

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by CoAction West Cork Ltd
Centre ID:	OSV-0003857
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	CoAction West Cork Ltd
Provider Nominee:	Gobnait Ní Chrualaoí
Lead inspector:	Kieran Murphy
Support inspector(s):	Noelle Neville
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
13 January 2016 10:30	13 January 2016 17:30
14 January 2016 08:30	14 January 2016 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This report sets out the findings of an announced inspection of a centre managed by CoAction Services following an application by the provider to register the centre. CoAction Services provided residential and day care to people with an intellectual disability in the West Cork area.

CoAction Services was overseen by a voluntary board of management which included representatives from the local community and representatives of residents. One family described to inspectors how they had been involved in the initial setting up in 1974 of CoAction Services with other parents and friends of people with a disability.

There was a clearly defined management structure that identified the lines of authority and accountability. There had been a recent appointment of an adult services manager who was the nominee on behalf of CoAction Services. She had been appointed in November 2015 and had previously worked as a manager for another service provider. The adult services manager reported to a Chief Executive Officer. The person in charge was employed full time and was found to have the qualifications, skills and experience necessary to manage the centre. However, there hadn't been a formal annual review of the quality and safety of care of the service which is a requirement of the regulations.

This was the first inspection of this designated centre which consisted of two houses approximately one mile apart near the centre of town and provided residential and respite care. Respite care is alternative care for a person with a disability for a short period from their usual accommodation at home. The person in charge maintained a record of all residents who accessed the service on a respite basis.

The first house could accommodate six residents. This house currently had one resident who lived there seven days a week, three residents who lived there five days per week and two places which were used for respite care. This house was a seven day residence that was open all year round except for holiday periods at Christmas, Easter and the summer. The second house could accommodate five residents and was open for three days of the week and provided respite care.

As part of the inspection, the inspectors met with the residents, staff and families of residents. Seventeen residents had completed questionnaires prior to the inspection providing feedback on the centre. Seven families had also provided feedback. In general the feedback was positive. Nearly all residents said that they felt safe in the centre and that they knew who to complain to if they were not happy. One person said that "the staff here put my safety as top priority" with another resident saying "I feel safe here because I'm happy". However, one resident in their feedback to the Authority had outlined that during holiday time at Easter, Christmas and for two weeks in the summer they had to move to another centre managed by CoAction Services. This was confirmed by the person in charge who said that the centre closed for five weeks during the year. It had not been demonstrated that the resident had a choice in this matter as the centre was closing during those periods. Residents who stayed in the centre on a five day basis went home each weekend. Their bedrooms were used at weekends to accommodate other residents accessing the centre on a respite basis. This was confirmed by the person in charge. Inspectors found that this use of residents' bedrooms for people accessing the service on a respite basis did not ensure each resident's privacy and dignity was being respected.

In addition to the issue of respite care which was at the level of major non-compliance, four of the 18 outcomes inspected were at a level of moderate non-compliance including:

Outcome 4: Admissions

The residential guide did not include sufficient details of the support, care and welfare of the resident while in the designated centre. For example, it didn't outline what healthcare support team members were available to residents. In addition, the

residential guide did not include in sufficient detail the services to be provided for the resident. For example, it didn't indicate that the centre was to be closed for five weeks during the year.

Outcome 5: Social care needs

The process for personal planning and review required improvement, in particular in relation to the setting of residents' personal goals. For example, the goals were really related to activities, like going to the pantomime or attending the dog track rather than specific goals contributing to improving residents' quality of life.

Outcome 12: Medication

The systems in place for the management of medication required improvement.

Outcome 17: Staffing

Feedback from relatives via questionnaires was in general very positive about the staff. However, some feedback included that "because of cut-backs there are fewer staff". Another family member said "it would be great to have more staff". Inspectors found that staffing levels being reduced at weekends in one house had an impact on residents being able to undertake social activities. Inspectors also noted that there were some staff who did not have up-to-date mandatory training as required by the regulations in relation to fire safety, protection of vulnerable adults and up to date training in the management of behaviour that is challenging.

Substantial compliance was found in relation to healthcare needs, the statement of purpose and records management.

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):

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

Findings:

The service had undertaken a quality of life annual review in October 2015 with the aim of getting residents' opinions on their lives. The review found that in general people were satisfied with their own private space, the management of their own money, quality of food and being able to receive visitors. In relation to residents' privacy, during the inspection it was observed that most bedrooms were single rooms with the exception of one shared double room. Inspectors found that screening arrangements were not in place to safeguard the privacy of residents who were sharing this bedroom.

One resident in their feedback to the Authority had outlined that during holiday time at Easter, Christmas and for two weeks in the summer they had to move to another centre managed by CoAction Services. This was confirmed by the person in charge who said that the centre closed for five weeks during the year. The resident had said to staff that they didn't object to moving to the other centre during the holidays. However, it was not demonstrated that the resident had a choice in this matter as the centre was closing during those periods. In addition, these arrangements were not specified in the resident's contract of care or the statement of purpose.

Residents who stayed in the centre on a five day basis went home each weekend. Their bedrooms were used at weekends to accommodate other residents accessing the centre on a respite basis. This was confirmed by the person in charge. Inspectors found that this use of residents' bedrooms for people accessing the service on a respite basis did not ensure each resident's privacy and dignity was being respected.

The quality of life annual review had also found that the main issue that people were not satisfied with was they felt they did not have enough control over what they did during the day. In response CoAction Services had put extra supports in place to facilitate more social activity on one respite weekend. It was also identified that a specific fund was available for specific social support resources.

There were a number of communication forums for residents including the weekly house meetings for residents and the self-advocacy group called an action forum. One resident confirmed to inspectors that on "Monday nights we have a meeting about dinners and outings for the week ahead". The action forum was an advocacy group for all users of CoAction Services where residents were consulted with and participated in decisions about the service. Residents also had access to an independent advocate if they wished and the contact details were available on the communication board in the kitchen.

New policies and procedures had been recently introduced for the management of complaints and these were also available in an easy-to-read version. One resident in feedback to inspectors identified various staff members "I would talk to if I had a complaint". Inspectors reviewed the complaints since the new procedures had been introduced and found records for:

- 3 compliments regarding the work of staff
- 2 complaints related to clothes going missing
- 1 complaint regarding a maintenance issue
- 1 compliment from a family member regarding the content of a behaviour support plan.

Judgment:
Non Compliant - Major

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

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

Findings:

There was a policy on communication that was available in an accessible format.

Communication assessments had been completed for all residents which outlined the methods residents use to communicate their needs and wishes. Personal plans viewed by inspectors contained detailed information in relation to the individual communication requirements of each resident. The plan included things like family support, home life, work life, likes/dislikes and any particular area where support was required for

communication.

Inspectors observed that staff were aware of residents' communication plans and staff supported residents to communicate effectively. Picture boards were observed to be used by staff and residents to communicate. This included the menu for the day, what staff were on duty and what activities were planned for the evening.

Residents had access to specialist speech and language services. One resident recognised that they had communication difficulties and a referral had been made to the speech and language therapist for a communication passport. This is a person-centred booklet for those who cannot easily speak for themselves and is a way of recording the important things about a person.

There were a number of communication forums for residents including the weekly meeting mentioned in Outcome 1. Throughout the two days of the inspection mealtimes were found to be used as good opportunities for residents and staff to meet in a more relaxed environment. Inspectors observed that there was a lot of information shared around the kitchen table about how the day had been for people and what the plan was for the rest of the evening.

Television was provided in the main living room of both houses and there were a number of quieter areas where residents said they liked to play their music.

Judgment:
Compliant

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

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

Theme:
Individualised Supports and Care

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

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

Findings:

In the feedback received prior to the inspection one resident said that "my family visit me in the house any time they wanted". This was also confirmed by family members who spoke to inspectors. There were adequate areas throughout the centre where residents could meet their families with some privacy.

The inspectors saw that residents were supported to develop and maintain personal relationships and links with the wider community and families were encouraged to get involved in the lives of residents. This was particularly so for residents who were accessing the service on a short-term or respite basis as there was good communication

between residents, families and the service.

CoAction Services was managed by a Board of Directors who were mainly family of residents. One family described to inspectors how they had been involved in the initial setting up in 1974 of CoAction Services with other parents and friends of people with a disability. In feedback submitted prior to the inspection one family outlined that they welcomed the formation of another family forum called the concerned parents support group. They felt this group would give parents "a greater voice in CoAction Service affairs".

Judgment:

Compliant

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):

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

Findings:

There was a policy on admissions. However, it had not been updated since 2012 and it did not take account of the need to protect residents from abuse by their peers.

The admissions policy and the statement of purpose outlined that the centre accepted emergency admissions. The person in charge outlined the process whereby a resident had been recently admitted on a short-term emergency basis. However, the statement of purpose did not outline in detail the centre's process for accepting residents on an emergency basis.

There was one document, called the residential guide, which served both as the residents guide and the service agreement for the provision of services. The sample of residential guides seen by the inspectors were all in writing, had been signed either by the resident or their representative and outlined some of the terms on which each resident resided there. The residential guides contained details on:

- Whether the resident stayed in the centre five days, seven days or via respite care
- Your house, your home. This section outlined that the centre also offered respite /short term stays for other people
- Visitors are welcome
- Money
- Having your say
- Checking your home is safe

- Complaints
- Rent agreement form. This section outlined the rent and housekeeping fees that the resident was to be charged on a weekly basis.

However, the residential guide did not include sufficient details of the support care and welfare of the resident while in the designated centre. For example, it didn't outline what healthcare support team members were available to residents. In addition, the residential guide did not include in sufficient detail the services to be provided for the resident. For example, it didn't indicate that the centre was to be closed for five weeks during the year.

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):

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

Findings:

Each resident had a written personal plan, which detailed their individual needs and choices. The personal plan outlined the services and supports to be provided to the person in areas such as health, education, money management, communication, nutrition, family/friends, likes/dislikes and important things to know. Changes in circumstances and new developments were included in the person centred plans and amendments were made as appropriate.

In the feedback received from families of residents one said "CoAction are constantly updating the personal plan. I have occasional meetings with the principle housemother". However, some improvements were required to personal plans to ensure that they fully met the needs of residents, in particular in relation to the setting of residents' personal goals. A comprehensive assessment had not been completed with respect to residents' social and personal development needs, as required by the regulations. As a result, personal plans were not based on an assessment of residents' personal and social abilities, aspirations or identified areas of need. In turn, this meant that the person in charge could not always demonstrate that residents' needs and full potential in terms of

independence were being fully supported.

It is a requirement of the regulations that each personal plan was to be reviewed annually. Periodic reviews were completed every three months. However, there was no formalised annual review to assess the effectiveness of the plan or to review the person's goals or aspirations. There was also a lack of formalised multi-disciplinary input in the review. The suitability of the centre to meet the needs or abilities of residents' was not being assessed and reviewed with the multi-disciplinary team. Also, long-term goals, such as where a resident may wish to live in the future and with whom or personal development goals were not included in the personal plan.

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 centre consisted of two houses approximately one mile apart near the centre of town.

The first house was a two storey house with six single resident bedrooms all of which had en-suite bathroom facilities of shower, toilet and wash hand basin. The entrance to this house was through a sunroom area which had a number of couches where residents could relax if they wished. There was a separate large kitchen/dining area. The kitchen led to a utility area for laundry and a toilet with a wash hand basin. Adjacent to the kitchen was a large sitting room which was well furnished and had a television. From the kitchen/dining room there was the main hall which had access to a porch area at the front of the house. There was an armchair here and residents could sit in this area if they wished. There were three downstairs bedrooms, one of which had been recently fitted with a ceiling track hoist to aid residents with mobility issues. Upstairs were three resident bedrooms.

The second house was again a two storey house with three single bedrooms and one double bedroom all of which were upstairs on the first floor. The ceiling height on the stairs to the first floor was low. However, there was a risk assessment available in relation to the ceiling and it was marked by a stripe providing clear visual contrast for

people coming up the stairs. One of the residents was happy to show inspectors around the house which had a large sitting room and a separate kitchen dining area. There was a utility room on the ground floor. There was a shower room downstairs with a shower, wash hand basin and toilet. On the first floor there was also a bathroom with a shower, toilet and wash hand basin.

In the feedback received from residents prior to inspection it was noticeable that a number of residents indicated that they would like their bedrooms to be re-decorated. While walking through the houses inspectors noted all bedrooms were fully furnished and tastefully decorated. One resident even had Liverpool Football Club curtains in their bedroom. Each resident was encouraged and supported to personalise their bedrooms with pictures, ornaments or any items they chose. One resident said that "I like my own space and have most of my personal belongings" when they came on respite.

Judgment:
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):

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

Findings:

There was a risk management policy that included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. All of these issues were also identified as hazards and had been separately assessed and risk rated.

The centre had a risk register in place. An organisation risk register is designed to log all the hazards that the centre was actively managing. There were 74 separate hazards identified including issues like protection of vulnerable adults, slips/trips/falls, fire, lone working and accidental injury. The methodology of assessing risk on the risk register i.e. whether the risk was low, medium or high was clearly outlined for each hazard. It was also clear how the hazards on the risk register were being managed and who was responsible. There was also a process whereby risk issues were escalated to senior management if it could not be managed by the person in charge. Some risk issues relating to individual service users had been put on the risk register. However, the centre policy on risk had said that person specific hazards were not to be filed in the centre's risk register.

Inspectors reviewed the incident reporting system from 2015 to January 2016 and there had been three incidents:

- 1 related to a cut from a razor
- 1 burn from a hot water bottle
- 1 medication incident

All incidents had been managed appropriately with measures put in place to prevent similar incidents again in the future.

As part of the audit schedule for the service an annual health and safety review had taken place in September 2015. This looked at issues like housekeeping, infection, first aid, electrical/fire safety and hazardous substances. Any issues identified on this audit that needed improvement had been completed.

During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. The centre had recently been upgraded to take account of fire safety precautions including the availability of emergency lighting throughout.

There were monthly fire evacuation drills being undertaken involving the residents and the records of these drills indicated that it had taken between 30 seconds and two minutes to evacuate the premises in drills. Each resident had a personal emergency evacuation plan in place which indicated what supports, if any, residents needed to leave the building in the event of a fire. However, records indicated that four staff did not have up to date training on fire safety.

There was an emergency plan available which outlined the arrangements for adverse events such as the need for evacuation, the occurrence of a power cut or flooding.

The centre was visibly clean throughout and staff spoken with were knowledgeable about cleaning and control of infection.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were policies in place to protect residents from being harmed or suffering abuse. Inspectors spoke to the designated person with responsibility for reviewing any allegation of potential harm of residents. She was the service social worker and also provided training to all staff on protection of residents. Prior to this inspection the Authority had been notified of an allegation of abuse. Inspectors reviewed documentation in relation to this issue and were satisfied that this had been managed in accordance with the centre's policy on the protection of residents from abuse. In particular, recommendations that had been made by the designated person following the incident had been implemented. However, training records indicated that four staff did not have training on protecting residents from abuse and one staff member's training was out of date.

The service promoted a restraint free environment and there was a policy on the use of restrictive practices. Two residents used bedrails at night and one resident used a lapbelt while using a wheelchair. There was evidence of discussion with the resident around the use of these restraints. There were also risk assessments available in relation to the use of each restraint. The person in charge outlined that a restrictive practices committee for CoAction Services had been set up to review any restrictions that impeded on a resident's life. The first meeting of this committee was scheduled for the end of January 2016.

In relation to positive behavioural support for residents one family in feedback said that their loved one "gets great understanding and help from staff". For any resident who required positive behaviour support guidelines these had been prepared by a clinical psychologist. These guidelines provided clear guidance to staff on how to adequately support people. Risk assessments were also available for residents who may have behaviour that is challenging. However, records indicated that four staff did not have up to date training in the management of behaviour that is challenging.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

It is a requirement that all serious adverse incidents are reported to the Authority. A record of all incidents occurring had been maintained and all notifications had been sent to the Authority as required.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

Due to the nature of the service with most residents accessing the centre on a part-time basis there were good links for service users with the local community. There was evidence that residents were supported to positively engage in the social and economic life of the local town and surrounding areas with a number of residents attending work in local businesses including shops, an accountancy firm and cafés.

All residents attended the day centre but some also attended other day services. A range of social and therapeutic activities took place in the day centre which included baking.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Inspectors found that residents were being supported to achieve and enjoy the best possible health. However, improvement was required in relation to how healthcare plans were being developed.

The person in charge outlined that each resident had their own general practitioner (GP) of their choice, usually their own family GP. There was evidence in the healthcare records that the doctor was reviewing residents' health needs as required. There was good communication between families and the service in relation to the outcome of any GP appointment that the resident may have had while at home.

Inspectors found that identified healthcare needs were supported by a healthcare plan. However, these plans were not always updated to direct care for these healthcare needs. For example, one resident required a communication passport and a referral had been made to the speech and language therapist in September 2015. However, the care plan had not been updated to reflect this and in fact the referral had not been sent. In another example, an epilepsy management plan had contradictory information in it regarding the use of emergency medication. This had the potential for staff to administer incorrect dosage of medication.

A record was maintained of all referrals to and treatment by allied health professionals. CoAction Service had a multidisciplinary team that included speech and language therapist, clinical psychologist, occupational therapist, physiotherapist and a nurse. As referenced elsewhere in this report there was good access to the organisation social work department.

Residents were involved in the day to day activities around mealtimes like setting the table and clearing away after dinner. At the time of inspection residents were following and "Operation Transformation" menu. Picture plans for lunch, dinner and tea were available in the kitchen. One resident said that they have "a good choice of food". One family outlined that their loved one had a gluten and dairy free diet and that staff were aware of this and ensured this diet was available.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The systems in place for the management of medication required improvement.

There was a medication management policy for the centre which outlined that medication “prescriptions shall not be transcribed”. Transcribing is the act of transferring a medication order from the original prescription to the current medication administration record/prescription sheet. However, inspectors found that prescriptions were being transcribed by a nurse. In addition, the practice of transcription of medications was not in line with guidance issued by An Bord Altranais agus Cnáimhseachais (Bord Altranais) as the medication prescription records did not contain the signature of the nurse who transcribed the record. Neither was there a record of a second person checking the transcribed record as required in the guidance issued by Bord Altranais.

There was evidence that medications were not being administered as prescribed. In some instances the timing of the administration of the medication did not match the prescription. For example, a medication prescribed to be given at 08:00 was not given until 10:00. On another prescription two medications had been discontinued by the doctor but the administration records indicated that these medications had been administered for two further days.

Records indicated that all staff had received training on the administration of medication, including the administration of emergency medication to manage epilepsy. However, on one transcribed prescription the route for administration of emergency medication to manage epilepsy was inaccurate.

As an example of good practice, there was information available for non-nursing staff on each resident’s medication administration record with details of the medication and the reason why the resident was taking the medication. Three residents were administering their own medication and all three knew what medicines they were taking and why.

Residents who accessed the centre on respite brought their medication in with them. Staff confirmed that there was a checking process in place to confirm that the medicines brought in by the residents corresponded with the medication prescription records. For residents who stayed on a seven day basis or five day basis the medication was received from the pharmacy. Residents’ medication was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure.

Medication management audits were being completed regularly. However, the audits were not identifying areas for improvement.

Judgment:

Non Compliant - Moderate

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:

The statement of purpose is a document intended to describe the service and facilities provided to residents, the management and staffing and the arrangements for residents' wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The stated aim of the centre was to provide a homelike environment services users. It also outlined that the centre provided respite or shared care.

However, inspectors found that the care and supports provided were not accurately described in the statement of purpose. For example, there was a multi-disciplinary team including psychologist, speech and language therapist and social worker but these were not mentioned in the document. In addition, the statement of purpose did not accurately describe the age range of the residents for whom it was intended that accommodation be provided.

Judgment:

Substantially 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):

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. CoAction Services was overseen by a voluntary board of management which included representatives from the local community and representatives of residents. The board maintained oversight of the organisation and service development. There had been a recent appointment of an adult services manager who was the nominee on behalf of CoAction Services. She had been appointed in November 2015 and had previously worked as a manager for another service provider. The adult services manager reported to a Chief Executive Officer.

The person in charge was employed full time and was found to have the qualifications, skills and experience necessary to manage the centre. The nominated person in charge had a bachelor of arts in social care degree and had been appointed in 2015. She had previously worked for seven years with another service provider. The person in charge had an "open door" policy and she was available to talk to residents at any time and this was clear during the course of the inspection. There was also a deputy person in charge who was also appropriately skilled and qualified. There was also a residential services manager who had a degree in youth community and advocacy. She had worked for CoAction Services for approximately 13 years.

There were regular scheduled senior management team meetings. The minutes of one meeting from July 2015 discussed issues like resident's rights to lockable storage space, the Authority's inspection programme, service development and staffing.

CoAction Services had ensured that one unannounced visit to the designated centre in relation to the quality and safety of care had been completed in December 2015. There was a prepared written report available in relation to the issues that had been reviewed: risk management, safeguarding/safety and medication management. On the day of inspection all the identified actions from that review had been completed.

Inspectors reviewed the available audits for this centre which were for medication management, health & safety and quality of life. These were discussed in more detail throughout the report. In December 2015 there had been a "review of the status of evidence required for registration" of the centre. This reviewed all the outcomes for residents and had appropriate action plans in place. However, there hadn't been a formal annual review of the quality and safety of care of the service which is a requirement of the regulations.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There had not been any period where the person in charge was absent for 28 days or more since the last inspection. The person in charge and the nominated registered provider were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge with the residential services manager having responsibility for management of the centre. Inspectors were satisfied that she had the requisite skills and experience to deputise when necessary.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspectors formed the opinion that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The centre was maintained to a good standard inside and out and had fully equipped kitchens and laundry. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

This centre consisted of two houses, one of which was open seven days a week. This house had one resident living there all seven days, another three residents five days per week (usually Monday to Friday) and the remaining vacancies were people living there on respite care. At weekends there were arrangements to cater for up to six people with high support needs on alternate weekends. The second house was open for three days of the week (usually Tuesday, Wednesday and Thursday) and provided respite care. Inspectors were satisfied with the staffing arrangements during the week in both the first house and the second house. There was one staff member on duty at all times and an extra staff member came in the evening to facilitate residents to undertake individual activities if they wished.

The person in charge outlined that there were different staffing arrangements in place for the weekend in the first house. Every second weekend the house accommodated residents with higher support needs and staffing consisted of a social care worker and a social support worker. However, on the alternate weekend when the residents had lower support needs there was only one staff member on duty. This meant that staff worked for long periods on their own from 15.30hrs on a Friday afternoon until 09.30hrs on a Monday morning. While there was a van available at all times over the weekend, the opportunity for residents to undertake individual activities outside the centre was limited.

Of note was that a copy of the staff rota was available in a picture format on the communication board in both of the houses so that residents were aware of which staff were on duty.

Residents spoke highly of staff and said they were very kind and caring and looked after them well. Feedback from relatives via questionnaires was in general very positive about the staff. However, some feedback included that "because of cut-backs there are fewer staff". Another family member said "it would be great to have more staff".

Inspectors met with staff during the inspection and observed their interactions with the residents. Staff had good knowledge of each resident's individual needs and were seen to assist them in a respectful and dignified manner.

Judgment:

Non Compliant - Moderate

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:

There were two systems in place to manage records in relation to residents namely, a computer based record system and the healthcare files mentioned earlier in relation to social care/healthcare needs. The computer based system was accessible by staff in both the designated centre and staff in the day service. It was used to communicate significant issues relevant to the resident. However, the records management policy did not make any reference to the computer based system and how personal information on this system was protected. In addition, the healthcare files were not always updated to reflect the most up to date information relevant to the person. For example, out of date risk assessments were seen in two instances on one resident record.

A directory of residents was maintained in the centre and was made available to the inspector. The inspector was provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover.

All of the policies and procedures as required by Schedule 5 of the Regulations were available.

Judgment:

Substantially Compliant

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:

Kieran Murphy
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 CoAction West Cork Ltd
Centre ID:	OSV-0003857
Date of Inspection:	13 January 2016
Date of response:	7 March 2016

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:

It was not demonstrated that residents had control over their lives in particular relation to the closure of the centre during holiday periods.

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

1. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

The centre is not funded to provide a 52 week service therefore the options for the individual need to be explored with them and their representatives as part of their person centred planning review process. The outcome of the review will be reflected in the Contract of Care which will set out the terms of the service being offered.

Proposed Timescale: 29/07/2016

Theme: Individualised Supports and Care

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

Use of residents' bedrooms for people accessing the service on a respite basis did not ensure each residents' privacy and dignity was being respected.

2. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

In order to ensure the privacy and dignity of residents being respected, there is secure storage in all bedrooms for use by people availing of regular respite.

A review of the residential and respite arrangements is underway. The terms of reference for this review includes a review of each individual's person centred plan. Where residents' bedrooms are currently being used by people accessing the service on a respite basis, this will be specifically reviewed with relevant individuals. Where necessary the services of an external advocate will be engaged. On completion of the individual reviews decisions will be taken on how to facilitate as many of the respite and residential requirements identified as possible.

Should changes be required to the current level of respite and residential service being provided to achieve compliance with this Regulation there will be consultation with the HSE. The matter will then be brought forward to the Board of Directors for approval. Once a decision is made, there will be a further consultation with the HSE. Ultimately Contracts of Care and a Residents' Guide will be issued to each individual and their family which will clearly set out the terms of the respite service on offer, including matters pertaining to the privacy and dignity of residents. A copy of the proposed Contract has been submitted to the Authority.

Proposed Timescale: 29/05/2016

Theme: Individualised Supports and Care

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

Screening arrangements were not in place to safeguard the privacy of residents who were sharing double bedrooms.

3. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Options to ensure the privacy of residents who are sharing a twin bedroom are being explored both in terms of installing a suitable screen and written protocols.

Proposed Timescale: 25/03/2016

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:

The statement of purpose did not outline in detail the centre's process to accept residents on an emergency basis.

4. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The Statement of Purpose is under review and will include more specific details of the process in which the centre accepts residents on an emergency basis.

Proposed Timescale: 18/03/2016

Theme: Effective Services

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

The admissions policy not been updated since 2012 and it did not take account of the need to protect residents from abuse by their peers.

5. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

Senior Management have sought a meeting with the HSE Safeguarding & Protection Officer to seek clarification on procedural issues pertaining to the national policy which CoAction has adopted. On receipt of clarifications on the procedures to be followed, the Admission policy will be reviewed and the organisation's safeguarding policy and procedures appropriately referenced in the policy accordingly.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

The residential guide did not include sufficient details of the support care and welfare of the resident while in the designated centre. In addition, the residential guide did not include in sufficient detail the services to be provided for the resident.

6. 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:

The Residents Guide is currently being reviewed and updated to provide more details on the support, care and welfare the resident can expect to receive in the designated centre and the fees to be charged.

Proposed Timescale: 29/04/2016

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:

There was no formalised annual review to assess the effectiveness of the plan and review the person's goals or aspirations that had been identified. There was also a lack of formalised multi-disciplinary input in the review.

7. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

A schedule is being prepared to ensure each individual's person centred plan is reviewed and updated with input from the multi-disciplinary team as required.

Proposed Timescale: 30/05/2016

Theme: Effective Services

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

Those responsible for supporting residents in pursuing goals were not always clearly identified nor were agreed timescales outlined.

8. 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:

A Form is being created to ensure recommendations, agreed timescales and names of those responsible for pursuing objectives for the person arising from their planning meeting will be recorded and monitored on an ongoing basis.

Proposed Timescale: 30/05/2016

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:

Records indicated that four staff did not have up to date training on fire safety.

9. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Three staff have attended fire safety training and the fourth staff is scheduled to attend their training.

Proposed Timescale: 11/03/2016

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:

Records indicated that four staff did not have up to date training in the management of behaviour that is challenging.

10. Action Required:

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

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

Up until late 2015 staff training in the management of behaviour that is challenging was in-house (uncertified). MAPA training commenced in CoAction in November 2015 and staff are being systematically trained across the services. Two of the four staff have now received their MAPA training. Two further MAPA training sessions are scheduled for 28th & 29th April and 19th & 20th May 2016 and the other two staff will attend the next scheduled training.

Proposed Timescale: 29/04/2016

Theme: Safe Services

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

Training records indicated that four staff did not have training on protecting residents from abuse and one staff member's training was out of date.

11. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Safeguarding Vulnerable Adults training took place on 15/01/16 and 12/02/16. All four staff have now received this training.

Proposed Timescale: 04/05/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Inconsistencies were noted in some care plans developed to guide staff in meeting residents' health care needs.

12. 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:

The inconsistencies identified in care plans have been rectified.

Proposed Timescale: 04/05/2016

Outcome 12. Medication Management

Theme: Health and Development

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

The practice of transcription was not in line with guidance issued by An Bord Altranais agus Cnáimhseachais.

13. 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:

In order to achieve compliance with this Regulation a Clinical Nurse Specialist has been assigned to Adult Services on a part-time basis for 6 months in order to undertake the following:

1. Ensure the current practice of transcription is in line with guidance issued by An Bord Altranais agus Cnáimhseachais.
2. Review the Medication Management Policy
3. Review the training needs of all staff in adult services and deliver staff training accordingly.
4. Explore alternatives to the current operating system in order to minimise the risk of medication errors and to have a system that best suits the needs of the service in terms of the ordering, receipt, prescribing, storing, disposal and administration of medicines.
5. Engage with families on the organisation's requirements going forward when their family member is availing of respite or residential services.

Proposed Timescale: Item 1. – 18th March; Items 2. – 5. - 3rd May 2016

Proposed Timescale: 03/05/2016

Theme: Health and Development

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

The route for administration of emergency medication to manage epilepsy was inaccurate.

14. 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:

In order to achieve compliance with this Regulation a Clinical Nurse Specialist has been assigned to Adult Services on a part-time basis for 6 months in order to undertake the following:

1. Review the medication error with the staff team and recording of same.
2. Review the Medication Management Policy
3. Review the training needs of all staff in adult services and deliver staff training accordingly.
4. Explore alternatives to the current operating system in order to minimise the risk of medication errors and to have a system that best suits the needs of the service in terms of the ordering, receipt, prescribing, storing, disposal and administration of medicines.
5. Engage with families on the organisation's requirements going forward when their family member is availing of respite or residential services.

Proposed Timescale: Item 1. – 10th March; Items 2. - 5. - 3rd May 2016

Proposed Timescale: 03/05/2016

Theme: Health and Development

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

Medication was not being administered as prescribed.

15. 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:

In order to achieve compliance with this Regulation a Clinical Nurse Specialist has been assigned to Adult Services on a part-time basis for 6 months in order to undertake the

following:

1. Review the medication error with the staff team and recording of same.
2. Review the Medication Management Policy
3. Review the training needs of all staff in adult services and deliver staff training accordingly.
4. Explore alternatives to the current operating system in order to minimise the risk of medication errors and to have a system that best suits the needs of the service in terms of the ordering, receipt, prescribing, storing, disposal and administration of medicines.
5. Engage with families on the organisation's requirements going forward when their family member is availing of respite or residential services.

Proposed Timescale: Item 1. – 10th March; Items 2. - 5. - 3rd May 2016

Proposed Timescale: 03/05/2016

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 care and supports provided were not accurately described in the statement of purpose.

16. 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 is currently being reviewed to ensure the care and supports provided will be more accurately described.

Proposed Timescale: 18/03/2016

Theme: Leadership, Governance and Management

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

The statement of purpose did not accurately describe the age range of the residents for whom it was intended that accommodation be provided.

17. 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 is currently being reviewed to include a description of the age range of the residents for whom it is intended to accommodate.

Proposed Timescale: 04/05/2016

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:

There hadn't been a formal annual review of the quality and safety of care of the service which is a requirement of the regulations.

18. 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:

The Annual Review template due to be issued by HIQA in the next week or two will be used to form the basis for the Annual Review. In the meantime questionnaires are being prepared that will go to families and the people we support.

Proposed Timescale: 22/04/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels being reduced at weekends had an impact on residents being able to undertake social activities.

19. Action Required:

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

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

The review of respite and residential services will include a review of staffing levels. Arising from the review, should additional staffing be required, an application for funding will be made to the HSE.

Proposed Timescale: 29/07/2016

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 records management policy did not make any reference to the computer based system and how personal information on this system was protected. In addition, the healthcare files were not always updated to reflect the most up to date information relevant to the person. For example, out of date risk assessments were seen in two instances on one resident record.

20. 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:

Whilst the computer based system is referenced in the Records and Documentation Policy, the policy will be reviewed to ensure there is adequate reference to the computer based system and how we ensure personal information on this system is protected.

Proposed Timescale: 31/03/2016