

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0003321
<b>Centre county:</b>	Mayo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Mary Warde
<b>Lead inspector:</b>	Nan Savage
<b>Support inspector(s):</b>	Ann-Marie O'Neill;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	99
<b>Number of vacancies on the date of inspection:</b>	5

## **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 announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
24 September 2014 10:30	24 September 2014 17:30
25 September 2014 09:00	25 September 2014 20:00

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

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

**Summary of findings from this inspection**

The provider had applied to register 11 service areas on the complex as a single designated centre. The plan was to inspect the 11 service areas as one designated centre. However, as the inspection progressed inspectors found that there were inconsistencies in the delivery of the service to the cohort of residents across the service areas with significant differences in the type of service, care and support required to meet the range of needs of the residents. This report focuses on the findings in Units 1 and 2. The provider was asked to consider whether there was more than one designated centre on the complex, given the diverse range of support needs of residents and the varying levels of support provided in different service areas. Inspectors planned to carry out inspections of the other service areas separately based on the providers response.

Units 1 and 2 had 45 residents at the time of the inspection, both female and male,

all over the age of 18 years who had a diagnosis of intellectual disability with additional health needs, the management of which requires full time support and care.

Generally, inspectors found that the provider had made progress on addressing the non compliances identified on the previous inspections, however, additional non compliance with Regulations were identified. The provider had addressed required actions including facilitating residents' access to occupational therapy and physiotherapy services, completed specific actions that related to risk management and fire safety, and had obtained required information regarding staff. Actions that related to residents' personal planning, activity provision, the workforce and staff training were in the process of being completed.

On this inspection, while evidence of good practice was noted in specific aspects of the service, non compliances were identified and included:

- An aspect of residents' privacy and dignity that was not supported
- lack of community participation for some residents
- limited opportunities for some residents to participate in social care
- medication management practice that related to the administration of residents' medications did not ensure the safety of each resident
- residents had not been provided with a written contract for the provision of services to cover the support, care and welfare of the resident and include details of the services to be provided for that resident
- a required action from the previous inspection that related to complaints management had not been adequately addressed within the agreed timeframes.

Inspectors were concerned that some significant issues that inspectors had identified on the previous inspection regarding an area of fire safety had not been adequately addressed.

The findings are discussed in the body of the report and included in the action plan at the end of the report.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Inspectors found that the provider had not fully addressed the action plan from a previous inspection in relation to complaints management policy and further improvements were needed to ensure each resident's privacy, dignity and rights were fully supported.

Aspects of the physical environment did not support some residents' privacy and dignity. An inspector noted that there were clear glass panels on some shared bedroom doors that did not ensure each resident's individual right to privacy and dignity.

At the time of inspection some residents' clothes were sent out to a local laundrette as the clothes dryer was not operational. While there was no evidence on the days of inspection that residents' clothes had gone missing an appropriate system had not been put in place to ensure the safe return of these residents' clothing.

The inspector reviewed the complaints management policy and found that the required improvements identified previously by inspectors had not been adequately addressed. The provider had developed a complaints policy and this policy was implemented in September 2014. However, the policy did not comply with all the requirements of the Regulations. For example, it was not clear who investigated complaints and an independent nominated person had not been identified to oversee that all complaints were appropriately responded to and records maintained.

The complaints procedure was displayed and in an accessible format, however, the

appeals process was not clearly identified as noted on the previous inspection. This meant that if residents or their representatives were unhappy with the outcome of any complaint, they did not have access to the relevant information to appeal the outcome.

The provider and person in charge displayed a positive attitude to receiving complaints and considered them as a means of learning and improving the service. Inspectors viewed a sample of complaints and found that complaints were responded to and outcomes were communicated to the complainant. There was evidence that a support person was available to residents to assist them in making their complaint.

Inspectors found during the inspection that staff spoke with residents in a sensitive and respectful manner. From the sample of files viewed comprehensive intimate personal plans were developed for each resident to ensure privacy was respected and to minimise the risk to the resident during the delivery of intimate care.

Information on residents' rights was available and this included a user friendly document for residents on 'our rights'. There was also a charter of residents' rights displayed in these units. However, this was placed at a high level on the wall in some areas and therefore not readily accessible to all residents.

Some residents did not receive adequate support in accordance with their needs, have sufficient opportunity to participate in meaningful activities tailored to their individual capabilities and interests and access to appropriate facilities for occupation and recreation as covered in Outcome 5.

Mechanisms were in place to consult with residents on how the centre was planned and run. Meetings were held with residents and a larger forum had been recently established to discuss plans such as the development of easy read policies. Minutes of meetings showed that discussions took place regarding areas including residents' rights and activities. Inspectors read and were informed that where appropriate, residents' representatives such as a family member or advocate were also invited to attend these meetings.

Residents' religious rights were supported. Inspectors noted that religious beliefs were respected and measures were in place to accommodate practicing these beliefs. For example, mass was celebrated weekly at the centre.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Individualised Supports and Care

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

**Findings:**

Inspectors found that while some residents had long established links with the wider community others had no connections.

Links had been established with the wider community but some residents had not been given sufficient opportunity to integrate within the community. There were examples where residents' links with the community had been maintained and some new links had been recently established. Inspectors noted that some residents went on outings in the local area, dined out at restaurants and attended day services. However, some residents were not afforded adequate supports and opportunities to participate, create and maintain personal relationships and links with the wider community. The person in charge informed inspectors that the appointment of the activation officers would facilitate residents with greater opportunities outside of the centre.

There was an open visiting policy and controls in place to guide and monitor visitors to the centre. This included a visitor information leaflet that outlined the responsibilities of visitors to the centre such as considering the needs of residents, using hand hygiene and signing the visitor book. However, a control in relation to the completion of the visitors' book had not been adequately implemented. An inspector found that the visitors' book in one area of was not readily available for signing and therefore had not been kept up to date. A required action relating to this issue is included under Outcome 18.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Effective Services

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

**Findings:**

Contracts for the provision of services were in draft format and therefore had not been issued and agreed with each resident. An inspector viewed the draft contract and noted that it required some amendment in order to comply with all the requirements of the Regulations.

The provider confirmed that currently there were no admissions to the centre and this was described in the statement of purpose.

**Judgment:**

Non Compliant - Major

**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:**

The provider had made progress on the actions from a previous inspection and the action plan was still within the agreed timeframe from that inspection. However, the inspectors found that further improvements were required to ensure each resident's social care needs were met.

Inspectors found on this inspection that there had been an improvement in the provision of activity and activation officers had been recently appointed to coordinate and facilitate some activity provision. Inspectors spoke with these staff members and they described activities that they had facilitated and their plans to develop the programme further.

However, some residents had not yet had regular opportunities to participate in meaningful activities appropriate to their individual needs and interests. Inspectors also noted that not all recreational facilities were accessible during the inspection. For example, the swimming pool was out of order. Also, while transport was available on the complex, access was not equitably to all services areas. Staff spoken with said that they arranged taxi services at an additional cost. Required actions relating to this issue is included under Outcome 1. Inspectors reviewed a sample of residents' personal plans and spoke with staff members. Inspectors found that the personal plans included the main things that residents liked to do and staff generally supported residents to complete these. Each resident also had a documented weekly activity chart/programme in place and inspectors noted some residents' participating in some of these activities

during the inspection. However, these activities mainly occurred within the campus and there were few opportunities for residents to participate in their local community.

From the sample of residents' files reviewed, residents had an assessment of their social and healthcare support needs. This assessment was used to develop a personal plan for each resident. Plans were written in a respectful manner and provided guidelines to staff on a number of supports that residents required. Residents' personal plans also contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. Since the last inspection outdated information had been separated from the current plan and the plan better reflected the current needs of the residents. While the plans provided good direction to staff, some continued to be focussed on managing issues for residents rather than being focussed on improving the quality of life for residents.

Residents had an additional accessible version of their personal plan although some had not been fully completed. Information that had been recorded on a sample of the plans viewed was individualised and person centred on the residents' needs and choices. Residents' goals and aspirations had been recorded in some plans, along with details on how these objectives would be achieved. However, some other residents' goals were limited to their health needs and did not consider all aspects of the residents' lives, including such aspects as their social and recreational support needs.

A "key worker" system had been introduced since the last inspection and there were examples where the key worker had sought the participation of residents in the development and review of their personal plans. While a number of residents were actively involved in the development and review of their personal plans this had not been completed with all residents and or their representatives, as required. Alternative arrangements had not been considered to facilitate the involvement of residents' families or representatives that had not or could not attend the centre for the meetings to develop the personal plans.

**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):**

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

**Findings:**

Inspectors found that Units 1 and 2 were maintained in a clean condition and warm. The provider had implemented a programme of renewal since the first inspection in February 2014. For example, improvements had been made to the decor in Units 1 and 2 and this had created a nicer environment for residents. These areas were appropriately furnished although the fabric on some chairs was torn and required replacement or repair.

There were both single and shared bedrooms. As detailed under Outcome 1 some shared bedrooms did not support each resident's right to privacy and dignity. Storage space was available for residents' personal belongings but space in some rooms was limited.

During the inspection adequate laundry and sluicing facilities were not available. At the time of inspection some residents' clothes were being laundered by an external company as the clothes dryer in the centre's laundry was not operational. An appropriate system had not been put in place to ensure the safe return of these residents' clothing. A required action relating to this issue is included under Outcome 1. The inspector also noted that a residents' toilet was used as the sluice room which did not support residents' safety.

On this inspection the communal day space met the needs of residents. This included a day room and dining room located in one of the units and three other day rooms in the other unit. These three day rooms were also used for dining. In addition, there was a large dining room in the central area of the building that residents could access. Where possible, residents had the option of having their meals in the individual unit or in the large dining room and inspectors saw residents availing of both options.

A kitchenette area was located in each unit and meals were served from this area. There was also a main kitchen in the central part of the building. There was a plentiful supply of foods available in the main kitchen, both fresh and frozen, and fruits and juices.

There was assistive equipment provided to meet the needs of residents, such as hoists, specialised beds and shower chairs. Inspectors viewed a sample of maintenance records and found the records to be up-to-date.

The corridors were wide and allowed residents that used wheelchairs to mobilise safely.

Nursing and administration offices were provided as well as separate staff toilet facilities.

**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:**

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

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

**Findings:**

Inspectors found that while a number of required actions in relation to fire safety measures had been completed since the previous inspection, some risks had not been addressed.

Some fire safety measures continued to be adequately implemented, however, specific areas of fire safety that required significant improvement to ensure the safety of all residents, had not been addressed. On the previous inspection, potential risks in relation to fire had been identified including gaps between some doors that were used for compartmentalisation in the event of a fire and it was not clear if all doors were adequately fire proofed. The provider had not addressed these potential risks that could impact on the effectiveness of containment and evacuation procedures in the event of a fire.

Specific required actions identified on the previous inspection that related to other areas of fire safety had been completed. The procedures to be followed in the event of fire were now displayed in prominent locations and included a user friendly version for residents. Staff had completed internal safety checks including daily checks of fire extinguishers and these checks were now completed on a consistent basis. Fire drills had taken place and the effectiveness of the drill and any subsequent corrective action was clearly documented. There was sufficient evidence that staff had attended these drills. Staff spoken with were familiar with the centre's procedures on fire evacuation.

An ongoing training programme on fire safety was in place and there was a programme for the servicing and checking of fire safety equipment. From the sample of residents' records viewed, informative personal evacuation plans were completed for these residents.

The risk management framework had been kept under review since the last inspection including the risk registers. Documented precautions were now available for identified risks in the Regulations including self harm and aggression and violence. Clinical risk assessments had now been undertaken and some hazards that had not been formally risk assessed on the last inspection, had now been assessed and control measures identified. For example, the heated water available at residents' hand-wash basins which was very hot on the last inspection had been assessed and specific guidance had also been developed and issued to each unit. This guidance had been used to implement appropriate control measures including daily monitoring of the water temperature. However, the provision of plugs at hand-wash basins which had been identified as one of the control measures had not been provided at all relevant hand-wash basins. This was addressed during the inspection. The provider showed evidence that plans had been progressed to provide a suitable means of regulating the water temperature at each hand-wash basin and this work was due to commence.

The health and safety management committee met monthly and minutes showed that a range of items continued to be reviewed including the risk register, current investigations and follow up on the implementation of previous recommendations. An inspector read that a number of items that had been discussed at this committee had been used to identify training needs and develop specific policies to bring about further improvements within the service.

As noted on the last inspection, there was a comprehensive emergency plan in place which identified what to do in the event of a range of emergencies. The plan also included evacuation procedures and arrangements for emergency accommodation.

There were measures in place on the management, prevention and control of infection. Staff had received training on infection control and specific training on hand hygiene. Hand sanitisers were accessible in the centre and staff were observed to be vigilant in their use. However, as noted under Outcome 6 adequate sluicing facilities had not been provided in one area.

**Judgment:**

Non Compliant - Major

**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):**

**Findings:**

During this inspection, there was evidence that measures had remained in place in Units 1 and 2 to protect residents from abuse.

Inspectors saw that there was a policy on safeguarding vulnerable adults that had been updated on 19 September 2014 and a policy on providing intimate care. Those spoken with were familiar with the content of these policies and inspectors saw examples where they had been implemented into practice.

Inspectors spoke with staff and management that interacted with residents in Units 1 and 2 and found that they were aware of what constituted abuse and were able to tell

inspectors how they would respond in the event of observing or suspecting abuse. Those spoken with were knowledgeable regarding their responsibilities in this area and confirmed that they had received training in relation to adult protection / trust in care. Inspectors viewed a sample of training logs and found that staff had received training.

Inspectors observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and appeared comfortable in the company of staff.

Residents' finances and restrictive practices were not inspected in Units 1 and 2 on this inspection.

**Judgment:**

Compliant

**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):**

**Findings:**

The person in charge and management staff spoken with were aware of the legal requirements to notify the Chief Inspector regarding incidents and accidents.

However, a previous notifiable event that had occurred in the centre had not been submitted within the required timeframe. Subsequent notifications that have been received from the centre have been submitted within the required timeframes.

The system for recording incidents had been reviewed during 2014 to capture more accurately all the relevant facts and identify possible causes for the incident that had occurred. Inspectors reviewed a sample of incident reports and noted that sufficient details of the incident were maintained. An incident review group had been established and so far during 2014 had met twice to identify any additional learning to inform staff practice. An inspector also noted that the health and safety management committee reviewed current incidents.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

Following a previous inspection, the provider was required to improve access to occupational therapy (OT) and physiotherapy services. The provider and person in charge had addressed this required action and residents had now access to these services. Inspectors noted that associated assessments had been completed and appropriate actions taken to meet some residents' specific needs.

Inspectors reviewed a sample of residents' files. They included health care assessments by relevant health professionals and a care plan had been developed to guide staff in responding to residents' health care needs. Staff were able to tell the inspector how they implemented these needs and inspectors saw some of these plans being implemented during the inspection.

There was an out-of-hours GP service available and the sample of files reviewed demonstrated that GP's reviewed residents on a regular basis. Residents had access to a range of allied health professionals including psychiatry, social work, dietetics and speech and language therapy (SALT). Inspectors noted that in specific cases the provider had arranged for a second professional opinion to be obtained to support decision making. Records of referrals and appointments were kept in residents' files.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

On a previous inspection, an inspector noted that medication management practices

were safe although the policy on medication management required review as was referenced under Outcome 18. The required action from the last inspection had been responded to, however, the policy required further improvement to ensure adequate guidance was available to staff on the disposal of medication. A required action relating to this outcome is included under Outcome 18.

On this inspection, an inspector observed a medication administration round in Unit 2 and found that some practices did not ensure the safety of each resident. Medications were administered to a number of residents at the same time and the nurse was unable to ensure that the ability and cognitive needs of residents were adequately considered. An inspector observed a situation during the medication round on the second day that placed some residents at risk. The inspector brought this "near miss" to the attention of the nurse and person in charge, who reviewed the event and responded to the incident.

**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):**

**Findings:**

Following the initial inspection in February 2014, the provider had implemented changes in the governance and management of the centre. On this inspection, inspectors found that a number of working groups had completed work on areas including the review of work practices and the development of new policies. Inspectors reviewed the minutes of the working group on nutrition and hydration. This group consisted of the person in charge, catering manager, dietician and speech and language therapist. This work had brought about improved nutritional outcomes for residents and in doing so, achieving greater compliance with the Regulations and Standards in these areas.

The person in charge worked full-time in the centre and had the appropriate experience and qualifications for the role. Inspectors observed that he was known to staff and residents. The person in charge was interviewed as part of a previous inspection and found to be knowledgeable about the service and his statutory responsibilities. There were lines of accountability and each unit was managed by a clinical nurse manager

(CNM).

A programme of auditing and review process had commenced. Areas that had been audited included restrictive practices, residents' finances, documentation relating to residents' personal plans and night sedation. There were examples where audit findings had been used to improve specific practice. For example, during 2014 a number of audits on restrictive practices had been conducted during the day and night time hours. The clinical nurse specialist in behaviours that challenge had conducted the most recent audit that took place on 19 and 20 September 2014. This audit was completed in Units 1 and 2 and other service areas within the campus. Their audit report had identified an overall decrease in the use of restrictive practices and they referenced that this reduction was due to a cultural change brought about by the engagement with staff of all grades. Improvements that had been identified as implemented included the completion of risk assessments for all restrictive practices. Inspectors noted that some recommendations that had been identified in the audit report including the completion of a daily restraint register had been implemented in these Units.

The provider is required to carry out an unannounced visit to the designated centre at least once every six months and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support. However, no record of these visits was made available and no report on the safety and quality of care and support had been submitted to the Chief Inspector.

The provider had previously been requested to furnish the Authority with a report from a competent person regarding fire safety compliance in the centre including a plan to address any identified fire safety works and timeframe for completion of such works. The Authority had required the provider to submit assurances that the building was safe. The provider had submitted this assurance that the building was not dangerous but was unable to submit a declaration to confirm substantial compliance with fire and building control Regulations.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of the absence of the person in charge and had submitted required notifications when required.

**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):**

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

**Findings:**

On a previous inspection, the provider was found to be non compliant in relation to assessing staffing levels based on the needs of residents . In addition, the provider had not ensured that all of the documentation which indicated whether staff were suitable to work in the designated centre had been obtained. Inspectors also noted on the previous inspection that not all staff had been provided with appropriate moving and handling training to ensure the safe mobilisation of residents who required such assistance. Required actions relating to assessment of staffing levels and provision of appropriate moving and handling training had not been fully addressed but were still within the timeframes for completion.

In relation to staffing levels, the specific issue that had been identified on the last inspection related to the unacceptable length of time that some residents had to wait for their meals. Inspectors reviewed the staffing arrangements for meal times and observed practice during dinner and found that this non compliance had been addressed on this inspection. Inspectors noted that additional staff had been allocated to this area. Inspectors spoke with staff and management who stated that staffing arrangements were flexible in order to meet the needs of residents. There was also evidence that agency staff continued to be used when cover was not achievable within the centre's staffing resource.

As noted on the last inspection, there was no formal assessment of the required staffing levels for each unit based on the assessed needs of residents. Since that inspection, a working group had been established in July 2014 that included representatives from various grades of staff working in the centre to develop and introduce a more formal

decision making process in order to comply with the requirements of the Regulations.

Training resources had been made available to staff by the provider. In response to the previous inspection staff had received training on areas including fire safety and trust in care. Most staff had now completed up to date training in moving and handling, however, some staff had not yet completed this training. Inspectors noted that these remaining staff members had been scheduled to attend this training.

As noted on the last inspection, a training programme for the remainder of 2014 had been developed. An inspector noted that this plan had been followed and additional training continued to be provided on a range of areas. Since the last inspection staff had attended training in areas such as modified fluids and examining attitudes and behaviours toward resident nutrition and hydration, care planning for nurses, epilepsy awareness and first aid. Inspectors saw examples where training had brought about improvements in practice and better outcomes for residents in Units 1 and 2. Inspectors also noted that clinical nurse managers (CNMs) had been supported to complete a leadership and management course. This course had commenced in June 2014.

Recruitment processes had been updated since the previous inspection and the inspector reviewed a sample of staff files. The files reviewed contained all of the required documentation for each staff member.

**Judgment:**

Non Compliant - Minor

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

Records as required by the Regulations were maintained in the centre and those requested during the inspection were made available to inspectors. A required action from a previous inspection that related to development and implementation of some

policies had been largely addressed. As noted under the relevant outcomes some further improvement was required to ensure each policy complied with all the statutory requirements.

All of the policies required by Schedule 5 of the Regulations were available and up to date. A sample of policies were viewed and found to be generally informative and guided staff practice. Inspectors noted that policies which had been under review at the last inspection had now been implemented including the policy on risk management. This policy now included guidance on the identification, recording, investigation and learning from incidents. The medication management policy had also been updated in response to a required action from the last inspection. However, an inspector found that this policy did not provide sufficient guidance on disposal of medications. Inspectors also noted that not all policies had been fully implemented into practice such as the policy on visitors.

There was a Residents' Guide available in the centre that summarised the service and facilities provided. However, the Guide did not comply with some requirements of the Regulations. For example, the terms and conditions of residency had not been detailed and the complaints procedure did not comply with the Regulations.

**Judgment:**

Non Compliant - Minor

## 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:***

Nan Savage  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0003321
<b>Date of Inspection:</b>	24 and 25 September 2014
<b>Date of response:</b>	22 January 2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

There were clear glass panels on some shared bedroom doors that did not ensure each resident's individual right to privacy and dignity.

**Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

All glass panels on shared bedrooms will be remedied to ensure privacy and dignity of residents.

**Proposed Timescale:** 27/02/2015

**Theme:** Individualised Supports and Care

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

The charter of residents' rights displayed in these units was placed at a high level on the wall in some areas and therefore not readily accessible to all residents.

**Action Required:**

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

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

The charter of residents rights will be displayed at a level to ensure that it is accessible to all residents in the designated centre.

**Proposed Timescale:** 27/02/2015

**Theme:** Individualised Supports and Care

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

An appropriate system had not been implemented to ensure the safe return of each resident's clothing.

**Action Required:**

Under Regulation 12 (3) (a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

In the event that residents' clothes are required to be laundered outside of the centre an inventory of items for each resident will be noted and checked on return from the laundry to ensure the protection of each residents clothing.

**Proposed Timescale:** 01/10/2014

**Theme:** Individualised Supports and Care

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

Some residents did not receive adequate support in accordance with their needs. Some residents did not have sufficient opportunity to participate in meaningful activities tailored to their individual capabilities and interests.

**Action Required:**

Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

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

Activities co-ordinators in place to support residents to avail of opportunities to engage in activities and community participation.

All residents in Unit 2 have had an activities assessment and action plans in place to support them to engage in social engagements and activities both inside the centre and in the wider community.

Thirteen residents in Unit 1 have had an activities assessment and action plans put in place. All residents will have activities assessment and action plans by end of February.

**Proposed Timescale:** 27/02/2015

**Theme:** Individualised Supports and Care

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

Some residents had not been supported to access appropriate facilities for occupation and recreation.

**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:**

A range of activities have been introduced taking into consideration needs of residents based on activities assessment and the opportunity to expose them to new experiences. These activities include Butterfly moments for some of the residents who have dementia, multisensory therapy, music therapy including Imagination Gym. Personal requests by some residents are also facilitated, for example hand painting.

Swimming pool is re-commissioned and in use by residents

The range of activities will be extended in the coming year.

**Proposed Timescale:** 30/06/2015

**Theme:** Individualised Supports and Care

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

The appeals procedure outlined in the complaints procedure was not adequate.

**Action Required:**

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

The complaints policy is amended to outline the appeals process in detail.  
The accessible, plain english complaints procedure is amended to clarify the appeals process.

**Proposed Timescale:** 31/10/2014

**Theme:** Individualised Supports and Care

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

The policy on the management of complaints in the centre did not clearly identify the person nominated to deal with complaints.

**Action Required:**

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

The complaints policy is amended to clearly identify the person nominated to deal with complaints

**Proposed Timescale:** 31/10/2014

**Theme:** Individualised Supports and Care

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

The policy on the management of complaints in the centre did not identify the person nominated by the provider to ensure that all complaints were appropriately responded to and records maintained.

**Action Required:**

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The policy on the management of complaints in the centre is amended to identify and clarify the person nominated by the provider to ensure that all complaints were appropriately responded to and records maintained.

**Proposed Timescale:** 31/10/2014

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

**Theme:** Individualised Supports and Care

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

Some residents were not adequately supported to develop and maintain personal relationships and links with the wider community.

**Action Required:**

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

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

Links with local community groups initiated.

Transport fleet will be extended to support residents engaging with local community to enhance community participation.

Volunteer programme to develop links with community has commenced in the centre

**Proposed Timescale:** 31/03/2015

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

**Theme:** Effective Services

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

Residents did not have a contract of care for the provision of services.

**Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Each resident will have a contract of care outlining the terms of residence signed by the resident or their representative. In the absence of a next of kin the contract of care will be signed by the Director of Disability Services on behalf of the resident.

**Proposed Timescale:** 27/03/2015

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

The social care needs of each resident were not comprehensively assessed.

**Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

As part of the review of personal plans, the social care needs of each resident will be assessed and documented and action plan will be put in place to realise residents' outcomes.

**Proposed Timescale:** 30/04/2015

**Theme:** Effective Services

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

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

**Action Required:**

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

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

Review of personal plans in place. Supports required to maximise resident's personal development will be clarified and documented

**Proposed Timescale:** 30/04/2015

**Theme:** Effective Services

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

**in the following respect:**

Some residents did not have access to a completed copy of their personal plan that was in an appropriate accessible format.

**Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Twenty two personal centred plans have been completed, the remaining person centred plans in an accessible format are in progress.

**Proposed Timescale:** 30/04/2015

**Theme:** Effective Services

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

Sufficient measures had not been taken to ensure the maximum participation of the resident or his/her representative, where appropriate, in the development of the resident's personal plan.

**Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Families are invited and encouraged to participate with the resident, key worker and members of the multidisciplinary team in the development of resident's personal plan. A schedule of multi-disciplinary annual reviews will be finalised to inform families in a timely manner of the date and time of review of their family member

**Proposed Timescale:** 27/03/2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Some deficits were identified in the physical environment.

- Adequate sluicing facilities had not been provided.
- Sufficient storage space had not been made available for some residents' belongings.
- The fabric on some chairs was torn and required replacement or repair.

**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:**

Sufficient storage for residents belongings has been made available  
Decommissioning of sluicing area on corridor to ensure privacy and dignity for residents using bathroom. Larger sluicing area in the unit will be maximised.  
Refurbishment of furniture is being addressed

**Proposed Timescale:** 27/03/2015

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

Adequate precautions were not place in all areas to support effective containment and evacuation procedures in the event of a fire.

**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:**

Procedures in the event of fire are prominently displayed. Fire exits are unobstructed with appropriate lighting. Fire alarms are serviced and maintained on a quarterly basis. There is an annual check on all fire safety equipment. Evacuation plans are in place for each resident. Fire drills are undertaken on a regular basis. All staff have engaged in fire prevention training.  
Fire register identifies any maintenance issues and these are addressed immediately.  
The maintenance of the fabric of the building and building services is ongoing by on the onsite Maintenance Team.

Proposed Timescale: Implemented and is ongoing

The provider was unable to give a date for the full completion of this action. This is not an acceptable response and the Authority are engaging further with the provider in relation to this.

**Proposed Timescale:**

**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:**

Medications administration required review to ensure that residents had sufficient time to process what was being asked of them and enable staff administer each resident's medication in line with each resident's abilities and cognitive needs.

**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:**

Protected time, free from distraction for the administration of medications.  
Observation of practice by Clinical Nurse Manager on medication administration practices  
Audit of medication administration according to centre policy

**Proposed Timescale:** 01/10/2014

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

A declaration to confirm substantial compliance with fire and building control Regulations had not been submitted.

**Action Required:**

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

Requirements to declare substantial compliance with fire building control regulations are being considered by the provider based on the memo of the 13th January From Health Information and Quality Authority regarding Proposed Registration Regulations for Designated Centres for Persons(Children and Adults) with disabilities

**Proposed Timescale:** 30/04/2015

**Theme:** Leadership, Governance and Management

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

A written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support had not been submitted to the Chief Inspector.

**Action Required:**

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

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

Unannounced visits to designated centre on behalf of the service provider took place on 16th May from 12 am to 5am and 18th august from 12 am -3am  
No issues of concern highlighted to the provider. These unannounced visits continue .

**Proposed Timescale:** 01/05/2015

**Theme:** Leadership, Governance and Management

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

While some audits had commenced there was no annual review of the quality and safety of care and support in the centre.

**Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Compilation of annual review of quality and safety of care and support for 2014 in progress and will be complete in quarter 1.

**Proposed Timescale:** 31/03/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There was no formal assessment of the required staffing levels for each unit based on the assessed needs of residents.

**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:**

Skill mix/workforce planning group in place to review dependency levels of residents  
Standard operating procedure on rostering practice in place  
Protocols for staff allocation being developed.

**Proposed Timescale:** 29/05/2015

**Theme:** Responsive Workforce

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

Not all staff had up to date training in moving and handling.

**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:**

Five (n=5) staff have not completed training in moving and handling. Training planned for March

**Proposed Timescale:** 27/03/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The medication management policy did not contain adequate guidelines on the disposal of medication.

The policy on visitors had not been fully implemented into practice.

**Action Required:**

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

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

Medication management policy is amended to include guidelines on the disposal of medication

The policy on visitors is fully implemented in to practice

**Proposed Timescale:** 27/02/2015

**Theme:** Use of Information

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

The Residents' Guide did not include the terms and conditions of residency and accurately reflect the complaints procedure.

**Action Required:**

Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

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

The residents guide will be amended to include the terms and conditions of residency and accurately reflect the complaints procedure.

**Proposed Timescale:** 27/03/2015