

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|---|
| Centre name: | A designated centre for people with disabilities operated by Health Service Executive |
| Centre ID: | OSV-0002445 |
| Centre county: | Cavan |
| Email address: | sarah.johnston@hse.ie |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Kevin Carragher |
| Lead inspector: | PJ Wynne |
| Support inspector(s): | Mary McCann; |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 15 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 1 day(s).

The inspection took place over the following dates and times

From: 23 July 2014 10:30 To: 23 July 2014 18:00

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

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| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

This was the first monitoring inspection of this centre. As part of the monitoring inspection the inspectors met with residents and staff members. Inspectors observed practices and reviewed the documentation including care plans, medical records, accident and incident reports, policies, procedures and staff files.

Inspectors found that residents received a good quality service. Staff supported the residents in making decisions and choices about their lives and their involvement in the running of each house. Residents were involved in hobbies and activities of their choice. There was evidence that residents' healthcare needs were well supported and promptly responded to according to their need and capacities. Staff knew the residents very well and interacted with residents in a kind, warm and appropriate manner.

There is a clear management structure and staff were aware of the reporting arrangements in place. There was sufficient staff with the proper skills and experience to meet the assessed needs of residents at the time of the inspection. Staff had completed mandatory training as required by the regulations.

A review of the personal plans for residents identified the need for improvement in the promotion of individualised care planning. Support plans were not outlined to help residents achieve their goals.

The two houses visited were homely and well decorated. However, residents' did not have adequate personal and communal space to meet their social and recreational needs. There is no space available or facility to meet visitors in private. In the second house visited each resident did not have their own bedroom where they expressed a preference for a single bedroom and baths, showers and toilets were not of a sufficient number and standard to meet the needs of residents'.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found that resident's well-being was maintained with opportunities and arrangements in place to improve the quality of residents' lives. The inspector met with a number of residents and reviewed their personal plans. Residents' preferences and wishes regarding their daily routines were recorded in detail. Resident's files contained information that outlined their health, intimate and personal care needs along with their family contacts and relationships.

Risk assessments were completed to inform care planning and detailed interventions in relation to identified needs including behavioural challenges, supports and medical issues. A resident was identified with a risk of falls but no evidence based assessment tool was used to assess the risk posed and obtain a baseline comparative to inform a plan of care.

Residents' personal plans took account of their different range of needs, capacities and life stage. A review of the personal plans for residents identified the need for improvement in the promotion of individualised care planning for residents and those residents' preferences to support and enhance their life experiences. Where goals were identified, no staff members were named to take forward objectives in the plan within agreed time-scales. The progress being made in achieving goals or the reason why goals were not reached was not documented. No support plans were outlined to help residents achieve their goals. Interventions in care plans in relation to risk and behaviours that challenge require more specific detail to ensure they are adequately person centred. One resident has a high risk of sunburn due to the medication being taken however, the care plan did not specify the appropriate sun factor required. A care plan for the management of insulin dependent diabetes did not guide in the appropriate foods to offer. As discussed in detail under outcome 12 Medication Management, there

is one resident with a diagnosis of epilepsy. However, a plan of care was not developed to guide staff to ensure the residents safety

Inspectors were informed by residents and staff that there were a number of options available for all residents in relation to activities and work. All residents attended various training centres A and day services.

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):

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

Findings:

The houses visited were homely and well decorated. The exterior and grounds were well maintained. Residents' bedrooms and the communal spaces were well personalised with fixtures and fittings of their own choosing mainly and framed photographs of the residents on display. Some had purchased their own double beds and had matching curtain and duvets.

The first house visited on the day of inspection accommodated seven adults, male and female. Each resident had their own bedroom. A separate kitchen and dining room was available. While there was a single spacious day sitting room there was limited communal space for recreational activity for residents. A suitable private area which is not the resident's own bedroom in which to receive visitors was not available.

The second house visited accommodated eight female residents. Each resident did not have their own bedroom. The accommodation comprised of three twin bedrooms and two single bedrooms. A review of residents' care files evidenced a desire by some residents for a single bedroom in their identified goals. Documented, expressed wishes included 'I would like my own bedroom' 'I would like to live in a smaller group' and 'I like to go to my room to listen to the radio but it's not always easy as I share a bedroom'.

The dining room was not suitable in size to cater for all residents and two separate sittings were required at each mealtime to facilitate meals.

The inspectors had concerns regarding the suitability of bedroom accommodation for one resident on the first floor. The resident had limited mobility and it required strenuous efforts to manage the stairs as observed by the inspectors. Baths, showers and toilets were not of a sufficient number and standard to meet the needs of residents'. There was no downstairs toilet on the ground floor apart from the en-suite in one resident's bedroom and some residents utilised this during the day which compromised the privacy and security of the resident occupying the bedroom. The main bathroom was fitted with a bath only. The only shower available to residents was in either of the two en-suite bedrooms which is the personal space of residents occupying these bedrooms.

There is only one sitting room to meet the needs of all eight residents and it was very crowded and on occasion noisy during the inspection. Residents' did not have adequate personal and communal space to meet their social and recreational needs. There was no space available or facility to meet visitors in private. Residents' did not have the option in the communal space available to choose a quieter sitting room environment.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The inspector was satisfied that there was evidence of a provider commitment to risk management and health and safety. The inspector read a comprehensive risk management policy and found that it clearly identified the roles, responsibilities and reporting arrangements for managing risk.

However, the policy required further improvements. For example, the risk management policy did not include the specific risks outlined within the Regulations, for example, the risk of self harm. The procedures to guide staff in the event of violence or aggression were not sufficiently detailed. There was an emergency plan and this was found to be appropriate with identification of services and emergency numbers in the event of a range of possible occurrences. A missing person policy and procedures on incident reporting and risk escalation were in place.

Hazards identified in relation to the physical environment of the building or equipment were identified and appropriate controls implemented. Window openings on the first floor were restricted. Access to the kitchen in one house was minimised during cooking

times and items which posed a hazard to include sharp knives and chemicals were secured at all times. The arrangements to ensure learning for all staff from serious incidents or adverse event to minimise the risk of a repeat occurrence of a similar accident were not detailed in the risk management policy.

Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided in each houses and were serviced quarterly and annually as required. Inspectors reviewed the fire safety register and training records. Staff to whom the inspector spoke confirmed their attendance at fire training and gave accounts of their understanding of fire procedures in the event of an outbreak of fire. Staff had completed fire drill practices with the participation of residents to reinforce their theoretical knowledge from annual fire training. The records documented those who participated and the time taken to evacuate. There was evaluation of learning from fire drills completed to help staff understand what worked well or any improvements required.

All staff were trained in fire safety evacuation procedures. However, the inspectors identified four staff who had attended fire safety training in a different location from the house in which they worked. Therefore the training was not specific to the building layout, location of the fire alarm and call points and the individual arrangements for evacuation of residents. The procedures to follow on hearing the alarm and action to take on discovering a fire were only displayed at one location in one of the houses visited.

The inspector noted there were systems in place to ensure the transport vehicle used by the service was roadworthy, insured and equipped with appropriate safety equipment. Documentation viewed indicated the vehicle was fitted with wheelchair safety belts and anchorages.

Infection control practices in relation to hand hygiene were robust. There was a range of polices to guide staff in best practice. Staff were observed to be vigilant with hand hygiene and had been trained on best practice in this regard.

Judgment:
Non Compliant - Minor

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

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

Findings:

Inspectors viewed policies and procedures for the prevention, detection and response to allegations of adult abuse including the HSE national policy "trust in care". There were procedural guidelines on the provision of personal and intimate care to residents. These were identified in personal care plans. Other factors which support the protection of residents included easy access to advocacy services and the residents' meetings. Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. Interaction as observed by the inspectors was respectful and open. The houses are protected by security alarms.

Staff to whom inspectors spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. All staff had up to date refresher training in protection of vulnerable adults.

The inspector found that there were secure arrangements in place regarding the management of residents' finances which were supported by appropriate organisational policy. The person in charge was a designated agent for the majority of residents' pensions. Each resident's petty cash was held in a separate envelope. A record of the handling of money was maintained for each transaction. Receipts were retained for purchases. Two staff signatures were recorded in all instances for each transaction to ensure transparent arrangements.

There is a policy on the management of behaviour that is challenging and restrictive practices. This policy detailed the arrangements for the effective management of behaviour that challenges including alternative approaches to the use of chemical restraint or single separation. Each resident identified with behaviours that challenged had a behavioural support plan in place. However, it was difficult to track the most current plan following review by the allied health service due to the layout and organisation of the care file. In one case file where a resident attended a day service there was no link in the behavioural support plan between the home environment and the day services to identify triggers, outline behaviour exhibited and detail preventative and reactive strategies on the interventions to take to ensure the safety of the resident.

The inspectors noted from reviewing staff training records that training in the management of behaviour that is challenging including de-escalation and intervention techniques had been provided to all staff.

Judgment:

Non Compliant - Minor

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the residents' personal plan.

From reviewing residents personal plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing. While there was evidence of good access to allied health professionals and health screening to include the dentist, breast check and the diabetic clinic. The majority of the residents were seen routinely by their GP. However, the inspectors noted one resident was not reviewed by the GP for an eleven month period. This resident is prescribed a large amount of medication.

Staff to whom inspectors spoke stated that the quality and choice of food is frequently discussed with individual residents and changes were made to the menu accordingly. Residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available. The fridges were well stocked with plentiful supplies of food.

Inspectors were informed that residents' choice in relation to food options were available and any particular dietary needs that they might have were addressed. Residents' weight was closely monitored and all residents were weighed monthly. The inspectors identified three residents with a swallowing difficulty. The care notes indicated food was required to be cut up to minimise the risk of a choking episode. Specialist advice from a speech and language therapist was not obtained to inform individual care plans for safe eating and drinking guidelines.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There was a policy on the management and prescribing of medication which was compliant with guidelines and the legal framework.

Medicines were being stored safely and securely. Staff were knowledgeable on the different medications and their functions. The inspector reviewed a sample of drugs charts. The prescription sheets reviewed did not ensure clarity in relation to the maximum amount for all PRN (as required) medication. As an example, parolief was prescribed as one gram, six hourly. There was no maximum dosage stated in a 24 hour period and it may be misconstrued the maximum dosage is four grams in a 24 hour period. The medication policy stated 'for PRN medication the GP should state the circumstances under which medication can be repeated and the maximum dose within 24 hours'.

In the house which was care assistant led the care staff while having completed medication management training had not undertaken their competency assessments. In the intervening period the medication was being administered by a nurse from the other house. There is one resident with a diagnosis of epilepsy. A review of the medication chart confirmed the resident was prescribed emergency medication in the event of a seizure. However, a plan of care was not developed to guide staff to ensure the residents safety. Care assistants were not trained in the administration of emergency medication in the event of a continuous seizure by a resident.

Judgment:

Non Compliant - Minor

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

A written statement of purpose was available and it reflected the day-to-day operation of the centre, the services and facilities provided. The statement of purpose submitted required minor review to ensure more clarity in certain aspects. The areas requiring review are outlined below;

A description either in narrative form or a floor plan of all the rooms in each of the residential houses including their size in metres square and primary function was not included.

Details of the admission procedures were outlined however, the information did not clarify if the service accepts emergency admissions.

The statement of purpose was not dated to reflect its revision date.

The age range of residents was not specified.

The post of the person in charge was not clarified as being as being a full time position.

There was limited information outlined in relation to access to education, training and employment opportunities.

Details of any specific therapeutic techniques and arrangements for their supervision were not detailed.

Judgment:

Non Compliant - Minor

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider had put in place effective management systems to ensure consistent delivery of services to residents. Inspectors found evidence of a clear management structure and staff were aware of the reporting arrangements in place. There were sufficient arrangements in place to manage the service out-of-hours and at weekends, with other service managers available to do on-call on a rotating basis

The person in charge was experienced and qualified and knowledgeable of the requirements for her position. The inspectors found that clear lines of authority and accountability were present. The inspectors were satisfied that the person in charge is appropriately engaged with the governance, operational management and administration of the designated centre and meets regulatory requirements in this regard.

The system to review the quality and safety of care and quality of life requires further development by the provider to ensure a more robust approach in line with the requirements of regulation 23. An annual review of the quality and safety of care through a system of quality improvement strategies and audits was not in place with improvement plans to ensure enhanced outcomes for residents. The system of review requires consultation with the residents and copies of report to be made available to residents

Judgment:
Non Compliant - Minor

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

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

Findings:

Inspectors observed there was sufficient staff with the proper skills and experience to meet the assessed needs of residents at the time of the inspection and taking into account the purpose, number and size of the size of the houses and number of residents accommodated. Staffing rosters showed there was staffing levels appropriate to support daytime routines, including weekends, and during the night. Residents spoken with said staff were available to provide care and support their needs.

Inspectors reviewed a selection of staff files and noted that the files contained all documents as required under schedule 2 of the regulations in the sample reviewed.

There was education and training available to staff to enable them to provide care that reflects evidence based practice. Records evidenced a range of training was undertaken in the past year. Mandatory training requirements including fire training, safe moving and handling, the protection of vulnerable adults and management of behaviour that is challenging including de-escalation and intervention techniques was completed by staff.

However, as discussed under outcome 12 of this report, in one house which is care assistant led staff were not trained in the administration of emergency medication in the event of a continuous seizure by a resident.

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):

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

Findings:

Each resident identified with behaviours that challenged had a behavioural support plan in place. However, it was difficult to track the most current plan following review by the allied health service due to the layout and organisation of the care file.

Inspectors viewed the policy and guidelines for the monitoring and documentation of nutritional intake. However, the policy did not provide detailed information to guide staff in completing nutritional risk assessments, risk criteria to assist judgement to make a referral to the dietician and documenting residents' nutritional intake.

There is one resident with a diagnosis of epilepsy. As detailed under outcome five Social Care Needs, a plan of care was not developed to guide staff to ensure the residents safety. A seizure record sheet was not available to record details of the history of any events of seizure activity.

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:

PJ Wynne
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

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Health Service Executive |
| Centre ID: | OSV-0002445 |
| Date of Inspection: | 23 July 2014 |
| Date of response: | 16 September 2014 |

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 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 05: Social Care Needs

Theme: Effective Services

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

Where goals were identified no staff members were named to take forward objectives in the plan within agreed timescales. The progress being made in achieving goals or the reason why goals were not reached was not documented. No support plans were outlined to help residents achieve their goals.

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

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

To ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan. All Person Centred Plans will now be reviewed in both centres and will include named staff members to take forward objectives/goals in the plan within agreed timescales.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

Interventions in care plans in relation to risk and behaviours that challenge did not contain specific detail to ensure they are adequately person centred.

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:

All Person Centred Plans will now be reviewed in both centres to ensure each plan takes into account changes in circumstances and new developments.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

A resident was identified with a risk of falls but no evidence based assessment tool was used to assess the risk posed and obtain a baseline comparative to inform a plan of care.

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:

All Person Centred Plan will be reviewed in both centres taking into account changes in circumstances and new developments with the use of an evidence based assessment tool to assess risk.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

There is one resident with a diagnosis of epilepsy. However, a plan of care was not developed to guide staff to ensure the resident's safety.

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:

All Person Centred Plans will be reviewed in both centres to take into account changes in circumstances and new developments with regards to an individual plan of care to guide staff ensuring resident's safety.

Proposed Timescale: 31/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The first house visited on the day of inspection accommodated seven adults, male and female. There was limited communal space for recreational activity for residents. There was only one sitting room for seven residents. A suitable private area which is not the resident's own bedroom in which to receive visitors was not available.

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:

By the below proposed timescale Cavan Monaghan Disability Services will have reduced the number of residents in this facility to six. In line with the reduction of one resident Cavan Monaghan Disability Services are currently undertaking a feasibility study of this facility to address the issue of limited communal space and suitable private areas for residents. Following completion of this study proposed works to be carried out will be

forwarded to HIQA 10th December 2014.

Proposed Timescale: 15/12/2015

Theme: Effective Services

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

The second house visited accommodated eight female residents. Each resident did not have their own bedroom. A review of residents' care files evidenced a desire by some residents for a single bedroom in their identified goals.

The dining room was not suitable in size to cater for all residents and two separate sittings were required at each mealtime to facilitate meals.

Baths, showers and toilets were not of a sufficient number and standard to meet the needs of residents'.

Residents' did not have adequate personal and communal space to meet their social and recreational needs. There was no space available or facility to meet visitors in private.

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:

By the below proposed timescale Cavan Monaghan Disability Services will have reduced the number of residents in this facility to five. In line with this reduction of numbers Cavan Monaghan Disability Services are currently undertaking a feasibility study of this facility to ensure that each resident will have their own bedroom, an adequate number of baths, showers and toilet facilities and the provision of adequate personal and communal space to meet their social and recreational needs. Following completion of this study proposed works to be carried will be forwarded to HIQA 10th December 2014.

Proposed Timescale: 15/12/2015

Theme: Effective Services

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

The inspectors had concerns regarding the suitability of bedroom accommodation for one resident on the first floor. The resident had limited mobility and it required strenuous efforts to manage the stairs as observed by the inspectors.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required

alterations to the premises of the designated centre to ensure it is accessible to all.

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

A referral will be forwarded to the Occupational Therapist to request an assessment of suitability of bedroom accommodation for resident on first floor.

Proposed Timescale: 30/09/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not include the specific risks outlined within the Regulations, for example, the risk of self harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The Risk Management Policy has now been reviewed; the measures and actions are in place to control violence and aggression.

Proposed Timescale: 30/08/2014

Theme: Effective Services

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

The procedures to guide staff in the event of violence or aggression were not sufficiently detailed.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The Risk Management Policy has now been reviewed; the measures and actions are in place to control violence and aggression.

Proposed Timescale: 30/08/2014

Theme: Effective Services

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

The arrangements to ensure learning for all staff from serious incidents or adverse event to minimise the risk of a repeat occurrence of a similar accident were not detailed in the risk management policy.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The Risk Management Policy has now been reviewed to ensure policy includes arrangements for the identification, recording and investigation of and learning from, serious incidents or adverse events involving residents.

Proposed Timescale: 30/08/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

In one case file where a resident attended a day service there was no link in the behavioural support plan between the home environment and the day services to identify triggers, outline behaviour exhibited and detail preventative and reactive strategies on the interventions to take to ensure the safety of the resident.

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:

A multi-disciplinary case review will be arranged to ensure there is a link in the behavioural support plan between the home environment and the day services to identify triggers, outline behaviour exhibited and detail preventative and reactive strategies on the interventions to take to ensure the safety of the resident.

Proposed Timescale: 31/10/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The inspectors noted one resident was not reviewed by the GP for an eleven month period. This resident is prescribed a large amount of medication.

Action Required:

Under Regulation 06 (2) (a) you are required to: Ensure that a medical practitioner of the resident's choice or acceptable to the resident is made available.

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

This resident has now been reviewed with their GP on 25/08/14

Proposed Timescale: 25/08/2014

Theme: Health and Development

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

The inspectors identified three residents with a swallowing difficulty. The care notes indicated food was required to be cut up to minimise the risk of a choking episode. Specialist advice from a speech and language therapist was not obtained to inform individual care plans for safe eating and drinking guidelines.

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:

Two further referrals have been sent to the Speech and Language Department on 15/09/14.

Proposed Timescale: 31/10/2014

Outcome 12. Medication Management

Theme: Health and Development

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

The prescription sheets reviewed did not ensure clarity in relation to the maximum amount for all PRN (as required) medication.

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:

New prescription sheet booklets are currently being introduced to our Nurse Led Centre with appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Proposed Timescale: 31/10/2014

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 statement of purpose submitted required minor review to ensure more clarity in certain aspects. The areas requiring review are outlined below;

A description either in narrative form or a floor plan of all the rooms in each of the residential houses including their size in metres square and primary function was not included.

Details of the admission procedures were outlined however, the information did not clarify if the service accepts emergency admissions.

The statement of purpose was not dated to reflect its revision date.

The age range of residents was not specified.

The post of the person in charge was not clarified as being as being a full time position. There was limited information outlined in relation to access to education, training and employment opportunities.

Details of any specific therapeutic techniques and arrangements for their supervision were not detailed.

Action Required:

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

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

The statement of purpose for both centres will now be reviewed containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Proposed Timescale: 30/09/2014

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:

An annual review of the quality and safety of care through a system of quality improvement strategies and audits was not in place with improvement plans to ensure enhanced outcomes for residents.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Since inspection, a draft audit tool is in the process of being developed. This audit tool will be developed in consultation with the HSE's Quality & Safety Manager in order to agree and refine the tool to specified standards. This tool will then be used to audit Manderely Lodge & Corlorgan Residential Facilities.

Proposed Timescale: 30/11/2014

Theme: Leadership, Governance and Management

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

The system of review requires consultation with the residents and copies of report to be made available to residents

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:

A user's friendly accessible questionnaire will be developed. This questionnaire will be based on the above mentioned audit tool and will involve service user/representative consultation.

Proposed Timescale: 30/11/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

In one house which is care assistant led staff were not trained in the administration of emergency medication in the event of a continuous seizure by a resident.

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 new protocol has been developed for staff to respond to emergency situations in relation to epilepsy.

Proposed Timescale: 12/09/2014

Theme: Responsive Workforce

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

The inspectors identified four staff who had attended fire safety training in a different location from the house in which they worked therefore the training was not specific to the building layout, location of the fire alarm and call points and the individual arrangements for evacuation of residents.

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:

In planning for 2015 all staff will attend fire safety training in the location in which they work.

Proposed Timescale: 30/05/2015

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 nutritional policy did not provide detailed information to guide staff in completing nutritional risk assessments, risk criteria to assist judgement to make a referral to the dietician and documenting residents' nutritional intake.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Nutritional Policy now reviewed to include nutritional risk assessments, risk criteria to assist judgement to make a referral to the dietician and documenting residents' nutritional intake.

Proposed Timescale: 30/09/2014

Theme: Use of Information

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

There is one resident with a diagnosis of epilepsy and a seizure record sheet was not available to record details of the history of any events of seizure activity.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All Person Centred Plans are currently being reviewed. A seizure record sheet is now in place.

Proposed Timescale: 30/08/2014

Theme: Use of Information

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

It was difficult to track the most current plan following review by the allied health service due to the layout and organisation of the care file.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All files to be reorganised to ensure tracking is easily understood and current files are available.

Proposed Timescale: 31/10/2014