

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	HSE Cork - Youghal Community Hostels
Centre ID:	OSV-0004646
Centre county:	Cork
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Deborah Harrington
Lead inspector:	Julie Hennessy
Support inspector(s):	Carol Maricle
Type of inspection	Unannounced
Number of residents on the date of inspection:	17
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 06 March 2017 08:30 To: 06 March 2017 16:00

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

On 6th November 2015, HIQA applied to the district court under Section 59 of the Health Act 2007 for specific restrictive conditions to be placed on the registration of three centres for people with disabilities run by the Health Service Executive (HSE). This report relates to one of those centres. This was the fifth inspection of this centre.

This inspection was to follow up on the previous inspection of 25 May 2016, where five of nine outcomes were found to be at the level of major non-compliance.

Description of the service:

The centre comprises two houses or premises. One house is based on the grounds of another designated centre and can accommodate seven residents. The second house is located in the community and can accommodate ten residents. Both houses are two-storey buildings and the majority of bedrooms are shared rooms.

How we gathered our evidence:

Inspectors spoke with or briefly met 15 residents over the course of the inspection. Residents told inspectors that staff treated them well and that they liked the staff team. Two residents in one house told inspectors that they were not happy with

where and/or with whom they lived.

Inspectors met with the person in charge, care staff and a social care worker on duty that day, all of whom facilitated the inspection. The representative of the provider was unable to attend the inspection or the feedback meeting at the close of the inspection due to prior commitments.

Inspectors observed practices and interactions between staff and residents and asked the person in charge and members of the staff team about how they supported residents. Inspectors also reviewed documentation such as personal plans, risk assessments and medication, fire safety and training records.

Overall judgment of our findings:

The person in charge and members of the staff team demonstrated that they knew residents and their support requirements well. Interactions between staff and residents were appropriate and supportive.

Inspectors found that significant improvement had been made in the centre since previous inspections. Over the course of the most recent three inspections, the numbers of major non-compliances has reduced from eight in July 2015 to five in May 2016 to two at this inspection.

This had been achieved by improvements to the governance and management of the centre and staffing arrangements and strengthening the systems in place to ensure effective monitoring and oversight of the service being provided. Specific achievements included the introduction of daily meetings to oversee any incidents or safeguarding concerns, the completion of an assessment of needs by an external provider, a multidisciplinary review for all residents, further development of personal plans and evidence of progressing personal goals and continued support to residents to participate or engage in activities and pursue interests in the community. Overall, these developments had led to demonstrable improvements in the quality and safety of care being provided to residents in terms of improved quality of life and an overall reduction in adverse events.

The two outcomes that remained at the level of major non-compliance since the previous inspection are as follows:

- improvement was required to protect residents from injury and harm by their peers due to an incompatible age mix of residents living in the centre; the high number of residents living in the centre and the lack of communal space in the centre. The provider had not satisfactorily progressed the transition of individual resident(s) for whom this placement was causing the most difficulties both in terms of their own happiness and the impact on other residents in this centre (outcome 8).
- as identified on previous inspections, the design and layout of the designated centre did not meet the assessed needs of residents. Also, it was not demonstrated that baths and showers of a sufficient number to meet the needs of residents were provided (outcome 6).

Within these constraints, the person in charge had endeavored to improve the living environment for residents since the previous inspection and the provider had

ensured that repair works had been sanctioned or completed.

Other improvements were required to ensure that residents had access to all of the multi-disciplinary supports that they required, to meet staff training and supervision requirements.

These findings are discussed in the body of this report and non compliances are included in the action plan.

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 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):

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

Findings:

Overall, a comprehensive assessment of needs had been completed for each resident and residents' had a personal plan which reflected their current needs, wishes and aspirations.

At the previous inspection, a comprehensive assessment of residents' health, social and developmental needs had not been completed. Also, the review of the personal plan was not multi-disciplinary. Since the previous inspection, a comprehensive assessment of needs had been completed for all residents by an external multidisciplinary team. To complement this process, a multi-disciplinary review of each resident's personal plans had also been completed by the service's multi-disciplinary team.

At the previous inspection, personal plans required further development to reflect residents' needs, abilities, wishes and preferences. Also, evidence of residents' participation in the review of their plans was not evidenced and plans were not in an accessible format.

At this inspection, inspectors reviewed a sample of personal plans. Each individual resident had been involved in the development of their personal plan and an accessible format had been developed and was available to them.

The person in charge outlined that the process in place to review the effectiveness of the personal plan and that this involved a personal planning meeting between the resident, their keyworker and their representative (if appropriate). This was then complimented by a multi-disciplinary team annual review of each resident's personal

plan to ensure adequate supports would be provided to support residents' personal goals. Personal goals were identified at these meetings and considered all aspects of residents' lives, including accommodation, work, exercise and leisure pursuits and the development of life skills.

There was evidence that goals were supported by staff and that the supports required were identified and provided, including staff and transport resources. For example, residents were supported to experience new opportunities such as work experience or to participate in the community and attend the local gym or swimming pool, to go for walks or for a coffee or meal out, to develop new skills such as traffic awareness or to pursue their interest in gardening and horticulture.

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):

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

Findings:

Overall and as identified on previous inspections, the design and layout of the designated centre did not meet the assessed needs of residents. Within these constraints, the person in charge had endeavoured to improve the living environment for residents since the previous inspection.

The stairs in the centre was steep and possibly not suitable for the age profile of residents in this centre into the future. In the interim, residents' safety on the stairs had been assessed by a physiotherapist and no immediate risks had been identified. The person in charge was monitoring for any deterioration in health or mobility status on an on-going basis. Most bedrooms were shared and a few residents told inspectors that they would prefer a room of their own or that they did not like who they shared with. Bedrooms were of an adequate size and layout with privacy curtains available between beds, should residents wish to have curtains. There was adequate space for storage of clothing and personal items, bedroom spaces were personalized and there were two televisions in each bedroom.

Notwithstanding the fundamental issues regarding the unsuitability of this premises, the person in charge had made a number of improvements to better meet residents

individual and collective needs since the previous inspection. For example in one house, new kitchen furniture and curtains had been purchased making this a bright and pleasant space. The layout and use of furniture had been adjusted since the previous inspection to make the centre more homely. The kitchen had been upgraded to improve sanitary standards and hand hygiene facilities, in line with recommendations from an environmental health officer.

One outstanding action related to the need to restrict access to garden areas that presented a hazard and where there were uneven steps. Alternative spaces were available in the garden which were used by residents.

In response to the failing regarding the fundamental design and layout not being suitable for its stated purpose, the provider has previously submitted an action plan to HIQA outlining that in line with national policy, both premises in this centre will be closed by 31 March 2018. An assessment of needs had been completed for each resident to inform residents' transition to more suitable accommodation. The person in charge had consulted with residents and their families or representatives and consultation would be on-going. As this timeframe has not yet passed, it will be included in this report to allow for progress against this action to be evidenced by the provider.

At the previous inspection, parts of the centre required repair internally. The outdoor area was overgrown in places and was uneven with steps and damaged and missing patio tiles, meaning that it was not an accessible area to all residents. At this inspection, improvements had been made to the upkeep and condition of the centre. Repair and repainting of the most frequently used areas had been completed with further painting scheduled to take place.

At the previous inspection, it was identified that in one house that ten residents shared shower facilities on the first floor. An additional shower room located on the first floor was locked. While the provider's response following the previous inspection detailed that the second shower room was no longer locked and was accessible to all residents, residents told the inspector that this was a staff shower room and that they did not access it. Irrespective of same, as both showers were electric showers, they could not be used at the same time meaning that there remained only one shower available for 10 residents. There was a second toilet facility with wash hand basin accessible to residents on the same floor and a wash hand basin in each bedroom.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

At the previous inspection, it was not demonstrated that fire drills as completed, considered all likely scenarios and conditions. Since the previous inspection, regular fire drills had taken place that demonstrated that effective arrangements were in place to evacuate residents from the centre in a safe manner.

In one house, inspectors observed that a fire door in a bedroom was wedged open. This was despite the fact that there was an appropriate mechanism fitted to the door to allow for it to be held open in a safe manner and which was connected to the fire alarm system. Inspectors viewed an internal memo from the person in charge that demonstrated that he had previously brought to the attention of all staff not to wedge open fire doors. The person in charge provided reassurance that this would again be raised with staff and that he would continue to monitor this practice.

At this inspection, inspectors reviewed incidents in the centre. The person in charge had completed an analysis of all incidents not only at centre-level but involving each individual and this had allowed for areas for improvement to be identified. Incidents analysed included any adverse event including clinical events, medication errors and challenging behaviour between peers.

This information had been used to review and develop proactive and reactive strategies, healthcare plans to provide guidance for staff during times of clinical deterioration and individual medication support plans. This work had resulted in an overall demonstrable reduction in the number of incidents in the centre and medication errors. The person in charge demonstrated a clear understanding of the thresholds for escalating incidents of concern and statutory reporting obligations.

Residents had previously been assessed by a physiotherapist in regards their safety on the stairs. The person in charge demonstrated that there was on-going monitoring of the safety of residents on the stairs in both houses, including for any deterioration in health and mobility status.

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:

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall, while a positive approach was demonstrated by staff to supporting residents with behaviours that may challenge, significant improvements were required under this outcome. While acknowledging actions implemented since the previous inspection, it was not demonstrated that residents were adequately protected from challenging behaviour by their peers.

At the previous inspection, incident records, information from residents and conversations with staff and the person in charge indicated that improvement was required to protect residents from injury and harm by their peers due to an incompatible age mix of residents living in the centre; the high number of residents living in the centre and the lack of communal space in the centre. These factors remained unchanged at this inspection. The provider had not satisfactorily progressed the transition of individual resident(s) for whom this placement was causing the most difficulties both in terms of their own happiness and the impact on other residents in this centre.

At the previous inspection, where residents had a behaviour support plan, it was not demonstrated that they had access to the behaviour support services that they required. At this inspection, behaviour support plans had been reviewed with a clinical nurse specialist in behaviours of concern. However, the full range of behavioural intervention services were not available to residents and this will be addressed under outcome 11.

Since the previous inspection, staff have received training in positive behaviour support and the management of potential and actual aggression. All incidents of behaviour of concern were being analysed to identify potential triggers and inform any changes required to individual behaviour support plans. While these supports had led to a period of time where there had been no incidents of challenging behaviour between residents, the situation had escalated again in February 2017 with a pattern of behaviours that indicated an increasing number and severity of events. There had been four incidents involving behaviours of concern in the weekend prior to this inspection. Residents told the inspector that they were not happy with this situation.

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):

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

Findings:

Inspectors found that residents' healthcare needs were supported by staff. However, improvements were required to ensure that residents had access to the multi-disciplinary inputs that they required.

Residents were supported by a psychiatrist and their own general practitioner as required and other members of a multi-disciplinary team including speech and language, physiotherapy, dietetics and occupational therapy. However, residents did not have access to all of the multidisciplinary input required in accordance with their assessment of needs. Specifically, residents did not have access to the full range of behavioural intervention services as access to a psychologist was not available if required.

Residents' wound care, nutritional and hydration needs, skin integrity and continence was all promoted and maintained by staff.

Based on the sample reviewed on the day of inspection, the required healthcare plans were in place to support residents identified and readily identifiable healthcare needs, for example in relation to their mental health, mobility, circulatory problems, chronic conditions and skin integrity.

Since the previous inspection, healthcare plans had been further developed and improved to provide direction for staff to identify and respond to signs and symptoms of clinical deterioration, including in relation to mental health and chronic conditions.

There was evidence that relevant risks, such as the risk of falls, were monitored and supported. Input from allied health was sought in relation to preventing related incidents.

Where residents had difficulties with swallowing, an assessment had been completed by a speech and language therapist. However, while a risk assessment had been completed for the risk of choking for one resident, it had not been completed for another resident. This was addressed by the person in charge by the close of inspection. Inspectors found that staff members were able to articulate that they were aware of and understood how to implement recommendations made to prevent this specific risk of choking. Where residents had dietary requirements or nutritional needs, assessments had been carried out by a nutritionist and other healthcare professionals as indicated. Weight was monitored and food diaries kept as indicated.

Each resident had an individual 'hospital passport' that contained key information should a resident be admitted to the acute hospital sector. Information contained in the hospital passport was specific to that resident and included information about allergies, their medication, communicating with the resident in relation to healthcare matters and

any relevant risks. Information was kept in the kitchen about any dietary requirements or supports around mealtimes.

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):

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

Findings:

Overall, significant improvement had been made to medication management practices in the centre since the previous inspection.

At the previous inspection, it could not be demonstrated that recommendations made by the pharmacist had been discussed with the multidisciplinary team and implemented as appropriate. Since the previous inspection, any recommendations made by the pharmacist, for example, regarding the checking of the conditions of storage, had been implemented.

At the previous inspection, an unreported medication related incident had occurred and had not been identified by those with oversight of medication management in the centre. Since the previous inspection and as previously discussed under outcome 7, significant work had been completed in relation to medication errors in the centre. An analysis of factors contributing to such errors had been completed at both individual and centre-level.

At the previous inspection, the monthly medicines management audit was limited in scope and did not cover all aspects of the medicines management cycle. Since the previous inspection, the medication audit had been reviewed to ensure it covers all aspects of the medicines management cycle. Medication management audits identified learning and actions including from any errors, which were then implemented.

At the previous inspection, no resident was managing his/her own medicines at the time of the inspection and a tool to be used to support a risk assessment for this practice was not implemented. Since the previous inspection and where appropriate, an assessment had taken place to support residents to take responsibility for their own medication. Where residents chose not to participate in an assessment, this had been respected.

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):

No actions were required from the previous inspection.

Findings:

Overall, there was evidence of sustained and continued improvement to the quality and safety of care and support provided to residents in this centre.

The person in charge facilitated the inspection. The person in charge was a clinical nurse manager (CNM3 grade) and was suitably qualified and experienced to fulfil the role of person in charge, was full time and was nominated as the person in charge of this centre only. The person in charge also provided cross-cover for the person in charge of another designated centre during periods of leave (that centre comprises three houses and can accommodate 18 residents). The person in charge was supported in his role by a CNM1 and a night supervisor.

Over the previous few months, periods of sick leave had reduced the available supports to the person in charge. This had been identified as a contributory factor to medication errors as medicines were administered by nursing staff. The person in charge outlined how a CNM2 who previously provided support to this centre was scheduled to commence providing this support again from the following month (March 2017). Work undertaken to reduce the number of medication errors was previously discussed under outcomes 7 and 12.

The person in charge demonstrated that they knew residents, their needs and abilities well. Residents said that they were satisfied with the supports available to them and the staff team. Key actions that fell under the responsibility of the person in charge had been satisfactorily progressed since the previous inspection. These included the completion of an assessment of needs and a multidisciplinary review for all residents, further development of personal plans and evidence of progressing personal goals and continued support to residents to participate engage in activities and pursue interests in the community.

In addition, the provider and person in charge had further strengthened the

management systems in place to ensure effective monitoring and oversight of the service being provided. For example, daily meetings had been introduced for all centres in this service to review any incidents, adverse events or safeguarding concerns and these meetings were attended by the designated officer.

As previously mentioned under outcome 7, analysis of incidents and adverse events had led to the development of proactive and reactive strategies, healthcare plans to provide guidance for staff during times of clinical deterioration and individual medication support plans to better support residents' needs. Overall, these developments had led to demonstrable improvements in the quality and safety of care being provided to residents in terms of improved quality of life and an overall reduction in adverse events.

At the previous inspection, further improvement was required to the unannounced provider visits were required to ensure follow through of identified failings and review of all key aspects of the safety and quality of care and support being provided to residents in the centre. At this inspection, inspectors reviewed the report from the most recent unannounced visit, which reviewed key aspects of safety and quality of care and areas that required improvement.

For example, the provider had identified that not all staff grades were involved in the supervision process and the deputising arrangements in the event of the person in charge being absent for more than 28 days were not clear. The deputising arrangements have since been clarified and a plan in place to address this gap on a more permanent basis.

The failure of the provider to satisfactorily progress the plan to transfer a resident to a more suitable accommodation that would better meet their needs and provide a safer environment for all residents was previously addressed under outcome 8.

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):

Findings:

Overall, staff supported residents in an appropriate and warm manner. However, improvements were required to staff training and supervision systems.

At the previous inspection, a planned and actual staff rota was not maintained, showing staff on duty at any time during the day and night. At this inspection, this had been addressed with both planned and actual staff rotas available for review.

At the previous inspection, a formal supervision system was not in place to facilitate staff to raise any concerns and to support, develop and manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they were delivering. Since the previous inspection, a formal supervision system had been introduced in the centre. However and as identified by the provider in the report of their most recent unannounced visit, not all staff grades were involved in this supervision system.

At the previous inspection, staff training records indicated that there were gaps in mandatory training and training relevant to their role. Since the previous inspection, a training needs analysis had been completed and a schedule of training dates developed. Staff training requirements to meet residents' needs included training in relation to first aid, dysphagia or supporting residents with swallowing difficulties, communication, recording and reporting basic observations or vital signs, medication management training and training to administer rescue medication.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0004646
Date of Inspection:	06 March 2017
Date of response:	06 April 2017

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 06: Safe and suitable premises

Theme: Effective Services

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

The design and layout of the centre was not suitable for its stated purpose.

1. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs

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

of residents.

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

In line with National decongregation policy, both hostels will be closed by December 31st 2018 and alternative accommodation will be sourced that meets each resident's needs and preferences. The service contracted the American Association of Intellectual and Development Disabilities (AAIDD) to carry out independent assessment of need using the Supports Intensity Scale (SIS). This will inform the planning of appropriate housing for the residents. One house has already been purchased through the voluntary housing body and the service is planned to support a community move for three Bayview residents. Funding is being identified at national level for purchase of additional housing to support residents from community hostels moving to houses within the community.

Proposed Timescale: 31/12/2018

Theme: Effective Services

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

It was not demonstrated that residents in one house had access to a sufficient number of sanitary facilities (showers).

2. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The house in question has a second shower room which is accessible and is fit for purpose. Residents tend to prefer to use the large shower room. Staff have verbally reinforced to all residents in the weekly residents meeting that the two shower rooms are always available and accessible.

As outlined previously, in line with National decongregation policy, both hostels will be closed by December 31st 2018 and alternative accommodation will be sourced that meets each resident's needs and preferences. The service contracted the American Association of Intellectual and Development Disabilities (AAIDD) to carry out independent assessment of need using the Supports Intensity Scale (SIS). This will inform the planning of appropriate housing for the residents. One house has already been purchased through the voluntary housing body and the service is planned to support a community move for three residents. Funding is being identified at national level for purchase of additional housing to support residents from community hostels moving to houses within the community.

Proposed Timescale: 31/12/2018

Theme: Effective Services

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

One outstanding action from the previous inspection related to the need to restrict access to garden areas that presented a hazard and where there were uneven steps.

3. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The fencing to restrict access to hazards and uneven steps has been ordered and fencing will be in place before 30/04/2017.

Proposed Timescale: 30/04/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Improvement was required to protect residents from injury and harm by their peers due to an incompatible age mix of residents living in the centre; the high number of residents living in the centre and the lack of communal space in the centre.

The provider had not satisfactorily progressed the transition of individual resident(s) for whom this placement was causing the most difficulties both in terms of their own happiness and the impact on other residents in this centre.

4. 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:

In line with National decongregation policy, both hostels will be closed and alternative accommodation will be sourced that meets each resident's needs and preferences. The service contracted the American Association of Intellectual and Development Disabilities (AAIDD) to carry out independent assessment of need using the Supports Intensity Scale (SIS). This will inform the planning of appropriate housing for the residents. One house has already been purchased through the voluntary housing body and the service is currently examining whether three residents could be supported in this house in the coming months. The plan is to engage with the proposed residents for this house and their families regarding the proposed community move, carry out works required and commence the transition process. This includes the transition of individual resident(s) referred to above by 31/10/2017.

Proposed Timescale: 31/10/2017

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:

Residents did not have access to all of the multidisciplinary input required in accordance with their assessment of needs.

Specifically, residents did not have access to the full range of behavioural intervention services as access to a psychologist was not available if required.

5. 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 resident who requires psychology input has been referred to an additional behaviour support service which will include input of a psychologist, this referral has been complete.
- Speech and language therapist – approval has been received and recruitment through the HSE national recruitment panel is being progressed.
- Physiotherapist – approval has been received and recruitment through the HSE national recruitment panel is being progressed.

Proposed Timescale: 30/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff training requirements to meet residents' needs included training in relation to first aid, dysphagia or supporting residents with swallowing difficulties, communication, recording and reporting basic observations or vital signs, medication management training and training to administer rescue medication.

6. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

- A schedule of training is in place and is being implemented, the training schedule is based on a training needs analysis.

- 60% of the staff team have up to date safe administration of medication and this will be increased to 80% of staff directly supporting residents.
- Swallowing difficulties – 55% of the staff team have up to date training in dysphagia and this will be increased to 100%.
- 60% of the staff team will complete training in reporting basic observations or vital signs
- 65% of staff have completed training to administer rescue medication, this will be increased to 75% of staff.
- 40% of staff have completed training in communication, this will be increased to 90% of staff

Proposed Timescale: 30/07/2017

Theme: Responsive Workforce

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

Not all staff grades were involved in the supervision system to facilitate all staff to raise any concerns and to support, develop and manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they were delivering.

7. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The staff appraisal will be completed for all staff grades.

A return to work meeting with a member of the governance team for all staff who return from sick leave is in place.

Proposed Timescale: 30/04/2017