals, management tasks such as support meetings for staff and the completion of administration tasks. Residents required support to become more involved in the running of the centre and to make decisions regarding their care and support and daily routine.

Residents had not been supported to access independent advocacy services. The person in charge had identified this as an area for improvement and told the inspector she had invited an advocate from the national advocacy service to meet with residents and staff. She outlined her intention to seek advice from the advocate on setting-up resident consultation meetings.

Residents had been registered to vote. However, residents had not received training or support to understand the voting process. In addition, residents had not received any training or support to understand their rights.

Support provided and language used by staff was respectful and in line with the residents' assessed needs and wishes. It was evident that residents and staff on duty had developed positive relationships and knew each other well. The inspector observed friendly interaction and residents appeared relaxed in the presence of staff.

Residents were encouraged to maintain their own dignity and privacy. There were intimate care plans in place to identify the support they required in areas such as personal hygiene. Improvement was required to the intimate care plans to ensure that all resident's preferences were clearly documented. This was particularly relevant considering residents' communication needs as outlined in outcome 2 and the change in staffing as outlined in outcome 17.

Some residents living in the centre had spent significant amounts of money on aids and appliances which were required for everyday living; for example, mattresses and wheelchairs. The inspector was informed that residents had not been supported to seek funding from alternative sources for these aids and appliances.

It was not evident why residents living in the centre had not been supported to apply for funding for these aids and appliances. This was not included in residents' contracts for the provision of services or in the centre's policies. There was no documented agreement by the residents in regard to applying for these items and no input of an independent advocate in regard to the will and preference of the residents in regard to spending significant amounts of their money to pay for these aids and appliances.

There was a policy on residents' personal property, personal finances and possessions. Residents retained control over their own possessions and were supported to do their own laundry if they wished. Improvement was required to the measures in place for safeguarding residents' finances and some possessions and this is discussed in outcome 8.

Each resident had an individual bedroom and four residents had access to appropriate storage facilities. One bedroom did not have a wardrobe or storage for clothing. The person in charge told the inspector they were waiting for the tracking hoist direction to be changed so the resident's bed could be moved and a wardrobe and storage placed in the room. There was no timeline for the completion of this and the resident's clothing and belongings were stored in the hot press in the interim.

Staff were knowledgeable of the activities residents enjoyed and it was evident that staff made every effort to facilitate activities where possible. The person in charge outlined the intention to recruit volunteers to assist in the provision of activities and this had commenced for some residents.

However, the provision of activities was being impacted by the availability of staff and the fixed staff roster. For example, a resident was unable to go to the local pub for a drink on a weekly basis in line with his routine and wishes as some staff were new to the centre and were not adequately familiar with the resident to carry out this task.

There were policies and procedures for the management of complaints. The complaints process was user-friendly and displayed in the centre. There was no evidence to suggest that residents had been supported to understand the complaints process.

Improvements in consultation, access to advocacy and communication were required to ensure residents could understand their rights in regard to the service they were receiving and how to make a complaint.

There was a nominated person to deal with all complaints and all complaints were recorded and fully and promptly investigated. There was an appeals process and residents or the complainant were made aware promptly of the outcome of any complaint.

**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:**  
There was a policy on communication with residents. Staff were aware of the different ways of communicating used by residents and the inspector observed staff communicating with residents.

Residents requiring assistance to communicate had a communication profile outlining their preferred way of communicating. Although the profiles outlined residents' preferred style of communication, and how the resident communicated, the profiles contained limited information and did not identify how residents would be supported to increase their communication skills in line with their needs and preferences.

The inspector was told that assisting residents to expand their communication skills had commenced one and a half years ago. It was acknowledged that this had not been prioritised prior to this. The person in charge outlined the slow progression in this.

A sample of methods to support residents to communicate was reviewed. Although it was evident that staff and the person in charge were committed to assisting residents to communicate it was evident that a lack of a formal assessment, specific plans and staff training was having an impact on the progression of this. For example, there were inadequate plans outlining how to support residents in the methods identified.

The inspector found inconsistent and confusing use of some methods. For example, objects of reference were being used as a tool to support the expansion of communication and understanding of what was going to happen next. However, some objects were used to denote two things, such as bedtime and relaxing.



In addition, some staff were using different items to denote an activity which resulted in inconsistency and potential confusion. It was therefore evident that the method of communication was not being utilised in a consistent and planned manner to ensure the support and development of communication skills.

There was limited evidence that all residents' communication needs had been assessed and that residents were receiving support to improve and expand ways of communicating with others.

Although there had been some input from a speech and language therapist (SALT) in recent months there was no evidence that all residents had been assessed and supported to utilise assistive technology or other communication methods. In addition, the input from SALT did not result in a specific plan to support staff in supporting residents to expand their communication skills.

Residents had access to radio, television and information on local events in line with their wishes.

**Judgment:**  
Non Compliant - Major

**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:**  
There was evidence that residents were supported to develop and maintain relationships with family and friends.

Families were invited to attend multidisciplinary meetings and participate in meetings to discuss and identify goals for residents. There was evidence that families were kept informed and updated of relevant issues where the resident wished for their family to be involved. There were facilities for residents to meet with family members and friends in private.

Questionnaires reviewed outlined satisfaction with the service provided for their relatives. Residents were supported to visit family and have families visit them in the centre.

The person in charge outlined the difficulties in supporting residents to access the community. This related to the fixed staff roster which was in place and is discussed under outcome 17.

The person in charge outlined her intention to review community access and integration as part of an overall review of staffing and skill-mix in the centre. She told the inspector that some staff working in the centre had received recent training in social role valorisation. She said these staff members would be utilising their skills to assist residents in completing community maps, identifying goals relating to valued social roles and supporting residents to achieve these goals.

**Judgment:**

Non Compliant - Moderate

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

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

**Findings:**

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

There had been no recent admissions, discharges or transfers to the centre. All residents had been living in the centre for many years and some had lived together prior to moving to the centre.

The person in charge and staff spoken with said residents liked living together. This was based on residents' interactions with one another; for example, residents' reactions when a resident returned to the centre following a stay in hospital.

Each resident had a written agreement which outlined the service provided and the fees being charged. The written agreements included an outline of any additional charges payable by the resident. However, the written agreements did not include detail regarding the requirement of residents to pay for assistive aids and appliances or the money which was paid by some residents to the organization on a monthly basis for a vehicle.

**Judgment:**

Substantially 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:**

Residents had individual personal plans which outlined their assessed health, personal and social care and support needs. Improvement was required to the arrangements for ensuring residents were supported to maximise their personal development and the support for residents to achieve all goals as identified in their personal plans.

Plans outlined the supports required and included an outline of the input of multidisciplinary professionals where relevant. For example, residents had been supported to attend physiotherapy and psychology.

Multidisciplinary meetings took place as required and these meetings were attended by all relevant people with clearly documented minutes of discussions and actions agreed as contained in residents' personal files.

Some staff had received training in social role valorisation and were utilising the training to identify social roles for residents and support residents to identify and achieve goals. A staff member outlined the way they had used their learning to change the way they thought of supporting one resident and to ensure the resident had access to 'the good things in life'. The staff member showed clear insight into the process involved and how it could be used to support residents to maximise their personal development.

However, some residents' personal plans did not outline the support required to maximise residents' personal development in accordance with their wishes. A sample of plans showed that some residents' goals were short-term goals. There was no identification of long-term goals and it was not evident that goals identified were being expanded from year-to-year and utilised to maximise residents' personal development. The person in charge and person participating in management told the inspector this would be reviewed.

Some residents had not been supported to achieve goals. For example, a resident's identified goal was to access a multisensory room on a weekly basis. From reviewing the resident's file and speaking with staff it was evident that the achievement of this goal would contribute positively to the resident's quality of life. The inspector was told that the resident was unable to access the sensory room in the day centre as the hoist was broken.

**Judgment:**  
Non Compliant - Major

**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 centre was clean, suitably decorated and furnished. It had been designed around the assessed needs of residents and was refurbished in 2015.

There was adequate space in the centre to meet the needs of residents. The centre comprised of six bedrooms, a kitchen and dining room, a living room, bathrooms and office space.

The centre had a garden which had been designed to meet the needs of the residents. It had been completed in 2015 and was fully wheelchair accessible and included areas for residents to partake in activities and relax. The person in charge outlined the fundraising which took place to renovate the garden area.

Appropriate assistive equipment was in place for residents. Assistive equipment had been serviced on a regular basis and more regularly when required. The shower trolley required repair as it was held together in parts with tape, was missing a castor and there was rust evident on the trolley. The inspector viewed an email which stated new parts for the shower trolley had been ordered.

**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.

There was a safety statement and risk register which set out the risks in the centre and the associated control measures. The risk management policy identified the procedures for the identification and management of risk in the centre.

There were thermostatic controls in place to regulate the temperature of the water to ensure residents were protected from the risk of scalding.

There were individual risk assessments which outlined the risks individual to each resident and the measures in place to control the risks. This included individual missing person profiles for each resident.

Individual plans were in place which outlined residents' support needs in regard to moving and handling.

There were arrangements in place for investigating and learning from accidents and incidents. An inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were maintained.

Systems were in place for health and safety audits to be carried out on a routine basis. For example, daily, weekly and monthly checks carried out by the person in charge and staff.

There was an emergency plan which guided staff regarding the evacuation of the centre in the event of a fire or other emergency.

Residents had taken part in fire drills. These fire drills had taken place during the day and at night.

Staff had received training in fire safety and staff spoken with were knowledgeable of the evacuation needs of residents. There were two staff working in the centre at night; one of whom was awake.

The centre had a fire alarm, emergency lighting and fire fighting equipment. The inspector reviewed the maintenance and servicing records for the fire alarm, emergency lighting and fire equipment and found that they had been serviced.

Individual personal evacuation plans outlined the support residents required in the event an evacuation of the centre was necessary. A sample of these were viewed and provided adequate guidance for staff in regard to supporting residents to evacuate the centre if necessary.

**Judgment:**

Compliant

**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:**

The centre had implemented some measures to protect residents from being harmed or suffering abuse. However, improvement was required to the measures in place to safeguard residents against all forms of abuse and the measures in place to ensure the use of some restrictive measures were in line with national policy and evidence based practice required review.

While there was a policy and procedures in place for responding to allegations of abuse and staff had received training in the prevention, detection and response to abuse, inspectors were not satisfied that systems in place adequately protected residents from all forms of abuse.

Despite the measures implemented by the person in charge and staff members, the inspector was concerned that the service provider did not have adequate arrangements in place to identify and respond to all allegations of abuse.

The person in charge outlined an allegation of financial abuse which was brought to her attention by staff working in the centre. She said this was identified in 2014. The allegation had not been documented, notified to HIQA or investigated in line with the centre's policies. This related to the purchase of a vehicle for residents and the payment

of four residents' mobility and blind welfare allowances to pay for the vehicle.

The inspector was told that there was a significant overpayment from residents' funds and the overpayment would be utilised to purchase a new vehicle for residents. However, the figures provided in regard to this and the overpayment did not adequately show how some money had been spent. For example, resident contracts and financial records showed that residents paid for repairs and servicing of the vehicle. However, the inspector received further information from the provider stating that the overpayment received had been used to pay for servicing and repair of the vehicle. This indicated that residents may have paid for the servicing and repairs twice.

Additionally, some information was not adequately clear, for example in regard to who made the payment of motor tax and reference to residents not being asked to pay for bus escorts and additional staffing for leisure outings.

The service provider was identified as the owner and there was no documentation identifying the residents as owners. Furthermore, there was no evidence of consultation with or agreement by residents to the purchase of the vehicle, the use of their money or to the use of the vehicle by a resident who had not paid towards the purchase of the vehicle.

Additionally it was not clear that any money received from the sale of the vehicle would be reimbursed to the residents.

The inspector was not assured from the information received during and following the inspection that residents were safeguarded by the service provider in regard to this.

There was a policy and procedures in place for the provision of intimate care and respite users had individual intimate care plans which identified the supports they required.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviours that challenge, including de-escalation and intervention techniques.

Residents who required support with behaviours that challenge had support plans in place and staff spoken with were knowledgeable of how to support residents.

There were policies and procedures in place on the use of restrictive procedures and physical, chemical and environmental restraint.

Documentation outlining the use of restrictive practices including the rationale for use and referrals to the organization's rights review committee were maintained in residents' individual files.

From a review of the documentation maintained and speaking with the person in charge it was not evident that all alternatives had been trialled prior to a restrictive measure being implemented. A significant restrictive measure was in place for a resident. The reason for the restrictive practice was identified as one of safety. However, there was no evidence that other less restrictive measures had been trialled.

Although the use of this restrictive measure had been referred to the organization's rights review committee there was no evidence the alternatives outlined by the committee had been trialled.

The most recent documented minutes (March 2015) of the committee in regard to this restrictive practice stated that 'staff have progressed this as much as possible' and the use of the restrictive practice was 'upheld'. However, the inspector found that alternatives had not been trialled with the reason cited as the unsuitability of some items and the cost to the resident of buying the items for trial.

An alternative to this restrictive measure was outlined in an assessment which had taken place in June 2015. The document stated that a referral for this equipment had been sent in November 2015. It was not evident why there was a significant delay in trialling this measure and sending the referral for the equipment outlined.

**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:**

A record of all incidents occurring in the designated centre was maintained and all incidents had been notified to HIQA as required.

**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:**

Some residents were accessing day supports and access to training and development programmes external to the centre. These programmes had been sourced and implemented in recent years and included individualised one-to-one support for a resident with specific assessed support needs. Staff spoken with outlined the benefit of this programme for the resident.

Improvement was required to the provision of education, training and employment opportunities for residents who were receiving day support in the centre. The inspector was informed there was a timetable for each resident; however, this was not available for review for all residents. The reason given was that the timetable had changed in recent months due to changes in staffing.

Staff working in the centre were observed on both days of the inspection. The daily routine of the house included staff cleaning the centre and preparing residents' main meal. This left limited time for staff to engage with residents and carry out a programme with residents.

Staff were observed supporting residents to participate in the cleaning routine where possible. However, it was evident residents were required to fit around the needs of the house which included cleaning, preparing meals and attending to other daily tasks such as paperwork, medication management and phone calls to the centre.

The person in charge outlined her intention to ensure each resident had access to an appropriate training and education programme however, she said this was contingent on the proposed change in the staff roster and the filling of the vacant posts.

**Judgment:**

Non Compliant - Major

**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:**

The inspector viewed a sample of residents' personal plans which showed that residents' health needs were being identified and responded to. However, due to the complex

nature of some residents' healthcare needs and the volume of documentation it was difficult to ascertain an overall view of residents' healthcare needs to ensure all healthcare needs were being identified and responded to.

This was discussed with the person in charge who said that an annual review of each resident's healthcare needs and the corresponding actions in place to respond to these would be compiled. She said she would use this review to ensure each resident was receiving appropriate healthcare in line with their needs.

Residents were supported to access their general practitioner (GP), dentist and allied healthcare professionals. Detailed documentation including the external professional's diagnosis and detail of visits was maintained.

Some improvement was required to ensure that all appointments were followed-up within the required timeframe. The inspector found that a resident who required a review by their psychiatrist within two months from their most recent appointment in March 2015 had not been supported in regard to this. This was brought to the immediate attention of the person in charge.

Food was available in adequate quantities and residents were supported to make healthy food choices. Residents had been supported in regard to planned weight loss.

Improvement was required to ensure that reheated food reached the required temperature prior to consumption. Although food was being reheated in the microwave the internal temperature of the food was not being checked to ensure it reached the required temperature as outlined in the centre's policy.

Residents who required modified diets had been prescribed these diets by a speech and language therapist. There was clear documentation in relation to modified diets and staff spoken with were knowledgeable of the dietary needs of each resident and outlined the requirements of each resident in regard to food and fluid.

A resident who was prescribed a PEG (percutaneous endoscopic gastrostomy) tube was supported in regard to this and staff had received appropriate training. Staff spoken with were knowledgeable of the procedure in regard to supporting the resident and there was comprehensive documentation which clearly outlined the procedure in place.

Residents were supported to have their meals at a time chosen by each resident. The inspector observed staff supporting residents with meals and observed appropriate and respectful support in line with each resident's assessed dietary and support needs.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Improvement was required to documentation to ensure p.r.n. (as required) medicines were administered consistently when required by residents.

Staff outlined the process in place for the handling of medicines; these were safe and in line with current guidelines and legislation.

Individual medication plans were appropriately reviewed and put in place. A sample of these was viewed by the inspector.

Audits were carried out and corrective action was implemented where required.

There were appropriate procedures for handling and disposing of unused and out-of-date medicines.

The inspector viewed a sample of prescription sheets and found they contained all required information.

There were written protocols in place to guide staff in administering p.r.n. (as required) medicines. These required improvement as they did not outline how staff would ascertain if a medicine was required.

**Judgment:**

Substantially Compliant

**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 set out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which were to be provided for residents.

It contained the information required by Schedule 1 of the Regulations.

The statement of purpose was kept under review at intervals of not less than one year.

**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:**

The centre had a clearly defined management system in place with clearly defined roles of authority and accountability. Improvement was required to the time allocated for the person in charge to fulfil her role and the systems in place to ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The person in charge and the person in charge's direct line manager were present on both days of inspection and both told the inspector that there was good communication across all levels of the organization.

There was evidence of good communication between the person in charge and her direct line manager.

The person in charge demonstrated responsiveness throughout the inspection and addressed areas of non-compliance highlighted to her by the inspector. The inspector interviewed the person in charge and found she was knowledgeable of the legislation and her statutory responsibility. It was evident residents knew the person in charge.

As outlined in outcomes 1, 2, 3, 5, 8, 10 and 11 significant improvements were required to ensure that systems were in place to ensure residents' needs were met and the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

As discussed further under outcome 17, the complement of staffing was not adequate to meet the needs of residents. As a result the person in charge was fulfilling frontline staffing vacancies on a regular basis. This was having an impact on her time to manage the centre and carry out her managerial role and responsibilities.

For example, staff supervision meetings were carried out when staff and/or the person in charge were working frontline providing care and support for residents and other duties such as paperwork and phone calls were carried out when the person in charge was working frontline in the centre.

The person participating in management was knowledgeable of residents, the centre, the legislation and her statutory responsibility.

Audits had been carried out in relation to areas such as financial management and medication.

The person participating in management and other persons nominated by the provider had carried out unannounced visits and had prepared a report on the findings. An action plan had been put in place following these visits and it was evident the actions had been addressed.

However, as specific areas had not been reviewed as part of these unannounced visits, areas identified as requiring improvement as part of this inspection had not been identified by the provider. This required review to ensure the provider had appropriate systems in place to ensure oversight of all aspects of service delivery in the centre.

An annual review of the service provided had been carried out by the person in charge of the centre.

**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:**

The person in charge had not been absent from the centre for a period which would require notification to HIQA.

A person participating in the management of the centre was the person identified as the person who would act as person in charge of the centre in the absence of the person in charge. This manager was interviewed as part of other inspections and was knowledgeable of the person in charge role should she be fulfilling the role. She was the person in charge's line manager.

A social care worker was identified as the person who would provide day-to-day governance of the centre in the absence of the person in charge. The inspector carried out a telephone interview with this staff member following the inspection. The social care worker was aware of her role, responsibilities and day-to-day governance of the centre.

The provider was aware of the requirement to notify the Chief Inspector 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 her absence.

**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 inspector noted adequate staff to support residents throughout the inspection and provide safe support in line with residents' needs. However, as discussed under outcomes 1, 10 and 17 there were inadequate staff numbers to ensure residents were consistently supported to access training, education, skills enhancement and activities.

This raised concern that the designated centre was not resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The inspector spoke with the person in charge and person participating in management. The reason for residents' needs in regard to the areas outlined in outcomes 1 and 10 not being met was attributed to the fixed roster and a recent change in staffing rather than lack of resources. This is discussed further under outcome 17.

**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:**

The inspector was told the staff rota was under review at the time of inspection. The person in charge said she had identified the need for the review a number of years ago. She said the rota had not been reviewed prior to this as the centre was fixed around staff set hour contracts.

Some staff were no longer working in the centre and the person in charge said this enabled her to review the staff rota and adjust it to ensure it meets the needs of residents.

The inspector found there were inadequate numbers of staff on duty at the weekends. Two staff were on duty for a number of hours on Saturday and Sunday and this prevented residents leaving the centre as some residents required two staff to support them when accessing the community.

The complement of staffing was not adequate to meet the needs of residents and the person in charge was fulfilling frontline staffing vacancies on a regular basis. As discussed under outcome 14 this was having an impact on her time to manage the centre.

Formal supervision and support meetings were taking place and minutes of meetings and actions agreed was maintained. However, due to the unavailability of staffing these meetings were taking place when staff and the person in charge were working in the centre with residents. The inspector was told one staff member supported residents while the supervision meetings were taking place.

The person in charge worked alongside staff providing informal support and supervision on an ongoing basis. A good working relationship between staff and the person in charge was evident.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to suspected or confirmed allegations of abuse, moving and handling and the administration of a medication which was prescribed for a specific medical emergency. Staff administering medication had received training in the safe administration of medication.

There were two volunteers working in one house. The inspector viewed the file maintained for the volunteers and found evidence An Garda Síochána vetting had been obtained, the volunteers had agreed their role and responsibilities in writing and supervision and support was being provided.

A sample of staff files were viewed and contained all information required.

**Judgment:**

Non Compliant - Moderate

**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:**

Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to residents, staff and visitors.

The centre had all of the written policies as required by Schedule 5 of the Regulations.



There was a guide to the centre available to residents. It outlined the services provided at the centre, the terms relating to residency, the arrangements for resident involvement in the running of the centre, the procedure for respecting complaints and the arrangements for visits.

There was a directory of residents which contained the information required by the Regulations.

**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:***

Lorraine Egan  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Western Care Association
<b>Centre ID:</b>	OSV-0003915
<b>Date of Inspection:</b>	12 January 2016
<b>Date of response:</b>	18 February 2016

### 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:**

Some residents' intimate care plans did not detail the resident's preference in regard to all aspects of their intimate care and support.

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

**1. 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 intimate care plans have been updated to include each person's personal preference in regard to all aspects of their intimate care and support, including in relation to their preferred shower gels/shampoos and toiletries, taking into account any medical advice that relates to this.

**Proposed Timescale:** 05/02/2016

**Theme:** Individualised Supports and Care

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

Residents had not been supported to fully understand their rights and how to access advocacy services.

**2. Action Required:**

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

The Independent Advocate visited the service on the 2/2/2016 to meet residents, the PIC and staff team to discuss how to support residents' rights within the service.

A staff member has been nominated as an Advocacy Champion within the staff team who will ensure that the needs of the residents are represented to the staff team and manager. The Advocacy Champion will link with the local advocacy service for support and advice. The Speech and language therapist has been consulted for advice on how best to implement this action to ensure it is effective for residents when she met the PIC on 10/2/2016.

The role and expectations of the Advocacy Champion has been drawn up by the manager and this will be monitored and reviewed in their supervisory support meetings. This role will be reviewed in 3 months. This staff member is not a Keyworker/Named Staff to any resident.

Residents have met local representatives prior to the election on the 15/2/2016 to raise issues in relation to lack of pedestrian crossings, issues re footpaths, parking issues and accessing local restaurants. Staff have also advocated on behalf of service users at this meeting.

**Proposed Timescale:** 15/02/2016

**Theme:** Individualised Supports and Care

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

It was not evident that residents had received support to make decisions about and consent to the use of their money to purchase required aids and appliances.

**3. 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:**

The residents' circle of support is the forum that is used re decision making and families had consented to the purchase of equipment at these meetings. These meetings are minuted.

Independent Advocacy support will be sought to support residents prior to any future purchases to ensure their consent is sought based on their will and preference. Organisation policy will be reviewed and updated following a review of all such purchases across the Organisation by 31/03/2016, to include the necessity to involve Independent Advocacy to ensure residents' consent based on their will and preference is sought prior to any such purchases.

Individual Service Agreements will be amended to reflect these details by 29/2/2016.

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**Proposed Timescale:** 31/03/2016

**Theme:** Individualised Supports and Care

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

It was not evident that residents had been adequately supported to participate in decisions regarding the organisation of the centre.

**4. Action Required:**

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

See Action 2

Individuals are supported to exercise choice and control in their daily routine. Their preferences are recorded in their Individual Plans.

Each resident's individual schedule of activities has been updated to include a range of options to help maximise choice and decision making on the 07/02/2016.

This will be further enhanced through the house meetings within the service and the guidance provided by the Independent Advocate on how best to run these meetings to reflect the residents' priorities and feedback.

A schedule of monthly house meetings is available in the designated centre. The first meeting took place on the 02/02/2016.

**Proposed Timescale:** 07/02/2016

**Theme:** Individualised Supports and Care

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

One resident did not have adequate space to store their clothes and personal property and possessions.

**5. Action Required:**

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

The resident will have a new wardrobe built in their room by the 29/02/2016. The resident and family have been consulted on this and the new wardrobes will be in keeping with the existing furniture in the room. This work is waiting on the removal and relocation of a ceiling hoist due its proximity to the new wardrobe space. This work will be completed on the 18/02/2016

In the interim a temporary wardrobe was been installed on the 09/02/2016.

**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:**

Residents did not have adequate opportunities to participate in activities in accordance with their interests.

**6. Action Required:**

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

A schedule of activities has been developed to reflect each residents' preferences and priorities.

The Registered Provider has developed a new roster to meet the needs of the residents in the designated centre. This will be in place by the 31/3/2016

This roster is being finalised for implementation to ensure there is adequate staffing, based on the needs and preferences of residents, on a continuous basis, including at weekends.

In the interim the PIC has put in additional resources to ensure that all activities detailed in Individual Plans takes place. This will remain until the new roster is implemented.

See Action NO 21 and 22.

**Proposed Timescale: 31/03/2016**

**Theme:** Individualised Supports and Care

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

It was not evident the complaints procedure was appropriate to the needs of each resident in line with the nature of his or her disability.

**7. Action Required:**

Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

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

This is linked to Action 4 and Action 2.

At the next house meeting the Advocacy Champion will go through the easy read complaints procedure with each resident. This will take place on the 24/03/2016.

Each Named Staff will use the house meetings to advocate on behalf of each person and make suggestions. They will log any residents' dissatisfaction on the complaints log and seek to resolve the issue as per procedure.

The Advocacy Champion will coordinate this in the designated centre.

The Manager, Advocacy Champion and another Staff Member will attend a briefing on the Complaints Procedure on 24/2/2016 and will share learning with colleagues at the next staff meeting.

The PIC will oversee and supervise this process.

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

## Outcome 02: Communication

**Theme:** Individualised Supports and Care

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

Some residents had not been assessed and supported to communicate fully in line with their needs and preferences.

**8. Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

The Speech and Language Therapist met the PIC on the 10/02/2016 to review each resident's current communication profile and communication plan and a plan for each resident has been developed.

The S&LT also reviewed all objects of reference and their meaning for each resident as part of this review.

The S&LT and Behaviour Support Staff will facilitate a Communication Workshop with Named and Link staff in the service on the 31/03/2016

All communication plans will be updated by Named Staff by the 07/04/2016.

**Proposed Timescale:** 07/04/2016

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

**Theme:** Individualised Supports and Care

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

Residents had not been supported to develop and maintain personal relationships and links with the wider community.

**9. Action Required:**

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

The registered provider has developed a new roster to meet the needs of the residents in the designated centre and this will be in place by the 31/03/2016.

The person in charge has addressed the gaps in the current roster to ensure that residents are supported to develop and maintain personal relationships and links with the wider community until the new roster is implemented.

The Volunteer Co-ordinator will facilitate a workshop in the service on community mapping and social roles .This will take place on the 18/02/2016 for all Named and Link staff. The purpose of this is to further develop and expand the community maps in place in each Individual Plan and to develop action plans from this for each resident as relevant, based on their preferences and priorities.

Staff that participated in a Social Role Valorisation programme will ensure that information gained from this event will be used to further develop and enhance priorities for their focus person, supported by the Evaluation and Training Department by the 31/03/2016

**Proposed Timescale:** 31/03/2016

#### **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:**

Residents' agreements for the provision of services did not include detail regarding the requirement of residents to pay for assistive aids and appliances or the money which was paid by some residents to the organisation on a monthly basis for a vehicle.

**10. Action Required:**

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

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

All individual service agreements (ISA'S) are currently being updated to reflect the amount paid by service users for use of aids and appliances and other expenses and will be discussed and signed by families. These will be completed by the 29/02/2016

**Proposed Timescale:** 29/02/2016

#### **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:**

Some residents' personal plans did not outline the support required to maximise residents' personal development in accordance with his or her wishes.



**11. Action Required:**

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

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

A revised Individual Planning Process has been developed to allow for a more focussed selection and follow-through on priorities. Staff will be briefed on how to use this revised process. All individual planning booklets will be completed by Named staff in the coming weeks. Planning meetings will be held with all individuals to agree goals by the end of March 2016.

This process will help ensure that named/link staff identify goals that are focused on hopes and dreams of people supported and will incorporate both short term and long term goals. It will focus on the support required to maximise resident's personal development in accordance with each residents' wishes.

This is an ongoing project that will be monitored and reviewed by the PIC, Regional Services Manager (RSM) and supported by Evaluation and Training Department (ETD).

**Proposed Timescale:** 30/03/2016

**Theme:** Effective Services

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

Arrangements had not been put in place to meet the assessed needs of all residents.

**12. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

As in action NO 11.

This relates to one service user who could not access the Multisensory room in another part of the county due to a hoist not working. The Occupational Therapist arranged for the maintenance company to inspect the hoist on 16/02/2016 to confirm the work to be done and has arranged for it to be repaired as a priority. This work will be fully completed by the 26/02/2016

The resident will continue to be supported to have weekly aromatherapy and massage sessions from a trained professional in his own home.

The PIC will monitor the implementation of goals through regular audit and supervision and will address barriers/obstacles where possible or report issues through line management for attention where necessary.

**Proposed Timescale:** 26/02/2016

## Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

The shower trolley had not been maintained to an adequate standard.

**13. 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 parts for the shower trolley had been ordered on the 11/1/2016 and the inspector was shown an e-mail to verify this. The new parts will be delivered and installed by the 26/02/2016

**Proposed Timescale:** 26/02/2016

## Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

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

It was not evident that the use of a restrictive procedure was the least restrictive measure necessary in accordance with national policy and evidence based practice.

**14. 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 PIC and staff team in the designated centre are in the process of closely monitoring the resident at night time and documenting the person's movement whilst in bed to establish nature of the risk currently.

The occupational therapist, and product specialist/manual handling instructor for the equipment company visited the service on Thursday 11/02/16 to review the persons current bed and consider alternatives which may help address risk in this area –e.g. lower bed

A representative from a company specialising in telecare solutions will visit the service on 24/02/2016 to review current monitoring system for person in relation to falls from bed and problem solve with the service in relation to alternatives that will meet need in this area

Once an alternative system has been agreed, a plan for its use will be developed and existing restriction will be faded out.

The Rights Review Committee will be informed of the outcome as per policy.

**Proposed Timescale:** 31/03/2016

**Theme:** Safe Services

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

Residents were not being adequately protected from the risk of financial abuse.

**15. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The Organisation policy in relation to the purchase of aids and appliances and other items will be reviewed following a review of all such purchases across the Organisation by 31/03/2016, to ensure the consent of residents, based on their will and preference, is sought in all instances, with the support of Independent Advocacy.

Residents will be refunded any monies owed as a result of overpayment for the purchase of the vehicle by 29/2/2016

A clear process to access funding for aids and appliances is being agreed with funders at the moment to be agreed by 7/3/2016

Individual Service Agreements will be rectified immediately and families will be informed of changes prior to signing the new agreements. These will all be completed by the 29/02/2016

**Proposed Timescale:** 31/03/2016

## **Outcome 10. General Welfare and Development**

**Theme:** Health and Development

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

Some residents were not being supported to access opportunities for education, training and employment.

**16. Action Required:**

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

Two residents currently avail of a day service outside the house and a third resident will be moving to a full time day service by the end of March 2016 and in the meantime they are attending 1-2 days per week

The 2 remaining residents now have a more meaningful day as additional staffing resources have been put into house and the schedule of day activities based on their preferences and priorities has been enhanced. This is an interim arrangement subject to completion of the roster review when a permanent staffing arrangement is in place to maintain this focus.

Their timetable in relation to these activities has been updated and is in their Individual Plan.

This schedule incorporates the development of communication systems and the progressing of community mapping.

This will be monitored and supervised by the PIC

**Proposed Timescale:** 31/03/2016

**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:**

The measures in place to ensure all residents received required services provided by allied health professionals were not adequate.

**17. Action Required:**

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

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

The PIC in conjunction with Named Staff are reviewing all health action plans immediately to ensure that residents receive required services provided by allied health professionals and that appointments are followed up on and recommendations implemented. This will be completed by the 29/2/2016.

In addition the PIC will complete an annual summary document on residents' health care needs and corresponding actions in place to respond to these needs for 2015. This will be completed by the 15/03/2016

**Proposed Timescale:** 15/03/2016

**Theme:** Health and Development

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

It was not clearly evident that appropriate health care was provided for each resident.

**18. 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:**

As in action No.17

The outstanding appointment with the psychiatrist has been followed up and the residents' medication was reviewed and reduced. This is recorded on the Medical Appointment Form in the persons IP. This took place on the 21/1/2016.

**Proposed Timescale:** 21/01/2016

**Theme:** Health and Development

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

There were no measures in place to ensure that reheated food reached the required temperature prior to consumption.

**19. Action Required:**

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

A thermometer for checking the temperature of food is in place.

A checklist is now in place to record the temperature of all food that is heated to ensure that it meets requirements as outlined in organisational policy "Food and Nutrition".

This is monitored and reviewed by the PIC

**Proposed Timescale:** 05/02/2016

## **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:**

The protocols relating to the administration of PRN (as required) medicines required improvement to ensure that medicine that is prescribed is administered as required to the resident.

**20. 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:**

All PRN protocols for each resident have been updated to ensure that medicine that is prescribed is administered as required to the resident e.g. how do staff know that a resident is in pain.

The PIC will attend a briefing on a revised Medication Policy on 24/2/2016

**Proposed Timescale:** 05/02/2016

**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:**

The person in charge did not have adequate time to carry out her managerial role and responsibilities.

**21. Action Required:**

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

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

The new roster review has allocated adequate time off roster each week for the PIC to carry out their duties.

The PIC will be completely off roster for the next month to address the implementation of this action plan. This will be extended by the Provider until he is satisfied the action plan is sufficiently implemented and until the new roster is fully implemented.

In addition there will be more staff on duty each day including weekends and evenings. The Human Resource Department (HR) in consultation with the PIC and Regional Service Manager are finalising the roster and the first meeting with the team has taken place on the 11/2/2016. A second meeting is taking place on the 18/02/2016 to further progress this new roster.

The HR department have allocated time each week to the review of this in the service until it is completed. The new roster will be in place by the 31/3/2016.

**Proposed Timescale:** 31/03/2016

**Theme:** Leadership, Governance and Management

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

The written report arising from the unannounced visits to the centre did not include some areas of quality of care and support which required improvement.

**22. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The template in place covers all 18 outcome areas and in practice when particular issues are arising and need a focus e.g. premises, health etc. they are focused on to get issues addressed during that visit. The Provider will review how these unannounced visits are organised to ensure that attention is paid to high priority areas in designate centres.

As a response to this non-compliance an additional visit will take place by the provider which will focus on all 18 outcome areas. This will take place by the 15/04/2016

**Proposed Timescale:** 15/04/2016

**Theme:** Leadership, Governance and Management

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

The management systems in the designated centre did not ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

**23. 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:**

As in action 21.

In addition the Regional Service Manager will allocate a minimum 1 day per week to the designated centre for the next 3 months to deal with the areas of non-compliance and to ensure the full implementation of the action plan

The PIC and RSM will track the progress on the action plan on a fortnightly basis or as changes occur.

The RSM will also meet the Executive Director on a fortnightly basis to review the action plan

In addition HR will prioritise support to the service until the new roster is in place.

The Evaluation and Training Department will prioritise support to the service to progress the development of Individual Plans in the service and supporting the PIC and team

The above will ensure that the service provided is safe, appropriate to residents' needs and effectively monitored. The PIC will also ensure that all staff are adequately supervised and that regular team meetings take place to keep everyone up to date In addition staff will be allocated different areas of responsibility in the designated centre to support the PIC.

**Proposed Timescale: 15/04/2016**

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The number of staff was not appropriate to the number and assessed needs of residents at all times.

**24. 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:**

See action 21.

A new roster has been developed in consultation with the HR department and the PIC to increase resources available to the designated centre to meet the needs of the residents and will be in place by the 31/3/2016. Prior to implementation, The Provider will cross-reference individual scores on the Individual RIPT Assessment of Need scale to ensure that there is a match between assessed need and the level of staffing.

The HR department will be supporting the PIC and the team to implement this and to monitor its implementation.

**Proposed Timescale: 31/03/2016**