

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Centre 2 - Aras Attracta
Centre ID:	OSV-0004910
Centre county:	Mayo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Suzanne Keenan
Lead inspector:	Thelma O'Neill
Support inspector(s):	Stevan Orme
Type of inspection	Unannounced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
20 October 2016 09:00	20 October 2016 20:30
21 October 2016 09:30	21 October 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 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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

There are three centres on the Aras Attracta campus, Centre 1, Centre 2 and Centre 3. Following inspections in 2014 and 2015, inspectors found that the provider was failing to ensure that residents had safe and good quality services. The provider submitted a plan to the Health Information and Quality Authority (HIQA) about how it proposed to improve the services and HIQA undertook a programme of inspection days to verify whether the actions were producing positive impact in the safety and quality of service to residents. The inspection days for Centre 2 were:

11 January 2015
29 April 2015
12 July 2015
18 August 2015
30 March 2016
26 April 2016
20 October 2016

Following the initial inspection days, inspectors found that the provider was implementing their action plan but that the actions were not resulting in sufficient improvements in the quality of life for residents. Subsequently, in October 2015 HIQA required the provider to undertake an audit of their services under regulation 23 using a template provided by HIQA, and to submit an action plan to HIQA based on that audit. The provider was then required to repeat that audit three months later and to assess themselves on the impact of their action plan from the initial audit.

Inspectors then continued with their programme of inspection days and found that while there were still significant non-compliances, the provider was making progress in relation to improving safety and quality of life of residents.

This report records the progress of the provider as found on the most recent of those inspection days in October 2016.

In general, while there continues to be areas where the provider is not yet meeting the requirements of the regulations, inspectors found that the safety and quality of life for residents had improved over the course of the inspection programme. Inspectors found that there had been improvements in the following areas:

- Five residents were now in receipt of individualised services
- Residents living in the individualised services were experiencing meaningful days
- Transition processes had commenced for other residents living in larger group settings within the centre
- Residents had individual personal plans in place.

However, the provider continues to have non-compliances in the following areas:

- Safeguarding issues remained for some residents, in particular those residing in the three houses where larger groups of resident lived
- Residents were not at all times receiving continuity of care
- Improvements were required regarding fire management, risk management and medication management
- There were deficits in mandatory training for staff
- Aspects of the three houses where larger groups of residents lived were in need of repair and upgrade.

The current findings are set out in this report and the areas of non-compliance are included in the action plan at the end of this report.

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

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):

Findings:

While there had been improvements in the quality of life for residents who no longer lived in a large group situation, there were limitations in relation to the quality of life for residents who lived in the houses that had larger groups of residents.

For the residents in the three houses that had larger groups, residents did not have adequate support to engage in meaningful activities during the day. In addition, the staffing arrangements in the three houses did not allow for sufficient support for residents to engage in activities. There was also restricted access to transport in the centre which impacted on residents' engagement with their local community.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that since the last inspection there was an improvement in the assessment of health and social care needs for residents in five of the eight houses in this designated centre. However, improvements were required in three of the houses to fully implement residents' individualised health and social care assessments.

Since previous inspection days, five residents had been transitioned from a large group setting to individualised living arrangements. The quality of life for these residents had improved significantly and they had support to engage in activities that were meaningful for the residents.

However, there was limited social support for residents who continued to live in the three houses with large groupings. There was very little planning in relation to achieving their goals and wishes, and plans that were in place were not being implemented consistently, primarily because staff did not have time to do so or were transferred to meet staffing needs in other parts of the campus.

Individual personal plans had now been put in place based on the assessed needs of residents. However, these were not being implemented in a consistent manner, and they were not being reviewed consistently.

Staff told the inspectors about the establishment of a transition team to support residents to move to community-based residential services. The provider had identified a number of residents to be involved in this process. Inspectors reviewed the arrangements for one resident and found that while the resident was engaging in activities to support the transition, there was no written transition plan. The transition process had commenced but the monitoring and review of that process was not adequate and did not provide sufficient information to ensure that the transition process was meeting the needs of the resident.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

This centre is based on a congregated setting in Co. Mayo and was opened in December 1988. The complex includes 29 buildings on a 10 acre site. The site has a range of facilities including a large gym hall, a restaurant, a large swimming pool and chapel.

In general, inspectors found that the premises were well maintained and had homely décor. However, three of the houses were not being maintained adequately and were poorly decorated. For example, there were broken chairs and furnishings in some of the houses, in one house, the tiling in the kitchen had not been completed for a number of months.

In the houses that were well maintained, residents' rooms were very pleasantly decorated and individualised, and residents had pictures of their family and friends displayed in their rooms.

In the five houses providing individualised care and support, inspectors found that there was sufficient dining and sitting room accommodation and the facilities met the needs of residents. However, in the three houses that accommodate large numbers of residents, inspectors found that there were inadequate communal areas. The dining area and sitting areas were too restricted for the numbers of residents in the house, and the toilet and bathroom facilities were inadequate.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that there were some arrangements in place to manage risk in the centre but this was not sufficient. The provider had a risk management group in place for the campus and there was a process for reporting incidents and risks in the centre to the group.

While there had been significant improvements in the management of risk for some residents, risks were occurring for other residents but were not being adequately managed. For example, inspectors found that some residents were at a high risk of falls and they had frequent falls. However, some residents did not have an up-to-date falls risk assessment in place and plans to manage falls had not been reviewed or updated following significant incidents of falls. In addition, 41 of the 76 staff working in the centre had not received up-to-date safe moving and handling training. Another example of poor risk management in the centre was the inadequate arrangements for the safe storage of oxygen cylinders.

There were a significant number of accidents and incidents reported in the centre. While these were being reported and were being reviewed by the risk management group, there was no evidence of learning from the review and effective actions were not being taken to reduce the number of incidents and accidents.

The inspector found that there inadequate infection control arrangements in the centre. The inspector saw personal and healthcare equipment which was very dirty and there were no protocols for ensuring that there were arrangements to ensure the cleanliness of such equipment. In addition, inspectors saw areas in three of the houses that were very unclean such as dirty floors, walls with stains on them and there was dust and cobwebs in some parts of the centre.

There were significant concerns in the centre in relation to fire precautions. The provider was required to take immediate actions to address these concerns.

1. The registered provider did not ensure that an adequate fire alarm system was in place to give warning of fires.
2. Fire safety management procedures such as, fire drills were not completed at suitable intervals, to ensure that staff and residents were aware of the procedures to be followed in the case of fire.
3. Effective fire management procedures were not in place to reflect the organisation's fire management policies.

Inspectors were informed by staff that the fire alert system to call for assistance from staff in other parts of the campus had been broken for a number of months and had not yet been repaired. Other issues were also identified in relation to the adequacy of fire doors in the centre.

Staff had developed personal emergency evacuation plans (PEEPs) for each resident, however some did not reflect the supports that residents required if they were to be evacuated. In addition, there had been changes to staffing arrangements in the centre and the PEEPs had not been updated to reflect the revised staffing arrangements. In addition, some staff on duty on the day of inspection did not have sufficient knowledge about the evacuation plans for residents and fire drills had not taken place in all of the houses to ensure residents could be evacuated safely in the event of a fire at all times.

Judgment:

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):

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

Findings:

Overall, inspectors found that there had been improvements in relation to the safeguarding of residents, however there continued to be issues in relation to residents in the three houses which accommodated large numbers of residents.

Inspectors found that the provider had taken action to improve the protection of residents from risk of abuse. There was a policy and procedure in place for the prevention, detection and response to abuse. Staff members were aware of what constituted abuse and were aware of what to do in the event of an allegation, suspicion or disclosure of abuse; including who to report any incidents to. The provider and person in charge monitored the systems in place to ensure that there were no barriers for staff or residents to disclose any concerns of abuse.

Inspectors were assured that staff were aware of their responsibility to report any safeguarding concerns and that they would be supported by management in this process. Staff members in all houses were observed treating residents with respect and warmth.

However, there were significant issues relating to the safeguarding of residents and management of regular peer-to-peer altercations in the three houses with larger groups of residents. Inspectors saw evidence where the serious individual safeguarding needs of some residents were not being met even though the provider was aware of the risks involved. Some residents told inspectors that they were afraid, and inspectors saw that residents were intimidated by the behaviour issues of other residents. In addition, inspectors saw records that residents were being injured regularly from peer-to-peer altercations.

Residents that displayed behaviours that challenge had assessments and behaviour support plans completed by behaviour support specialists. However, inspectors found that some behaviour support plans did not reflect all of the behaviours of concern

displayed by residents. This resulted in a lack of consistency in managing such behaviours. In addition, recommendations by the members of the multidisciplinary team were not being fully implemented for some residents. Furthermore, the staff members spoken with on the day of inspection were not familiar with the guidelines recommended in the behaviour support plans and not all staff members working in the centre were trained in managing behaviours that challenge.

Some residents received p.r.n. (as required) medication regularly to manage their behaviour. For example, in one case a resident received p.r.n. medication for agitation on eight occasions over a 14 day period. However, there was no evidence that an audit of this resident's behaviour or the rationale for administering the p.r.n. medication had been completed.

There were a number of restrictive practices used in the centre to manage behaviours that challenge which were not at all times the least restrictive interventions available. For example, some houses had locked doors into kitchens, utilities rooms, and store rooms. Inspectors were told these restrictions were used to reduce accidents or incidents in houses with large groups of residents. The provider had identified this as an issue in their own audit of the service and while there were plans to have a meeting to review this situation, they had not developed an action plan to address the issues.

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):

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

Findings:

The person in charge was submitting notifications of adverse incidents that were required within three days under the regulations. However, the notifications that are required by the regulations on a quarterly basis were not complete and the inspectors saw records of incidents that should have been included in the quarterly notifications.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

In general, residents' healthcare needs were well met and monitored and residents had timely access to general practitioner (GP) services and appropriate treatment and therapies.

However, inspectors found that some residents who had specific healthcare needs were not consistently reviewed following changes in their health. Inspectors found that there were incidents where residents' healthcare needs had changed and their nursing care plans had not been reviewed and updated to reflect the residents' current healthcare needs. For example, one resident was hospitalised in July 2016 for a serious epileptic seizure and following their return to the centre, they did not have their epilepsy care plan or epilepsy risk assessment updated.

There was a lack of adequate guidance and protocols around the management of medical equipment and the correct use of equipment such as nebulisers, oxygen cylinders and catheter care. For example, there was no protocol in the residents' care plans to offer guidance to residents or staff around the use of this equipment. This was particularly important with the frequency of staff changes in the house.

Inspectors found that there was insufficient access to dietitian services in the centre. Staff told the inspector about residents who had nutritional issues but had not been reviewed by a dietitian.

The inspectors found that residents were provided with sufficient food and meals, but that because of the institutionalised practice of relying on a centralised kitchen, the choice available to residents for meals and for snacks was very limited. Residents' food was supplied from a centralised kitchen twice a day at 1.00p.m. and 4.30p.m. Inspectors saw pictures of the daily menus displayed for residents to visualise what food was for dinner on the day of inspection. Residents told the inspector that they liked the choice of food and the dinners were good. However, inspectors found that the availability of food and snacks outside of mealtimes was very limited. For example, in one house the inspector looked in the cupboard and found that there was limited food and snacks available. There was also limited fresh fruit to ensure a selection of options were available for residents to choose from.

Judgment:

Non Compliant - Moderate

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Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>

Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.

Findings: Inspectors found that there were adequate arrangements for the ordering, prescribing and storage of medication in the centre but there were some issues in relation to the administration of medication. Some of the houses were staffed by social care staff and these staff had not been provided with training in the administration of medication. This meant that a nurse had to move between a number of houses to administer medication and staff told the inspectors that residents were not getting their medication at the times prescribed. Some residents had epilepsy and were prescribed emergency medication in the event of a seizure. However, on the day of inspection a staff member supervising one resident that was prescribed emergency medication was not trained in administering this medication. The staff member told inspectors that they would have to contact the nurse working in another unit at the other side of the campus to administer this emergency medication if required. This was not in keeping with the doctor's instructions around the administration of this medication. Some residents were prescribed p.r.n (as required) medication. However, there were no protocols to provide staff with guidance around the appropriate use of the medication and there was no review of usage.

Judgment: Non Compliant - Moderate

Outcome 13: Statement of Purpose <i>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.</i>

Theme: Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a statement of purpose as required by the regulations. However, there had been changes to the configuration of the centre and the statement of purpose had not been reviewed to reflect the changes.

Inspectors noted that the statement of purpose failed to clarify the following:

- The number of houses in this designated centre
- The name of the person in charge
- The extent of complex needs that the centre can cater for
- Age criteria of residents
- The review of residents' personal plans in light of any changes to the residents' support needs
- The arrangements for all residents to attend education, training and development
- The use of personal emergency egress plans and the availability of emergency lighting.

Judgment:

Non Compliant - Moderate

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:

Inspectors found that there had been improvements in relation to the governance and management of the centre but further improvements were required.

The provider had established a clear management structure in the centre. A new person in charge had been appointed to this centre shortly before this inspection. The provider had also put additional multidisciplinary supports in place. The provider had undertaken an audit of the centre and was identifying areas for improvement.

However, while the provider had undertaken an audit, some actions from that audit had not been implemented, such as actions in relation to fire precautions, social care

supports and reduction in number of residents in three of the houses.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors found that the staff working in the centre engaged with residents in a respectful and caring manner.

However, there were staffing issues which were impacting on the consistency and quality of the service. There was difficulty covering for staff absences which resulted in a significant reliance on agency staff in the centre. In addition, staff familiar to residents were being moved to other parts of the campus to cover staff shortages in those areas.

There were 76 staff assigned to the centre. At the time of inspection, 18 staff were on sick leave. This contributed to the high level of agency staff (24.22%) working in this centre. Inspectors were told that the agency staff were mostly regular staff working in the centre. Some agency staff did not have the qualifications or experience of the staff that they were replacing.

The person in charge had not ensured an accurate staff roster for the day. For example, inspectors found that two of the four staff on the roster for one house had been moved to another house to cover staff leave. A further two staff members that were working in the house in the morning were moved during the day to two other houses. This resulted in two unfamiliar staff being moved into the house to supervise the eight residents.

Mandatory staff training was not completed for all staff members. Based on 76 staff working in the centre, 33 did not have up-to-date fire safety training, 41 staff did not have safe moving and handling training, six staff did not have training in managing behaviours that challenge and 71 of the 76 staff did not have training in epilepsy care management. Epilepsy training was identified by management of the campus as a requirement due to the number of residents diagnosed with epilepsy. In addition, staff

members working with a resident that communicated through sign language were not trained in this form of alternative communication. Inspectors were told that this can at times impact on staff ability to communicate with the resident.

Judgment:

Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Thelma O'Neill
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-0004910
Date of Inspection:	20 & 21 October 2016
Date of response:	13 January 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 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:

For the residents in the three houses that had larger groups, residents did not have adequate support to engage in meaningful activities during the day.

1. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to

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

participate in activities in accordance with their interests, capacities and developmental needs.

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

Since the inspection a plan is currently being actioned around the opening of a house to reduce the numbers in these houses by four. Currently transitional plans are in place for the individuals moving, families are involved, a group of staff are being identified who will provide consistent support, the house will open as a social support home with a Social Care Leader, with access to transport. Also two staff member are engaged in the development of meaningful days with individuals. The people living in this house will be integrated into the community. They will shop, cook, clean and do their own laundry. It is anticipated that this reduction in numbers of individuals will then ensure that everybody will have the support to engage in their interests, meaningful activities and their developmental needs.

Proposed Timescale: 09/01/2017

Theme: Individualised Supports and Care

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

Due to the limited transport available in the centre there was restricted access for residents to engage more with the local community.

2. Action Required:

Under Regulation 13 (2) (a) you are required to: Provide access for residents to facilities for occupation and recreation.

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

Since the inspection an additional vehicle has been acquired for the Centre, also two staff members are engaged in the development of meaningful days in particular with individuals currently residing in houses where overcrowding is an issue. The services transport insurance policy now supports the driving of HSE transport by contracted non HSE staff following an induction process. These actions have supported the residents to engage more with their localities.

Proposed Timescale: Complete

Proposed Timescale: 31/12/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

1. There was limited social support for residents who continued to live in the three

houses with large groupings.

2. There was little planning in relation to achieving their goals and wishes for the residents living in large groupings.

3. Plans that were in place were not being implemented consistently for the residents living in large groupings.

3. 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:

Since the inspection a plan is currently being actioned around the opening a house to reduce the numbers in these houses by four. Currently transitional plans are in place for the individuals moving, families are involved, a group of staff are being identified who will provide consistent support, the house will open as a social support home with a Social Care Leader and access to transport. This will improve the social supports for all of the individuals living in Centre 2. It will support the development of a greater level of planning and support the individual wishes, will and preferences. Further SSDL training has been completed and will ensure that plans that have been developed are person focused and will be implemented in a consistent way.

Proposed Timescale: 09/01/2017

Theme: Effective Services

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

Individual personal plans, for the residents living in the three large groupings, were not being frequently reviewed nor was the effectiveness of the plans being appropriately assessed.

4. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Since the inspection, specific issues highlighted regarding documentation were addressed. Where circumstances or developments change, care and support plans are updated. In addition an audit of personal plans has commenced. It is focussed on the regularity of review, the effectiveness of plans and the assessments completed. From this an action plan will be developed and focussed on to ensure that they take into account all changing circumstances and new developments.

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

For one resident who was transitioning into alternative accommodation there was:

- a) No written transition plan in place.
- b) The monitoring and review of the process was found to be inadequate as it did not provide sufficient information to ensure that the transition process was meeting the needs of the resident.

5. Action Required:

Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

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

Since the inspection a transition plan is currently being developed in addition to an ongoing monitoring and review process. The purpose of this is to ensure that the changing needs of this individual are being acknowledged and appropriately addressed and to ensure that there is seamless support being provided by both services.

Proposed Timescale: 14/01/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

1. In the three houses that accommodate large numbers of residents, inspectors found that there were inadequate communal areas. For example, the dining area and sitting areas were too restricted for the numbers of residents in the house.
2. The toilet and bathroom facilities were found to be inadequate.

6. 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 of residents.

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

Since the inspection a plan is currently being actioned around the opening a house to reduce the numbers in these houses by four. Currently transitional plans are in place for the individuals moving, families are involved, a group of staff are being identified who will provide consistent support, the house will open as a social support home with a

Social Care Leader, with access to transport. This will increase the amount of communal space for everybody and provide greater access to bathroom and toilet facilities.

Proposed Timescale: 09/01/2017

Theme: Effective Services

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

Three of the houses were not being maintained adequately and were poorly decorated. For example, there were broken chairs and furnishings in some of the houses, in one house, the tiling in the kitchen had not been completed for a number of months.

7. 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:

Since the inspection all broken furniture has been removed, a plan has been developed and approved to address painting, decorating and general up keep (which includes tiling). It is hoped that this will be completed within the time frame.

Proposed Timescale: 14/02/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

1. Risks were not being adequately managed. For example, falls risk assessments had not been updated where required, there was a lack of training for staff regarding moving and handling and there were inadequate arrangements for the safe storage of oxygen cylinders.
2. There was no evidence of learning from the review of accidents and incidents and effective actions were not being taken to reduce the number of incidents and accidents.

8. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Since the inspection safe storage arrangements have been made for all oxygen cylinders in the Centre. All risk assessment in the centre have been updated and training dates are being agreed to ensure that all staff in the centre have their

manual handling up to date as soon as possible. Currently staff are completing the on line Part 1 certificate in Manual Handling from the HSE website.

The service is currently reviewing the need to learn from incidents and accidents. A greater degree of tracking and analysis is necessary, also as part of this review the advice of the Quality and Risk manager in CHO 2 has been sought and a meeting has been arranged to review our current systems. The review will be published and shared with staff. Certainly there has been a reduction in some areas, for example peer to peer challenging behaviour in particular.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

The inspector found that there were inadequate infection control arrangements in the centre. For example:

- a) personal and healthcare equipment was very dirty
- b) there were no protocols for ensuring that there were arrangements to ensure the cleanliness of such equipment
- c) areas in three of the houses were very unclean such as dirty floors, walls with stains on them and there was dust and cobwebs in some parts of the centre.

9. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Since the inspection a meeting has taken place with the cleaning contractors and these issues have been highlighted, identified and managed. Hygiene audits have commenced with the cleaning supervisor and the PIC in the centre.

A protocol is now in place for all healthcare equipment.

One area of the centre which was being operated in the social care model is now being supported by the cleaning contractor due to the changing needs of the individual living there.

Proposed Timescale: Complete

Proposed Timescale: 20/12/2016

Theme: Effective Services

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

1. The fire alert system to call for assistance from staff in other parts of the campus had been broken for a number of months and had not yet been repaired.
2. Issues were identified in relation to the adequacy of fire doors in the centre.

10. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

All houses in this centre have awake night staff. A review of the fire evacuation plan is currently underway to address the issues regarding fire doors.. It is envisioned that some of the individuals currently residing in this Centre will have transitioned off the campus. The service has upgraded the fire alarm system to enhance the detection of fire, all staff have a panic alert and pager system which is checked regularly and will alert staff in the event of a fire. There are adequate numbers of staff available to evacuate residents in the event of fire over 24 hours. The local fire department has visited the service. Fire evacuations were completed as requested and the fire policy has been updated.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

Fire drills were not completed at suitable intervals, to ensure that staff and residents were aware of the procedures to be followed in the case of fire.

11. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Fire drill have now been completed for all individuals, and will be completed at suitable intervals.

Proposed Timescale: Complete

Proposed Timescale: 20/12/2016

Theme: Effective Services

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

Effective fire management systems were not in place,

a) individualised personal support requirements were not identified in residents' personal egress and evacuation plans (PEEPs)

b) staff working in the centre were not familiar with the centres fire evacuation procedures.

12. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Since the inspection all personal egress and evacuation plans PEEPs have been developed, updated and identified for each individual in Centre 2. The Fire Policy has been updated and provided for the attention of all staff. All staff in the centre have been alerted to the importance of the services fire procedures. Further training sessions have taken place in the area of fire evacuation and drills.

Proposed Timescale: Complete

Proposed Timescale: 20/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Chemical restraint, such as p.r.n (as required) medication was used in the absence of an audit and review. There was also a lack of rationale as to why it was being used.

13. 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 PRN prescription relating to this individual had been prescribed and reviewed by the Mental Health and ID team. The use of all PRN medications are now the subject of ongoing review and audit.

Proposed Timescale: Complete

Proposed Timescale: 20/12/2016

Theme: Safe Services

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

1. Behaviour support plans did not reflect all of the behaviours of concern displayed by some residents.
2. Restrictive practices were not at all times the least restrictive interventions available.

14. Action Required:

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

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

Behaviour support plans now reflect all of the behaviours of concern displayed by some residents. The inspectors identified locked doors, utility rooms and store rooms. We strive to minimize any lockable areas in people's homes. Whilst we accept the abuse of such practices could happen, there have been significant efforts made to focus on a restrictive free environment. However this must be balanced with the health, safety and welfare of the Residents. It is anticipated that the reduction of numbers will reduce the requirement for restrictive practices.

Proposed Timescale: 09/01/2017

Theme: Safe Services

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

Not all staff members working in the centre were trained in managing behaviours that challenge.

15. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Since the inspection there has been two further training sessions in this area. Further sessions are planned in January and March of 2017. It is expected that by the time frame all staff in the Centre will have completed their Studio111 training.

Proposed Timescale: 21/02/2017

Theme: Safe Services

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

The staff members spoken with on the day of inspection were not familiar with the guidelines recommended in the behaviour support plans of residents.

16. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

In the last year we have strived to produce auditable behavior support plans. Some of them are longer than we sometimes would like but, we feel strongly that in essence making them any simpler will not increase compliance. In 2016, an anonymous audit identified that 50% of staff stated that they saw behavior support plans as useful. A further recent random audit was positive in that 5 out of 6 staff sampled could identify their behavior support plans and key elements. However, our view was very clear that compliance is not the same as acceptance of plans. We have had significant difficulties maintaining core teams of staff. Currently we have a recruitment campaign under way and staff are being processed. It is expected that this will be completed within the timeframe and that all staff working in all locations will be familiar with all support plans in their area of work.

Proposed Timescale: 30/04/2017

Theme: Safe Services

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

Recommendations by the members of the multi-disciplinary team were not being fully implemented.

17. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Since the inspection, the therapeutic recommendations of the allied health professional of the individual identified has been reviewed and implemented.

Proposed Timescale: Complete

Proposed Timescale: 20/12/2016

Theme: Safe Services

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

There were significant issues relating to the safeguarding of residents and management of regular peer to peer altercations in the three houses with larger groups of residents:

- a) some residents told inspectors and staff that they were afraid.
- b) inspectors saw that residents were intimidated by the behaviour issues of other residents.
- c) inspectors saw records that residents were being injured regularly from peer to peer altercations.

18. 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:

Since the inspection a plan is currently being actioned around the opening a house to reduce the numbers in these houses by four. Currently transitional plans are in place for the individuals moving, families are involved, a group of staff are being identified who will provide consistent support. The house will open as a social support home with a Social Care Leader, access to transport. The individuals moving are compatible. This will increase the amount of communal space for everybody and provide greater access to bathroom and toilet facilities.

Proposed Timescale: 09/01/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The use of chemical restraint was not reported to HIQA as required.

19. Action Required:

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

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

All incidences will be captured on the Quarterly Reports as per the regulations.

Proposed Timescale: 31/01/2017

Theme: Safe Services

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

All accidents or incidents that occurred in the centre were not notified to HIQA as required.

20. Action Required:

Under Regulation 31 (3) (d) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any injury to a resident not required to be notified under regulation 31 (1)(d).

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

All incidences will be captured on the Quarterly Reports as per the regulations.

Proposed Timescale: 31/01/2017

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:

There was insufficient access to dietician services in the centre.

21. 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:

A part time dietician service is now available to the service on a weekly basis.

Proposed Timescale: Complete

Proposed Timescale: 20/12/2016

Theme: Health and Development

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

1. Following changes in residents' health care needs, their nursing care plans had not been reviewed and updated to reflect the residents' current healthcare status.

2. There was a lack of adequate guidance and protocols around the management of medical equipment and the correct use of equipment such as nebulisers, oxygen

cylinders and catheter care.

22. 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:

Since the inspection all changes in residents healthcare needs and their nursing care plans have been reviewed and updated. There is now guidance and protocols around the management of medical equipment and the correct use of nebulisers, oxygen and catheters.

Proposed Timescale: Completed

Proposed Timescale: 20/12/2016

Theme: Health and Development

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

Due to centralised practices some residents were not supported to buy, prepare and cook their own meals.

23. Action Required:

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

The remaining units in Centre Two are moving towards this model. The recruitment of new care assistants who are currently going through the recruitment process will assist with this process. The presence in the service of Social Care staff are assisting with this roll out. Catering, cleaning and laundry services are reducing in line with this process.

Proposed Timescale: 31/12/2016

Theme: Health and Development

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

Access to snacks, and alternative meals to food provided from the main kitchen was limited.

24. Action Required:

Under Regulation 18 (4) you are required to: Ensure that residents have access to meals, refreshments and snacks at all reasonable times as required.

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

This issue has been addressed and there is now and there has always been access to a variety of snacks, menu choices and food from the main kitchen.

Proposed Timescale: Completed

Proposed Timescale: 30/11/2016

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:

1. The lack of trained staff to administer medication in some houses resulted in a delay in the administration of medication.
2. Some residents living in this centre had epilepsy who were prescribed and occasionally required emergency medication. However, the staff supervising the resident on the day of inspection were not trained in administering this medication.
3. Some residents were prescribed p.r.n. (as required) medication, however, no protocols were in place around its use.

25. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The service is currently under taking a process of change in relation to the model of support from medical to Social Care. This process is currently under way. A number of staff have undertaken the safe administration of medication SAMs training. Further training is planned in this area in the first quarter of 2017. This training will incorporate and include the administration of anticonvulsant medication. All staff have access to a panic alert and they can summon assistance in the event of any emergency. Protocols will be developed around all PRN medications.

Proposed Timescale: 31/03/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

the following respect:

The SOP did not reflect the service being delivered in the designated centre as outlined in the body of the report.

26. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The Statement of Purposes in Centre 2 is currently under review. It will reflect the service being delivered in the designated centre as outlined in the body of the report.

Proposed Timescale: 10/01/2017

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 management systems were not adequate. While the provider had undertaken an audit, some actions from that audit had not been implemented, such as actions in relation to fire precautions, social care supports and reduction in number of residents in three of the houses.

27. Action Required:

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

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

The remaining actions from the audits are being implemented in relation to fire precautions, social care supports and reduction in number of residents in three of the houses. The reduction of numbers in houses will take place on the 9th of January.

Proposed Timescale: Complete

Proposed Timescale: 09/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some agency staff did not have the qualifications or experience of the staff that they were replacing.

28. Action Required:

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

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

The recruitment of permanent care assistants has commenced and they are currently going through the recruitment process this will help to address this situation. In addition the service is about to commence the process of recruiting additional Social Care Workers. The Mc Coy report identified the need for a change in the model of support from medical to Social Care this process is currently under way.

Proposed Timescale: 31/05/2017**Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The person in charge had not ensured an accurate staff roster for the day.

29. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

A change in the model of support from medical to Social Care was recommended and this process is currently under way. The service has had challenges in retaining and recruiting staff. Significant movement of staff within the centre has been required to address shortfalls in high risk areas to replace unplanned absences. The recruitment of permanent care assistants has commenced and they are currently going through the recruitment process this will help to address this situation. In addition the service is about to commence the process of recruiting additional Social Care Workers. The centre continues to work to develop and support core teams of staff in the centre.

Proposed Timescale: 31/05/2017**Theme:** Responsive Workforce**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

1. Due to the significant reliance on agency staff there was a lack of continuity of care and support for residents.
2. In addition, staff familiar to residents were being moved to other parts of the campus to cover staff shortages in those areas.

30. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

A change in the model of support from medical to Social Care was recommended and this process is currently under way. The service has had challenges in retaining and recruiting staff. Significant movement of staff within the centre has been required to address shortfalls in high risk areas. The recruitment of permanent care assistants has commenced and they are currently going through the recruitment process this will help to address this situation. In addition the service is about to commence the process of recruiting additional Social Care Workers. The centre continues to work to develop and support core teams of staff in the centre.

Proposed Timescale: 30/04/2017

Theme: Responsive Workforce

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

Many staff had not received the required mandatory training:

1. 33 staff did not have up-to-date fire safety training.
2. 41 staff did not have safe moving and handling training.
3. Six staff did not have training in managing behaviours that challenge.
4. 71 staff did not have training in epilepsy care management.
5. There was also a lack of staff trained in sign language.

31. 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 full review of staff training is currently underway with trainers being booked to enable the completion of a training plan for the full year. This plan will reflect the health and social needs of the individual residents in addition to the mandatory training obligations.

Proposed Timescales:

- 33 staff did not have up-to-date fire safety training. May 31st 2017
- 41 staff did not have safe moving and handling training. May 31st 2017
- Six staff did not have training in managing behaviours that challenge March 31st 2017.
- 71 staff did not have training in epilepsy care management. May 31st 2017
- There was also a lack of staff trained in sign language. May 31st 2017

Proposed Timescale: 31/05/2017