

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hawthorns
Centre ID:	OSV-0003359
Centre county:	Co. Dublin
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Martina Greene (Gannon)
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	23
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 monitor ongoing regulatory compliance. 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:
06 October 2016 15:00	06 October 2016 21:00
07 October 2016 10:30	07 October 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 03: Family and personal relationships and links with the community
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of the centre. This monitoring inspection was carried out to monitor compliance with specific Outcomes. As part of the inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of this inspection, inspectors spoke with nine residents. Inspectors also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The designated centre consists of five houses located in a campus setting in Co. Dublin. Services were provided to male and female residents over the age of 18. The centre is operated by the Health Service Executive.

Overall findings:

Residents expressed satisfaction with the service received and how they were supported to live their lives. Residents were very positive regarding the staff supporting them and stated that they felt safe. The findings supported that the healthcare needs of residents were met. Failings were identified in the assessment of residents' social care needs and subsequent personal plans. The inspector also found that the risk management system was not implemented in practice. There was also improvement required to ensure that continuity of care was provided to residents.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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:

There were six failings identified on the previous inspection in this outcome. The inspector found that while action had been taken to address the failings further work was required to ensure that residents' privacy and dignity were maintained.

A review of the records of complaints demonstrated that complaints were managed in line with Regulation 34. Residents stated that they felt comfortable to make a complaint and that their concerns would be addressed. The complaints procedure was located in a prominent location in each of the houses. Management stated that complaints were reviewed at management meetings. However, the inspector found that there was not a nominated person identified to oversee the receipt and management of complaints as required by Regulation 34.

Residents also stated that they took part in weekly house meetings which was a forum for consultation. The inspector confirmed this from a review of minutes arising from this forum. A review had also occurred of residents' finances following the last inspection, including the amount individuals were charged for the service they received. The inspector found that the systems in place to safeguard residents' personal finances were robust and subject to regular audits.

There were two twin rooms in the centre as of the last inspection. At that time, inspectors found that there was an absence of appropriate screening in place. As of this inspection, there was only one twin room in place and screening had been implemented. Management informed inspectors of plans to ensure residents would all have a single

room.

The inspector observed that the practices of the centre did not consistently promote the dignity of residents. Residents were supported to have keys to their own bedrooms. However staff were observed by the inspector to discuss the individual needs of residents in a communal area. The inspector also found personal information of one resident to be located in the personal plan of another resident. There were variances in the manner in which staff engaged with residents. In the main, staff were observed to engage warmly with residents. However the inspector observed that there was no interaction between some staff and some residents for approximately seventy minutes.

Residents took part in a variety of activities throughout the week, however the inspector found that activities were mainly group activities and campus based. For example, residents took part in music groups, dance groups and art groups. The rationale for attending these groups was not support by a robust assessment to ascertain if they were in line with the interests and capabilities of residents. There were some residents who were supported to attend a formal day service external to the campus however this was not consistent for all residents.

Judgment:

Non Compliant - Moderate

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that the supports provided for residents to develop and maintain links with the wider community were inconsistent. Some residents informed the inspector of the opportunities they had to go to the local pub for a drink and to go for coffee in the community. However, the inspector found that some residents' opportunities for this were limited. For example, a review of daily records demonstrated that some residents left the campus four to five times in a one month period. Residents stated that they were not involved in activities such as weekly grocery shopping and that they told staff what they wanted and they would get it.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector reviewed a sample of residents' personal plans and found that whilst assessments had occurred and plans of care were in place, they did not comprehensively identify the social care needs of residents. As a result, residents were not consistently supported to ensure that their social care needs were met.

Management informed the inspector at the beginning of the inspection that a new system was in the process of being introduced to assist with the assessment of residents' needs. Therefore as of the day of inspection, personal plans were in two different formats.

The inspector found that in the main, plans of care focused on the healthcare needs of residents. Examples of goals identified were, to ensure residents had a healthy diet and to reduce the risk of falls. Goals which were aimed at addressing the social care needs of residents did not promote skill building and development. For example, eating out in a restaurant or going for a bus drive were identified as goals. Daily notes were completed for residents in multiple formats, and it was challenging to ascertain if residents were supported to achieve their goals. There was evidence in some instances that residents were supported to achieve their goal of going on a social outing. However in other instances they were not. For example, a goal for one resident was to have foot spas. This was not occurring.

The inspector also identified some assessments which had not been reviewed annually or sooner as required by Regulation 5 and of the assessments that were being reviewed, some were incomplete.

In the main, goals were reviewed quarterly by the resident's key worker. However the reviews did not identify the effectiveness of the goal and therefore goals were not altered based on any changes in need. Some goals had also not been reviewed. For example a goal for a resident which was identified in May 2014 was 'to promote

independence.' This goal had not been reviewed and the personal plan did not identify the supports the resident required to be independent.

Residents were referred to and had been assessed by Allied Health Professionals. However the recommendations from Allied Health Professionals were not consistently maintained in an accessible location and therefore were not implemented in practice.

As a result of the above findings, four failings are repeated from the previous inspection in the action plan at the end of this report.

Judgment:

Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The designated centre consists of five houses in a campus setting. As this was a monitoring inspection, the inspector did not look at all aspects of this outcome and only followed up on the actions arising from the previous inspection. There were three failings identified in the previous inspection, in relation to the following:

- The design and layout of one house did not meet the needs of the residents residing there
- Furniture in one house was in disrepair
- The twin rooms in two of the houses were not of a suitable size and layout to meet the needs of residents

As stated previously, one of the twin rooms remained as of this inspection. Therefore the failing is repeated in the end of this report. The inspector found that the decor and quality of furniture in the different houses varied. In some houses, furniture was of an appropriate standard and the centre was homely and suitably decorated. In other houses, maintenance work had occurred and had not been completed. This impacted on the physical appearance of the house.

The provider had stated that alterations would occur to one of the houses following the

last inspection to ensure that it was laid out in a manner which met the needs of the residents residing there. This was due to occur by April 2016 however had not as of this inspection. The inspector found that due to the changing needs of residents it was not clear if this work was still required.

The provider stated that a review would occur of the needs of residents to ascertain if the work would commence. Therefore, in the absence of this review, the failing is repeated in the end of this report.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There were policies and procedures in place for the health and safety of residents, visitors and staff. Management stated that the system in place were for risk assessments to be completed in each house by frontline staff and forwarded to management. The individual risk assessments informed the overall risk register of the centre. A review of the risk register demonstrated that while this was occurring in practice, the control measures identified were not consistently implemented. For example, the inspector observed a resident who was assessed as requiring supervision at all times leave the house for a short period and re enter without the knowledge of staff present as two staff were in a different room.

There were procedures in place for the management of adverse events, including procedures to be followed in the event of a fire. Staff had received training in the prevention and management of fire and were clearly able to describe to the inspector the actions to be taken in the event of a fire. Residents also assured the inspector that they regularly participated in fire drills and knew of where to go. Records of fire drills demonstrated that residents could be evacuated in an appropriate timeframe. The centre was provided with appropriate equipment including fire alarms, fire extinguishers and emergency lighting which were serviced at appropriate intervals. Fire doors were located in pertinent areas of the centre.

Judgment:

Non Compliant - Moderate

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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):
No actions were required from the previous inspection.

Findings:
There were policies and procedures in place for the protection of vulnerable adults. Staff had received training in this and residents informed the inspector that they felt safe within the centre. HIQA had been notified of allegations and suspicions of abuse within the centre and found that they were managed in line with policy.

There was a requirement for the provision of positive behaviour support in the centre. As a result there were positive behaviour support plans in place for some residents, which identified both proactive and reactive strategies. These had been completed with the support of the appropriate allied health professionals. However the inspector found that daily records did not identify if proactive strategies were implemented. Therefore they did not adequately demonstrate that all efforts were made to alleviate the cause of a resident's behaviour. Not all staff working directly with residents had received training in positive behaviour support.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:

Residents had access to their general practitioner. Residents were also supported to attend appointments with Allied Health Professionals. As stated previously, residents' personal plans had a primary focus on health. Assessments were conducted for needs which could impact on residents' health including risk of falls.

Residents stated that they were happy with the food provided to them in the centre. The inspector observed a resident assist with preparing dinner. There were alternative options available for residents who may not like the main meal offered. The menu was decided on a weekly basis at the house meetings. The inspector observed that residents were supported to eat meals at times of their choosing and were given the appropriate support.

The end of life wishes of residents were recorded if the resident chose for them to be.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were policies and procedures in place to support medication management practices. The centre had a policy of medication being administered by a registered nurse. Therefore there was always a nurse on duty in the campus.

The inspector confirmed that medication was stored in a secure location. A review of medication prescription records confirmed that they contained all of the necessary information inclusive of name, date of birth and picture of the resident. There was a signature by the prescriber for each individual medication, including discontinued medication. Administration records demonstrated that medication was administered at the time prescribed. The inspector observed staff prepare medication to be administered and found that it was in line with procedure.

There were guidelines in place for the circumstances in which p.r.n medication (as required) should be administered. Records were maintained of all p.r.n medication. Medication audits were occurring. The receipt of medication and return of medication to the pharmacy was recorded. Medication to be returned was stored in a separate location.

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 person in charge was a clinical nurse manager 3, who reported to the assistant director of nursing. The assistance director of nursing reported to the director of nursing, who is the person nominated on behalf of the provider for the purposes of engaging with HIQA. The person in charge had not changed since the registration inspection and met the requirements of Regulation 14.

Inspectors identified on the previous inspection that the systems in place for the review of the quality and safety of care required improvement. Following on from this the provider had introduced a new system for the completion of audits. Management had just completed training in this and were in the process of implementing the system. As a result it was not fully implemented as of the day of inspection. The inspector found that of the areas reviewed, additional improvement was required to ensure that it captured the lived experience of residents as opposed to ensuring that documentation was complete. Management acknowledged this on the day of inspection, and stated that when it was fully implemented this would be included. The system will incorporate all 34 regulations.

There were also additional governance and management structures in place including regular meetings of persons participating in management of all designated centres within the governance structure. Policy group meetings and quality and review safety meetings also occurred regularly.

An annual review of the quality and safety of care had been completed in December 2015.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that staffing levels in the centre were consistent with that in the Statement of Purpose. However there was an absence of continuity of care for residents. This resulted in negative outcomes for residents. For example, in one house, there had been 16 different staff members supporting residents in a one month period. The residents required the support of two staff during the day and one staff at night. The residents residing in this house were assessed as requiring consistent staffing. The inspector found that the inconsistency of staff impacted on residents being provided with the supports they required as per their assessed needs.

Furthermore, as the centre had a policy of medication being administered by a registered nurse, the inspector observed nursing staff leaving the house they were assigned to, to administer medication in different houses. This resulted in regular staff changes in houses and demonstrated a model of supervision of residents as opposed to supporting residents in line with their personal plans.

Management acknowledged at the commencement of the inspection that there were currently staff vacancies within the centre; however they endeavoured to ensure continuity of care for residents. However the inspector found that further work was required to ensure that additional measures were taken to ensure that some residents only had consistent staff working with them at all times. At the close of inspection, management confirmed that some of the vacancies had been sanctioned by the Health Service Executive.

The inspector reviewed a sample of staff training records and found that not all staff had received manual handling training within the appropriate timeframe. However the provider confirmed following the inspection that dates had been scheduled for staff in the coming weeks. The findings of this inspection, also demonstrated that staff had not been provided with appropriate training to ensure residents' social care needs were appropriately assessed and the supports they required identified. As stated previously not all staff had received training in positive behaviour support.

Judgment: Non Compliant - Moderate

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:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003359
Date of Inspection:	06 and 07 October 2016
Date of response:	19 December 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:

Personal information of residents was discussed in communal areas. Personal information of one resident was stored in the file of another resident.

1. Action Required:

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

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

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

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

- The Registered Provider has with the PIC reviewed the current handover system The handover for the CNM's will take place in the office morning and evening times, whereby ensuring that residents personal information is not discussed inappropriately in communal areas.
- The Registered Provider has assigned responsibility to CNM's for monitoring and oversight of individual houses, part of their role will be to audit the PCSP's and file contents to ensure that resident's personal information is filed appropriately.
- The PIC has revised the file index's to support the audit process and will assign responsibility to key-workers to maintain the residents's files in accordance with new filing index.
- The Registered Provider and PIC will during announced and unannounced inspections check that resident's personal information is stored in a manner that it is only accessible to those who have authority to view it.

Proposed Timescale: 31/03/2017

Theme: Individualised Supports and Care

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

Activities residents took part in were, in the main, communal activities. Assessments did not support that the activities were in line with their interests and capabilities.

2. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

- The Registered Provider will involve the Quality Improvement team in sourcing a suitable assessment tool to support residents to make choices about activities in they wish to engage.
- The PIC will ensure that Keyworkers consult with residents about what activities they would like to partake in and what supports/resources are required to ensure that the activity does happen.
- The PIC will ensure that Keyworkers complete the 'Using Your Environment' assessment tool with residents to help identify goals and skills building activities which

each resident wishes to pursue.

- The Registered Provider has with the PIC introduced an Activity tracking record sheet to identify each resident's social engagement on a daily basis. This template shows a month activities per sheet which will support the audit of individual activities and identify gaps to be addressed.
- The PIC will present this report to review progress at the monthly management meeting.
- The Registered Provider has advertised for staff to work an alternative roster to facilitate individual social activities for residents.
- The Registered Provider will advertise for a Lead Person to co-ordinate and facilitate the social activities schedule for each resident.

Proposed Timescale: 31/03/2017

Theme: Individualised Supports and Care

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

There was no person nominated to ensure that all complaints were managed in line with policy.

3. Action Required:

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

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

- The Register Provider has commenced a review of the Complaints Policy to ensure that it meets the requirements of Regulation 34 (3) to ensure that there is an effective complaints procedure for the Residents which will be in an accessible format that includes an appeals procedure.
- The policy will incorporate as required a named Oversight Person who is available to the residents to ensure that their complaints are responded to appropriately.
- All complaints will be logged on a Complaints Database, which will be reviewed at the monthly management meeting.

Proposed Timescale: 31/03/2017

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

Theme: Individualised Supports and Care

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

Residents were not consistently supported to maintain links with the wider community.

4. Action Required:

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

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

- The Registered Provider has engaged a Social Inclusion Officer to source community activities for each resident based on their identified skills and interests.
- The Registered Provider has introduced an Activity tracking record sheet to identify resident's activities on a daily basis.
- The Registered Provider will use this template to audit progress on a monthly basis in providing each person residing in the designated centre with an opportunity to access the wider community in accordance with their wishes.
- A family forum has recently been established for the designated centre and the Registered Provider will seek their support in developing and maintaining links with the wider community to support community inclusion of our residents.
- The Registered Provider will as stated previously, place an advertisement for a Lead Person to coordinate the social activities schedule for the designated centre.

Proposed Timescale: 31/05/2017

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:

Assessments did not comprehensively address the social care needs of residents.

5. 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:

- The Registered Provider/PIC has as an action from the previous HIQA Inspection introduced a Health and Wellbeing annual assessment with the purpose of replacing

health related goals from the Person Centred Support Plan (PCSP).The identified health needs of residents will be supported by Health Management Plans.

- The PIC will put a schedule in place for the completion of Health and Well Being assessments.
- The PIC will monitor that Health Management Plans are reviewed quarterly or more frequently if there are changes in the health status of an individual resident.
- The Registered Provider/PIC will consult with the Quality Improvement team to source a suitable assessment tool and provide training to staff in how to assess the social care needs of residents.
- The PIC will monitor the completion of The 'Using Your Environment' assessment by keyworkers which supports the identification of resident's skills and interests and potential area's for person centred goal planning.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

Residents were not consistently supported to acheive their goals.

6. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- The Registered Provider will involve the Quality Improvement team in sourcing a suitable assessment tool and staff training in developing person centred goals with residents.
- The Registered provider will source training for staff on the role of key-workers.
- The PIC will ensure that Key workers consult with residents about what activities they would like to partake in and what supports/resources are required to ensure that the activity does happen.
- The PIC will monitor the completion of The 'Using Your Environment' assessment by key-workers which will identify resident's skills and interests and potential areas for Person Centred goal planning.
- The PIC will refer to allied health professionals to support the assessment of individual social care needs as required.
- The Registered Provider has advertised for staff to work an alternative roster to

facilitate individual social activities for residents.

- The Registered Provider will advertise for a Lead Person to co-ordinate and facilitate the social activities schedule for each resident in the designated centre.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

Personal plans were not reviewed annually or as a result of a change in need.

7. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- The Registered Provider has assigned responsibility to CNM's for monitoring and oversight of individual houses, part of their role will be to audit the PCSP's and file contents.
- The PIC has commenced an audit of the annual assessment tools and will develop a schedule for completion of the annual assessments by key-workers.
- A new Health and Wellbeing assessment tool has been introduced in the designated centre. The Health and Wellbeing Plan addresses the health needs of the residents which are supported by Health Management Plans.
- The 'Using Your Environment' assessment supports the identification of resident's skills and interests and potential areas for Person Centred goal planning.
- The PIC /CNM will monitor that Health Management Plans and Person Centred goals are reviewed quarterly or more frequently if there is any change in need for individual.

Proposed Timescale: 30/09/2017

Theme: Effective Services

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

Personal plans did not promote skill building and development.

8. Action Required:

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

his or her wishes.

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

- The Registered Provider/PIC will consult with the Quality Improvement team to source a suitable assessment tool and provide training to staff in Person Centred Planning and Goal setting.
- The PIC will monitor the completion of The 'Using Your Environment' assessment by key-workers which will support the identification of resident's skills and interests and potential areas for Person Centred goal planning.
- The PIC will engage other allied Health Professionals as required to support residents with skills building and development goals.
- The Social Inclusion Officer will continue to source community activities for each resident based on their identified skills and interests.

Proposed Timescale: 30/09/2017

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 design and layout of one house had not been altered by April 2016 as stated in the action plan from the previous inspection.

9. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

- The Registered Provider has requested minor capital from the 2017 allocation to complete necessary reconfiguration of one house in order to meet the assessed needs of the residents.
- The Registered Provider will engage the EIST team and other allied health professionals in consultation with residential support staff, and residents /representatives to identify what changes to the internal structure of the house will best meet the needs of the residents who will live there.
- The Registered Provider and the PIC will work with the construction team, residents and staff to ensure that there is as little disruption to resident's routine while the necessary refurbishment is taking place.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

Areas of a house had not been redecorated following maintenance work.

10. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- The Registered Provider has arranged for the necessary re-decoration of the identified house following maintenance repair works.

Proposed Timescale: 15/11/2016

Theme: Effective Services

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

A twin room was not of a suitable size to meet residents' needs.

11. 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 Registered Provider has sourced new properties for purchase which will address the changing needs of residents and also to facilitate meeting the expressed wishes of individual residents to move from their present accommodation.
- The Registered Provider will support the transition of one resident from in accordance with his expressed wishes to new accommodation which will facilitate the remaining residents to have their own bedroom.
- The PIC will engage with the residents of the identified house regarding the reconfiguring of bedrooms in their home and will consult with other relevant supports-family representatives, EIST, SLT if a resident requires additional support with changes to their home environment.
- The PIC will commence the transition planning process for the resident whom has expressed a wish to move from the designated centre and ensure that the person is supported throughout the transition by his independent advocate, family, EIST team and support staff.

Proposed Timescale: 31/10/2017

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:

Control measures identified to safeguard residents were not implemented in practice.

12. 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:

- The Registered Provider has assigned responsibility to CNM's for monitoring and oversight of individual houses, part of their role will be to audit the PCSPs including risk assessments.
- The PIC /CNMs will ensure that Risk assessments are reviewed quarterly in line with evaluation of person centred goals.
- The PIC /CNM during their Quality and Safety walkabouts will monitor adherence with the risk assessment control measures in place for residents' safety.
- The PIC will ensure that all staff working in the individual houses are familiarised with individual residents risk assessments as part of their induction.
- The EIST Behavioural Support Team as part of their monthly reviews will audit risk assessments which are linked to behaviours of concern and provide feedback to the PIC and key-workers.

Proposed Timescale: 30/04/2017

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 did not demonstrate that all efforts had been made to alleviate the cause of behaviours that challenge.

13. Action Required:

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

procedure, for the shortest duration necessary, is used.

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

- The PIC will develop an induction protocol for each house which will support new staff to become familiar with the residents of the house to which they are assigned including PCSP goals and Behaviour Support/Stress management plans and risk assessments.
- PIC/CMNs will ensure the Restrictive Practice Logs in all houses are filled in (as necessary) on their daily walkabouts. PIC will audit the Restrictive Practice Log monthly and link same to the individual's Behaviour Support Plan and their individual risk assessments if required.
- The PIC /CNM's during their Quality and Safety walkabouts will monitor staff's knowledge of residents' PCSP and Behaviour Support/Stress management plans.
- The PIC will refer individual residents presenting with behaviours of concern to the EIST Team.
- The EIST Behaviour Support team conduct monthly reviews of individual residents' behaviour support plans in consultation with key-workers who are then responsible for the implementation of the PCSP and Positive Behaviour Support Plan.
- The PIC/CNM will supervise implementation of Positive Behaviour Support Plans.
- The Registered Provider has commenced the establishment of a Safeguarding Oversight Committee whose role will be to oversee safeguarding practices and review incidents where restrictive measures were used.

Proposed Timescale: 30/09/2017

Theme: Safe Services

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

Staff did not have training in positive behaviour support and the specific therapeutic measures residents' required.

14. Action Required:

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

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

- The EIST Behavioural support team have commenced a training programme on Autism awareness and positive behaviour support.
- The EIST Team at the monthly review discuss individual behaviour support plans and advise on appropriate strategies for managing behaviours of concern.

- The training programme which is based on a low arousal approach to managing behaviours of concern is a mandatory training provided as in service training.
- The PIC will maintain staff training records to ensure that all staff working in the designated centre will receive training in Positive Behaviour Support and a specific training in low arousal approaches to Managing Behaviours of Concern.

Proposed Timescale: 30/06/2017

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 systems in place for the review of the service provided did not adequately identify the effectiveness of the service for the residents.

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:

- The Registered Provider has reviewed the clinical governance structure of the designated centre to ensure that there is a clearly defined management structure with identified lines of authority, accountability and responsibility for the provision of safe, suitable and appropriate services.
- The Registered Provider/delegate conducts announced and unannounced inspections of the designated centre in accordance with Regulation 23 (2) (a) and (b) using the HIQA Governance and Management template for Announced and Unannounced inspections which includes sourcing the opinions of residents and family/representatives on the quality and safety of service being provided.
An action plan is developed following the inspection which will be reviewed at the monthly quality and safety team meeting.
- The Registered Provider has introduced the HSE Quality and Safety walkabout template to support the monitoring of service standard provision by the PIC/CNM's on a daily, weekly and monthly basis. This tool facilitates engagement and feedback from residents. The PIC will be responsible for follow up on actions and will report on same at the monthly management meeting.
- The Registered Provider conducts an annual family questionnaire to get feedback about the family/representative's experience of the service provided to their family member. This feedback is incorporated in the annual report and the Registered Provider is responsible for follow up actions if required.

- The PIC has commenced a electronic service audit system to monitor the performance of the designated centre against the HIQA National Standards which generates actions and does include service user feedback in the audit.
- The PIC /CNM reviews the minutes of the Residents House Meetings and is responsible for any actions arising from the meeting and for providing feedback to the residents.
- The PIC maintains the Complaints log, complaints are reviewed at the monthly management meeting and learning from complaints will be communicated to staff.
- The Registered Provider will establish a resident forum for the service with representative membership from this designated centre. This forum will have direct input into the management team.

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Residents did not received continuity of care.

16. Action Required:

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

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

- The Registered Provider Nominee has been given approval for the recruitment of additional care assistants to replace the use of agency hours and to provide for continuity of care.
- The Registered Provider Nominee has been given approval to recruit a CNM 2 to strengthen the Clinical Governance structure within the designated centre.
- The Registered Provider has re- assigned duties to the CNMs to ensure that there is continuity in the daily supervisory management of staff and responsibility for overseeing the provision of safe and appropriate care.
- The PIC will develop an induction protocol for each house which will support new staff to become familiar with the residents of the house to which they are assigned including PCSP goals and risk behaviours.
- The PIC /CNMs during their quality and safety walkabouts will monitor staff's

knowledge of residents' health management plans and person centred goals.

- The PIC will review the staff/keyworker allocation to individual houses in order to provide consistency in the staff team supporting residents in each house.
- The PIC will ensure that the staff skill mix is appropriate for residents assessed needs.

Proposed Timescale: 31/05/2017

Theme: Responsive Workforce

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

Staff did not have manual handling training at appropriate intervals. Staff did not have the appropriate training to ensure residents' social care needs were met.

17. 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:

- The Registered Provider has revised the Training Policy which identifies the training programme provided by the service and frequency of refresher mandatory training.
- The PIC will audit the staff training records and will inform the Training Co-ordinator of staff who require training/refresher training.
- The Service training plan will be published quarterly to facilitate planning of staff release to attend relevant training.
- The PIC will post training notices and inform staff of their requirement to attend for mandatory training.
- The Registered provider has sourced training from the Quality Improvement team for staff in assessing the social care needs of residents. This is due to commence roll out in January 2017.
- The Registered provider will source funding for training/seminars which are relevant to supporting residents' assessed needs.
- The EIST team members have commenced a programme of training in Autism Awareness and Positive Behavioural Support.

Proposed Timescale: 30/09/2017

