

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Azalea Services
Centre ID:	OSV-0004463
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
27 March 2017 15:30	27 March 2017 19:30
28 March 2017 09:00	28 March 2017 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the fifth inspection of this centre by the Health Information and Quality Authority (HIQA).

This inspection was a follow-up inspection to review the actions the provider had taken to address the significant levels of non-compliance identified on 1 December 2016. In addition, the inspector reviewed an application to vary the centre, as the provider had submitted documentation requesting a reduction in the capacity of the centre by one.

On the last inspection, the inspector found non-compliance in nine of the ten outcomes inspected, 22 actions were issued to the provider to address the non-compliances and to bring the centre into compliance. The inspector reviewed actions taken by the provider and found that six actions were completed and 16 actions were not complete.

Following the inspection in December 2016, the provider was required to attend a

meeting with HIQA on the 20 December 2016 to discuss areas where significant risks were identified on inspection. Following the meeting, the provider was required to complete a number of actions including a provider led investigation into the care and welfare of the residents' at night and the use and management of residents' money.

How we gathered our evidence:

As part of the inspection, the inspector met with the four residents living in this centre. The inspector observed residents being supported in a respectful and dignified manner. The inspector spoke with staff members about the management and operation at the centre, as well as observing care practices. In addition, the inspector reviewed documentation such as personal care plans, medical records, risk assessments and policies and procedures. Furthermore, the inspector met the joint persons in charge and discussed their roles and responsibilities in relation to the needs of residents and management of the centre.

Description of the service:

This designated centre is part of a number the services provided by the Brothers of Charity in Roscommon. The centre provides residential services to five adults with intellectual disabilities and comprised of three community houses located in Co. Roscommon. The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided, and was reflective of the centre.

Overall Findings:

On this inspection, the centre was inspected against 11 outcomes. Seven of the outcomes were found to be major non-compliant, one in moderate compliance, two were substantially compliant and one outcome was compliant. Furthermore, the inspector found that previous actions that identified significant risks to the health and safety and care and welfare of the residents had not been addressed.

Overall, the inspector found that there were inadequate governance and management arrangements in this centre to ensure good oversight of the service. The management of fire safety, restrictive practices, residents' money, service level agreements, notifications, safe moving and handling, health care needs and staffing were all areas identified as major non-compliant.

Due to the significant level of fire risks identified on inspection an immediate action was issued to the provider on the 29 March 2017 requiring the provider to put appropriate measures in place to ensure residents could safely be evacuated from the centre in the event of an emergency.

The main findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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:

The inspector reviewed the actions from the last inspection, including the management of residents' finances and complaints. One of the three actions was complete. The outstanding actions related to the management of residents' finances and complaints.

The inspector found that there was inappropriate use and management of residents' money in the centre. Furthermore, the inspector found that there was no organisational policy in place to ensure that all residents' finances were appropriately safeguarded. Staff working in the centre had not been trained in the management of residents' finances, although the provider had given assurances to Office of the Chief Inspector that this training had occurred on the 24 January 2017. In one case the inspector found that money had been lodged into an account held by the provider and not into the resident's personal account. In addition, the inspector found that expenses previously inappropriately charged to residents' accounts had not been reimbursed, as agreed by the provider following the last inspection.

The management of complaints was reviewed. One action from the previous inspection was complete; however, the second action was not complete. The inspector found that a previous complaint made on behalf of one resident remained open as there was no on-call manager available during the week to support the residents in the event of an emergency. The inspector also found that there were no new complaints recorded in the complaints book, and there was a complaints procedure available in an accessible format for residents.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

Residents had signed written agreements which outlined the support, care and welfare to be provided to them as part of this service in the designated centre. It also included details of the services to be provided for the residents. The inspector reviewed the residents' service level agreements and found that they had been updated to reflect the reduction in the fees for the service provided. However, details of additional charges incurred by residents had not been included. Furthermore, previous arrangements in place for the resident to pay their rent monthly had been discontinued since December 2016, but the residents did not know what date the new charges would commence, or how much arrears they had incurred.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The care and support provided to residents reflected their assessed needs and wishes. The inspector reviewed the residents social care goals and found that residents had chosen to have social roles in the community and to participate in social activities while being supported by staff.

The inspector reviewed residents' person centred plans (PCP) and many of the residents goals were achieved. However, the inspector found that the timelines to achieve goals for some residents ranged up to two and a half years, and the person centred plan had remained the same over this period of time, despite reviews every six months. For example, one resident had achieved all of their goals, but the next review was not scheduled until August 2017.

The inspector reviewed the assessments of the residents' health care needs and found that they were comprehensive. However, two residents assessed health care needs were not being met at night. This was an action from the last inspection that was not complete.

The centre had recently discharged a resident to a nursing home and the resident and their family member had consented to the resident moving service. Planned supports were put in place as part of the transitional planning to ensure the service was suitable and met the needs of the resident.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable to meet residents' individual and collective needs.

There were three premises in this designated centre, consisting of two houses and one apartment. The house and apartment were located in a residential area and the second house was a semi-detached house. The apartment was vacant at the time of the inspection.

The houses were well maintained and kept in a good state of repair. The houses were homely and each of the residents had their own bedroom which provided privacy and independence. However, there were storage issues in one house and equipment was stored in the hallway which created a hazard in the event of a fire. This was an action from the last inspection that was not complete.

One of the houses in this centre was rented and currently up for sale, the person in charge told the inspector that an offer to purchase the house was made to the landlord and accepted; however, the sale agreed is not yet complete.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector reviewed the management of risk in the centre and found that there were inadequate precautions in place to effectively manage risk in the centre. In particular, the management of fire safety was inadequate and as a result an immediate action was issued to the provider, requiring them to take action to address this.

Fire safety management in the centre was inadequate and the arrangements in place to detect and contain the spread of fire were not effective. The inspector found that a deep sleep fire drill completed in December 2016 had identified hazards when evacuating residents from the premises. For example, residents refusing to leave the building and returning back into the building when staff went back to evacuate another resident. However, no action was taken to address these risks. There were inadequate arrangements in place to detect or contain the spread of fire in the centre such as fire doors and an appropriate fire alarm system. In addition, residents' personal evacuation plans did not identify the staff supports required to evacuate them from the centre, in the event of a fire. Furthermore, there was no assessment completed to ensure that safe moving and handling procedures were implemented at night when there was minimum staff on duty.

The inspector reviewed the risk register. It did not accurately reflect the actual risks in the centre. For example, it did not include the fire safety risks and the renovation works required in one of the houses. In addition, there were no thermostatic controls installed

on the taps in the centre, and the inspector saw that protocols in place to advise staff how to support the residents with their personal hygiene provided conflicting information on the temperature controls in the centre.

In addition; the inspector found that the management of organisational and individual risks were inadequate. For example, accidents and incidents were not reviewed and appropriate actions were not taken to prevent further accidents in the centre. For example, one resident had slipped on the tiles in the bathroom and a staff member received an injury as a result of protecting the resident. However, although the incident forms had identified the tiles were a risk for further accidents, they were not changed to non-slip tiles.

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):

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

Findings:

The inspector reviewed the four actions from the last inspection; these related to the management of behaviours that challenge, restrictive practices and safeguarding residents. Two actions were complete and two actions were not complete.

The inspector found that the use of restrictive procedures was not being adequately monitored, supervised and reviewed. For example; in January 2017 the use of restrictive nightwear by one resident was reviewed by the restrictive practice committee and behaviour support specialist and a recommendation was made by the committee that staff would assess the residents opinion regarding the use of this restriction; however, the inspector found that these assessments had not been completed. The recommendations of the behaviour specialist were not being implemented in practice. For example, they had recommended that the use of the restrictive nightwear should only be used between the hours of 22.00hrs and 08.00hrs; however, this recommendation was not followed, as the resident was using the restrictive nightwear in excess of these hour on a nightly basis.

The inspector reviewed the measures in place to safeguard residents and protect them from abuse. There is a policy on, and procedures in place for, the prevention, detection and response to abuse, on which staff were trained. Staff were aware of what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. There were no allegations of abuse reported to the inspector and staff members were observed treating residents with respect and warmth. In addition, the inspector found that staff and the persons in charge were responsive to the residents' needs and wishes and familiar with their likes and dislikes regarding their daily routines.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

A record of incidents occurring in the designated centre was maintained in the centre. However, the inspector found one incident where the resident had severely self injured. This resulted in a head injury which required medical attention and assessment in hospital. This incident had not been notified to the Office of Chief Inspector as required, by the regulations.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Residents are supported on an individual basis to achieve and enjoy the best possible health; however, improvements had not occurred to the care and welfare of residents during the night.

The inspector had identified concerns over the past two inspections regarding the lack of staff support available to meet the needs of residents at night, and this continued to be an issue which had not been addressed.

Although assurances were given by the provider representative, following the last inspection, that the residents' toileting needs were being adequately met at night the inspector found that two of the three residents in one house required additional support at night to meet their toileting needs. In one case, there was no support for at least 11 hours at night due to inadequate staffing support. The inspector saw in the residents' daily notes that over a 14 day period staff had recorded on 13 mornings that the resident was incontinent at 7.00am after being in bed since 21.00hrs the night before. In addition to this, staff were unable to change the resident until a second staff arrived on duty at 8.00am.

The person in charge told the inspector that the provider was aware that there was a need for additional staff support at night in this house.

Residents were supported on an individual basis to achieve best possible health. Staff supported resident's to attend the local general practitioner (GP) when required. The inspector observed that residents had appropriate access to the GP, speech and language therapist (SALT), physiotherapist, and a psychiatrist and other allied health professionals as required.

All residents had a comprehensive health care plan in place to reflect their current health status. Residents' health care needs were appropriately assessed and reviewed.

Judgment:

Non Compliant - Major

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were a number of improvements required in this outcome following the last inspection. Since then, the person in charge had reviewed and strengthened the medication management practices and procedures in the centre and implemented a system for reviewing and auditing medication management practices in the centre. This had resulted in safer practices in medication administration in the centre.

The inspector was also provided with staff training records which showed that all staff had received training in safe administration practices.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that the governance and management of this centre had not improved since the last inspection.

The inspector reviewed the actions taken by the provider to improve the governance and management of the centre; however, no additional measures were put in place to improve the governance of the centre since the last inspection. Furthermore, the provider did not demonstrate that they had audited the service to ensure that it was effectively managed and monitored. In addition, the inspector found that no additional arrangements had been put in place for the persons' in charge to ensure that they had the resources and skills to effectively manage the centre.

The inspector found that the on call arrangements in place were not sufficient to support the residents in the event of an emergency. During the week there was no on-call manager available to this centre from midnight until 8.00 am the following morning. The inspector found that this could have a significant impact on the residents. For example, staff were told that should one of the resident's, who could not speak,

experience significant medical issues, had complex behavioural needs or become ill during the night they were to be send the resident to hospital on their own for treatment and review, as there was no manager on call to support them. Furthermore, on review of this person's emergency plan it was found that it would not sufficiently advise other healthcare professionals how to manage this residents care needs, including severe self injurious behaviour, if they were to be admitted to hospital alone.

The persons in charge did not have adequate supernumerary hours available to manage this service, and the persons in charge had not demonstrated that they were able to meet their regulatory obligations as required by the regulations. The inspector found that one of the person's in charge was working in excess of their contractual hours as a front line staff and they were not available for their management duties as person in charge. Furthermore, the person in charge told the inspector that they did not have the authority to ensure that there was appropriate staffing in place in the centre.

The person in charge told the inspector that they were not able to fulfil their regulatory obligations as persons in charge, as they were required to work as front line staff, due to the frequent shortage of staff in the centre.

The annual review of the quality and safety of care in the designated centre was completed; however, it did not accurately reflect the service provided or the ongoing improvements required in the centre.

Judgment:

Non Compliant - Major

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:

The inspector found that there were adequate staff in the centre during the day; however, there were insufficient staffing resources allocated at night to, meet the needs of the residents. As a result, the lack of appropriate staffing support at night had impacted negatively on the residents. Most of the staff working in the centre had received the mandatory training in areas such as safeguarding and safety, managing

behaviours that challenge, safe moving and handling of residents, safe medication administration and fire safety management. However, fire safety training was not centre specific and staff were not trained on the specific fire safety issues in this centre.

The provider had made an application to vary the registration of this centre, reducing the numbers of residents residing in the centre from six to five, as well as reducing the number of houses registered in the centre to two. The inspector reviewed this application to vary during this inspection; however, the inspector found that although the resident had moved to a nursing home two weeks earlier due to ill health, the centre continued to be staffed. The person in charge confirmed that staff were still being rostered to work and sleep in the apartment, despite the resident being moved permanently to a nursing home.

There was an actual and planned staff rota maintained in the centre, however, the staffing roster did not reflect the staffing resources provided in the centre. The person in charge told the inspector that the staff working in the apartment had occasionally supported the residents in the other two houses in the evenings; however, these additional resources were not recorded on the centres roster. The area manager told the inspector that they did not record the staff working in the centre, as it was only a temporary arrangement over the past few weeks.

The person in charge told the inspector that some, but not all staff, had received supervision and the second person in charge was waiting to receive their training in completing formal supervision for staff.

Judgment:

Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004463
Date of Inspection:	27 and 28 March 2017
Date of response:	24 April 2017

Requirements

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

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

Outcome 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:

A resident's money was lodged into the organisations bank account, but the account was not in the name of the resident to which the money belonged.

1. Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered

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

provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

This money was lodged into the organisation's account as an interim safeguarding measure while the person was waiting to open their own post office account. They did not have any other account where the money could be held. The money was clearly identified as belonging to the person. The person has now opened their new post office account and their money has been transferred into it.

Proposed Timescale: Completed 05/04/2017

Proposed Timescale: 05/04/2017

Theme: Individualised Supports and Care

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

Residents were not appropriately supported to manage their financial affairs and to ensure their money was adequately safeguarded,

2. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

All staff on the roster in this designated centre have now received training in the appropriate support and management of people's finances and are aware of the need to ensure all assets are adequately safeguarded. The organisation's policy on the management of service users' money has been reviewed and updated.

Proposed Timescale: Completed 12/04/2017

Proposed Timescale: 12/04/2017

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:

Contractual arrangements between the provider and the residents did not include all of the additional fees to be charged

3. Action Required:

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

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

Individual Service Agreements are being further reviewed to ensure that they include details of the services provided and the fees to be charged

Proposed Timescale: 28/04/2017

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 assessments of residents social care needs were not completed on an annual basis.

4. 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:

Reviews of all person centred plans have begun with keyworkers and these will be ongoing to ensure that priorities and goals are set and reviewed at least annually. Further assessments of healthcare needs by the appropriate health care professionals are also being carried out.

Proposed Timescale: Commencing 21/04/2017 and ongoing

Proposed Timescale: 21/04/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The space in the centre to store moving and handling equipment was inadequate.

5. Action Required:

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

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

The hoist has been moved to an alternative appropriate location. Wheelchairs are also stored in alternative appropriate locations.

Proposed Timescale: Completed 28/03/2017

Proposed Timescale: 28/03/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider did not put adequate risk management systems in place to identify, manage and control risks in the centre. For example, the risks associated with safe moving and handling procedures at night and the management of falls.

6. Action Required:

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

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

1. Additional hours have been added to this roster to ensure two staff are on duty for a longer period to assist with moving and handling. An additional sleepover staff has also been allocated to this centre to assist with safe moving and handling at night time and to respond to emergencies if required.
2. The roster is also being further amended to include a waking night staff with a sleepover staff. Staff have been given the required notice of this change to the roster and this new roster will be implemented per that timeframe.
3. Tiles have been changed to non-slip in bathroom.

Proposed Timescale: 1. Completed 01/04/2017; 2. 22/05/2017; 3. Completed 14/04/2017

Proposed Timescale: 22/05/2017

Theme: Effective Services

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

There was no adequate fire equipment in place for the containment of fire in the centre. There was no fire alarm system or fire doors installed in the centre.

7. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for

detecting, containing and extinguishing fires.

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

1. Turnlocks have been installed on all exit doors.
2. Costings have been completed for fire doors and fire alarms and these have been submitted to our external funding body. We require additional capital funding from our external funding body to install fire doors and fire alarms. This issue was raised with our external funders at a meeting to discuss additional funding required to ensure compliance with HIQA regulations on 05/04/2017. The Registered Provider is writing to the external funding body to further escalate this need and to request another meeting to discuss same on 14/05/2017.
3. With the changes to the staffing roster – two staff will be on duty at all times. We have risk assessed the risk of fire during the evening and night and feel that we will be able to detect fires and evacuate people in a timely and safe manner. A further deep sleep evacuation has been completed.

Proposed Timescale: 1. Completed 03/04/2017; 2. 31/12/2017; 3. Completed 24/04/2017

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

Residents' personal evacuation plans did not outline the support required in the event of an evacuation of the centre.

8. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

An additional staff has been allocated to this centre to assist with safe moving and handling at night time and to ensure the safe evacuation of all persons supported. All individual emergency plans have been updated to reflect this.

Proposed Timescale: Completed 01/04/2017

Proposed Timescale: 01/04/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The use of restrictive practices was not in line with the recommendations of the behaviour support specialist. Furthermore, recommendations made by the human rights committee were not fully implemented.

9. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The recommendations of the human rights review committee have now been fully implemented. Assessments had been completed as recommended on 22/02/2017. The behaviour support plan has been reviewed and updated and copied to the Human Rights Review Committee. An additional staff has been allocated to this centre to ensure that least restrictive practices can be implemented. Restrictive practices will be reviewed on an ongoing basis.

Proposed Timescale: Completed 01/04/2017

Proposed Timescale: 01/04/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Notifications concerning residents had not been made to the Office of the Chief Inspector, as required by the regulations.

10. Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

The injury in question occurred while the person was in day services with another service provider. The person was taken to the GP to check out the bruise and no medical treatment was deemed necessary. Guidelines per the person's behaviour support plan were followed. A notification form has now been submitted.

Proposed Timescale: Completed 29/03/2017

Proposed Timescale: 29/03/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents' health care need were not being met in line with their individual assessed needs.

11. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

An additional staff has been allocated to this centre to ensure that individual assessed needs can be met and that each person receives appropriate health care in line with their personal plans. Two staff are on duty at all times in the house in question.

Proposed Timescale: Completed 01/04/2017

Proposed Timescale: 01/04/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The arrangements in place to manage this centre, by the joint persons' in charge was not effective. The persons' in charge were not provided sufficient protected time to meet their regulatory responsibilities and did not demonstrate that they had the appropriate skills and experience necessary to manage this centre.

12. Action Required:

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

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

A new person in charge has been appointed to this centre and a new person participating in management has also been appointed. The registered provider and the person in charge are working closely to ensure that this centre is managed effectively. Fortnightly audits are taking place. Rosters are being reviewed and additional staffing has been allocated to the centre.

Proposed Timescale: Commenced 01/04/2017 and ongoing

Proposed Timescale: 01/04/2017

Theme: Leadership, Governance and Management

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

The management of this centre was inadequate, and the current management structure which consisted of joint persons in charge was not effective or clearly defined. Furthermore, the provider did not take responsibility to address the previous actions identified which resulted in an unsafe service and poor outcomes for residents.

13. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

1. A new management team has been appointed to this centre with a new person in charge and person participating in management being appointed. The registered provider and the person in charge are working closely to ensure that this centre is managed effectively. Fortnightly audits are taking place. Rosters are being reviewed and additional staffing has been allocated to the centre.
2. Further management training has been arranged for the Persons in Charge and Persons Participating in Management in this designated centre.

Proposed Timescale: 1. Commenced 01/04/2017 and ongoing; 2. 18/05/2017

Proposed Timescale: 18/05/2017

Theme: Leadership, Governance and Management

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

Arrangements to support, develop and performance manage all members of staff and management were ineffective.

14. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Regular team meetings and individual staff support and supervision meetings are being planned by the new management team.

Proposed Timescale: Commenced 04/04/2017 and ongoing

Proposed Timescale: 04/04/2017

Theme: Leadership, Governance and Management

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

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

15. Action Required:

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

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

A new management team has been appointed to this centre with a new person in charge and person participating in management being appointed. The registered provider and the person in charge are working closely to ensure that this centre is managed effectively. Fortnightly audits are taking place. Rosters are being reviewed and additional staffing has been allocated to the centre.

Proposed Timescale: Commenced 01/04/2017 and ongoing

Proposed Timescale: 01/04/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were inadequate staffing resources in place to meet the assessed needs of the residents.

16. 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:

Additional staffing has been allocated to this centre with 2 staff on duty at all times in the house in question. Going forward there will be a waking night staff plus a sleepover staff on duty.

Proposed Timescale: Commenced 01/04/2017

Proposed Timescale: 01/04/2017

Theme: Responsive Workforce

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

The centre did not maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

17. Action Required:

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

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

There is a planned and actual staff roster in place in this designated centre and the inspector states this in the report. This roster has now been reviewed and updated to include the additional staffing that has been allocated to this centre.

Proposed Timescale: Completed 01/04/2017

Proposed Timescale: 01/04/2017

Theme: Responsive Workforce

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

Fire safety training was not centre specific and staff were not trained on the specific fire safety issues in this centre.

18. 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:

Refresher training will be delivered on site.

Proposed Timescale: 04/05/2017

