Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Ashington Group - Community Residential Service
Centre ID:	OSV-0003979
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Helen Thompson
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
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 1 day(s).

The inspection took place over the following dates and times

From:	To:
08 February 2017 09:15	08 February 2017 20:50

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

Outcome 01: Residents Rights, Dignity and Consultation
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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection
This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This inspection was scheduled as a follow up to a triggered inspection in this centre on 02 November 2016.
The focus of this inspection was to assess the current situation for residents from a health and safety, safeguarding and overall quality of life perspective. More specifically, to assess if the provider's action plan had addressed the significant regulatory non-compliances that were found on the previous inspection.
In addition, some actions from the centre's registration inspection in June 2015 were also followed up as part of this inspection, as per the relative outcomes assessed.

How we gathered our evidence
The inspector met with a number of the staff team from both the day and night shifts, which included nurses, healthcare assistants, social care staff and the current person in charge (PIC). The inspector also met the seven residents that were present on the day of inspection and garnered their experiences of living in this centre. One resident was away visiting her family at the time.
Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents.

Overall, residents expressed their dissatisfaction with their current living situation, more specifically that their living environment was not a safe sanctuary which promoted their health and wellbeing. Residents especially highlighted that their privacy and personal space was regularly disturbed. This was especially an issue for them at night when they were attempting to sleep.
As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files, minutes of meetings, staffing reviews and some of the centre's policy documents. The inspector also completed a walk through the premises of the two house visited. The inspector did not visit the third house in this group.

Description of the service
The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was comprised of three community based houses. However, as identified above, this inspection focused on two of the three houses in the Ashington Group. These two semi-detached houses were located in a quiet suburban residential area.
The houses had a separate front door but had a shared front and back garden space. Additionally, the houses had a shared conservatory area to the rear which could be accessed by residents from both locations through their respective kitchen back door. There were also connecting doors between the dining area and in an upstairs bedroom. These doors were kept closed to allow separate functioning of the houses and to ensure residents' privacy and dignity. The statement of purpose stated that the houses are long stay, providing high support nursing care and are open 24 hours, seven days a week to support residents with a moderate level of intellectual disability. Residents' support needs included mental health conditions, behaviours that challenge, mobility problems, cardiac problems, epilepsy and dementia.
Overall, there was capacity for 10 residents in the centre and on the day of inspection it was home to 10 female residents over 18 years of age, eight of whom were residing in the two locations that were inspected.

Overall judgment of our findings
Seven outcomes were inspected against and five were found to be in major non-compliance. These included the core outcomes of safeguarding, health, safety and risk management, governance and management and workforce. The centre's premises was also found to be in major non-compliance as it was inappropriate to the assessed needs of residents. This finding was clearly linked to some non-compliances identified in the other outcomes.
Two outcomes were found to be of moderate non-compliance including residents' rights, dignity and consultation and social care needs.

Whilst the inspector observed that the provider had implemented some actions from the triggered inspection in November 2016, these measures did not bring about the required regulatory outcomes for residents in this centre. Significant improvements were still required to ensure that the service provided to residents was, firstly safe in all aspects, and that it facilitated their optimal quality of life.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Overall, the inspector found that some residents' privacy and dignity needs were not ensured. Improvements were also required with the centre's complaints system. Residents had access to advocacy services.

The inspector observed that some residents' privacy and dignity needs and wishes were not currently upheld and maintained in their home. Some residents especially noted to the inspector they do not have the sanctity of their own bedroom, as their privacy there was regularly disturbed.

The inspector observed that a resident's complaint regarding the above cited situation was not comprehensively responded to, nor processed in line with all regulatory requirements. The complaint which was recorded as dealt with informally, did not demonstrate the involvement of the centre's complaints officer and some sections of the form were observed to be blank.

The inspector observed that the centre's complaints procedure was not displayed in one of the houses. This was previously identified during the centre's registration inspection

and was noted by the inspector to be particularly significant given the current situation for residents.

Residents were observed to be facilitated and supported with accessing advocacy services.

Other aspects of this outcome were not assessed during this inspection.

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:
In general, the inspector found some improvement in the maintenance and promotion of residents' wellbeing and welfare through evidence-based care and support. Four of the five actions from the triggered inspection were completed. However, improvement was still required in the updating of some residents' plans.

The inspector observed that comprehensive assessments of a resident's needs by members of the multidisciplinary team were completed. Plans were available to inform staff practices and supports to the resident. Communication and information sharing regarding the resident's situation had been implemented and was continuing with the resident's representative. Efforts were being made to support and assist the resident in coping with their altered situation.
However, as on the previous inspection, it was observed that another resident's care interventions were not re-evaluated and updated in line with significant changes in their presentation.

Overall, from observation, interviews and a review of residents' documentation, the inspector noted that residents' care planning reviews had good input from the multidisciplinary team and also from staff in a number of the residents' supports areas.

Family representation and participation in residents' lives was also noted to be strong.

Residents were observed to attend day services in keeping with their needs and wishes. Meaningful activities of their choice and preferences were also facilitated.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
Overall, the inspector found that the design and layout of the premises was not in keeping with some residents' assessed needs. Subsequently, some residents did not have continuous free access throughout communal areas of their home environment.

The premises and environmental related deficits for residents included the non-availability of ground floor accommodation, a lack of both private and communal space and inadequate bathroom facilities. The non-suitability of the premises for residents' assessed needs also hindered the consistent honouring of some residents' privacy and dignity support requirements.
Since the previous inspection, multidisciplinary needs assessments had been completed for some residents which underpinned these findings. Also, an environmental assessment had been completed by the service's logistics officer which identified areas where improvements were required.
Additionally, interim and sometimes restrictive measures that were put in place to address residents' current care and support requirements in this environment, resulted in communal areas being unavailable to residents at particular times of the day, for example, the conservatory, kitchen and sitting room. This sometimes led to residents having to eat their meals in the sitting room and in general imposed restrictions on their free movement and choices within their homes.

Also, the inspector observed that residents were unhappy with the shared bedroom situation in one of the houses with a complaint regarding this matter made by one of the resident's representatives.

Two actions from the previous triggered inspection were outstanding but were within their agreed timeframe of 31 March 2017. The person in charge informed the inspector that they were incorporated into the centre's maintenance list.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
Overall, the inspector found that significant improvements were required in the centre's systems to ensure the health and safety of residents, staff and visitors. This encompassed improvement across the areas of fire, risk and infection control.

The inspector observed a number of gaps in the centre's fire management procedures. Fire evacuation drills were not completed in line with changes in residents' needs and/or their sleeping location within the house. For example, a resident with particular support requirements who had been temporarily sleeping downstairs at the time of the previous inspection had returned to their room upstairs in late November 2016 but no fire evacuation drill had been completed in the house since 13 November 2016.
A review of the fire drill records also demonstrated that there was no review or follow up post the last recorded drill which had a recorded evacuation time of 10 minutes. Additionally, the requirement for regular fire drill practice was observed on a resident's challenging behaviour risk assessment document.
The inspector particularly noted that no fire drill was completed during periods of the lowest staffing levels and high support in the centre, i.e. from twilight to morning. Night time fire drills was observed to have been discussed and identified as an action to be taken, "as a matter of priority" at a staff meeting on 16 January 2017.
This was highlighted during the inspection feedback and evidence of completion of a fire drill was subsequently provided to the inspector with a commitment to complete another when all eight residents were present between the two houses.

The inspector observed that fire checks completed in one of the houses did not incorporate recent changes that had been implemented post an incident, for example, the boxed storage of extinguishers with the key now stored on top. The fire evacuation procedure was not found to be current to residents' situation nor visibly on display in one of the houses. This was a concern given that residents in this house were being supported by less familiar or new staff. Additionally, some residents' risk assessments

for fire safety were not reviewed in keeping with changes in their needs or circumstances.
An issue was also observed with the centre's arrangements for fire containment, as the doors in the houses inspected were not observed to be of a fire standard.
The centre had appropriate fire equipment in place. The inspector reviewed certificates that fire equipment extinguishers, the fire alarm and emergency lighting was serviced.

Significant improvements were also required with the centre's risk management system. The inspector found that the risk assessment process was not reflective of or captured all observed individual resident, centre and staff related risks. This included choking, challenging behaviour, self harm, staffing levels and manual handling related risks. Core centre documentation, for example, the risk register and health and safety statement were not updated. Post discussion and highlighting at the inspection feedback and the request for assurance, evidence of assessment of a residents' potential choking risk was subsequently furnished to the inspector.

The inspector did observe that there was a system in place for the review and evaluation of incidents which included the person in charge, quality and risk officer and communication with other members of the management team.

The inspector found that since the previous inspection, some improvements had been implemented in the centre's systems to address infection control issues. Household staff were now employed in the centre and the premises was observed to be clean. Personal protective equipment was also available for usage by staff
However, the inspector found that there were still gaps in the implementation of identified control measures to address infection control related risks. A risk assessment had been completed on 29 November 2016 but a number of measures, for example, a separate hand washing sink for staff member's hand hygiene and specialised thermometers were still not available to mitigate this risk.

The vehicles used by the centre were not inspected as part of this inspection.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Overall, the inspector found that there were still insufficient measures in place in the centre to consistently protect some residents from the risk of being harmed or of suffering abuse. A positive behaviour support approach was present for residents that engaged in behaviour that was challenging. However, improvement was still required with regard to ensuring staff competencies in this area. Also, improvement was necessary with the application of, and consent for restrictive interventions.

The inspector acknowledged that the provider had systems in place for responding to safeguarding matters with residents and had taken some measures to address the identified risks. This included communication with the HSE safeguarding team. However, the experience for residents in the two houses that were inspected was that the risk of psychological, emotional and on some occasions physical abuse still prevailed. This was especially significant at night for some residents.
The negative impact of the current situation for residents' health and wellbeing was observed by the inspector. This was endorsed by interviews with both residents and staff, from reviews of residents' and centre documentation including complaints data, from incident forms and from notifications and concerns made to HIQA since the previous inspection in November 2016. Residents' representatives had also continued to express their anxieties regarding this situation.

Safeguarding plans were available to inform staff practices and supports. However, the inspector observed that all cited strategies were not consistently implemented. Additionally, there was no specific guidance document to robustly inform the practices of staff that provided one to one support to some residents.
Staff knowledge around potentially abusive situations for residents was good, though some staff working in the houses still required facilitation with full safeguarding training.

The inspector observed that residents' positive behaviour support needs were identified and efforts were made to alleviate and support the underlying causes. Residents were supported by a multidisciplinary team which included clinical nurse specialists, an occupational therapist, physiotherapist, social worker, psychologist and psychiatrist.

Since the last inspection, some staff had been facilitated with additional training to enhance their ability to more effectively support residents' positive behaviour support needs but gaps were still evident in other staff members' training records. This included training in positive behaviour support, behavioural management techniques and in education regarding residents' mental health needs.

Awareness and discussion of the usage of restrictive practices was evident with references to only using these procedures where required in line with risk. The inspector noted that the current safeguarding situation for residents had led to an increase in restrictive practices in the centre, for example, door sensor usage, communal areas locked and kitchen items locked away.

The inspector found that protocol documents were available to support the administration of PRN psychotropic medication with residents. However, the review process for the usage of this chemical restraint with residents was not in line with regulatory requirements nor was there evidence of consent from the resident's representative. This was notable given the increase in the usage of this restrictive response for some residents.

Judgment:
Non Compliant - Major

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:
Overall, the inspector found that the management systems in place did not ensure the delivery of safe and quality services for residents. Whilst acknowledging that there was a more defined management structure and efforts had been made, significant improvement was still required in the centre's systems to ensure effective oversight and accountability. Additionally, staff needed to be more effectively supported to ensure that they exercised their responsibility for the service that they were delivering.

The inspector found that the non-compliances evident across the centre's safety, risk, workforce and safeguarding systems demonstrated that the centre's systems and process still required significant improvements. The inspection process revealed that actions which were previously identified as required under the centre's above systems, had not been systematically followed up and implemented within their timeframes. Though the inspector acknowledged that some efforts were made to address the findings from the triggered inspection, the underpinning centre systems were not observed to be sufficiently robust. A number of meetings had occurred but the inspector found no systematic process in place for the person in charge (PIC)'s centre governance meetings with the clinical nurse manager (CNM)3.

A PIC had been assigned on an interim basis to this centre, more specifically to number six and four Ashington Grove only. The clinical nurse manager CNM 3 continued to have

responsibility for the other unit of the centre. The PIC noted that she was generally based in the two houses from Monday to Friday but that she additionally remained in the PIC role for another designated centre. This situation was observed to challenge the PIC's ability to effectively fulfil her role for this centre. The PIC noted to the inspector that there was not enough time given all this role's current responsibilities. The instability within the centre's workforce necessitated that a lot of time was allocated to roster organisation and the induction of staff. It was recorded during a staff and supervision review meeting on 04 January 2017 that there was a lot of administrative and staff support required in this role.
In summary, the PIC acknowledged the inspector's observations that the centre was reacting to, rather than proactively managing residents' safety and quality of life issues.

The inspector observed that there was no system in place to facilitate the PIC to performance manage all members of staff, more specifically those who worked for a longer period or permanently on night duty. This was noted to be particularly significant given that a high number of safeguarding situations with residents occurred during the night shift period.
The inspector observed that debriefing post incidents was not occurring in a systematic manner as was outlined in the centre's action plan. This was noted to be particularly relevant to the review of incidents that occurred during the night. Some staff reported that they did not feel adequately supported or that they were prepared sufficiently for working in the centre.

The PIC clearly demonstrated her knowledge of the legislation, her statutory responsibilities and was observed to be involved in the operational management of the centre. The PIC was very identifiable to residents.

Judgment:
Non Compliant - Major

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
Overall, the inspector found that there were still issues with the workforce in this centre

with regard to meeting the residents' assessed needs and supports. Primarily, the number of staff available was not consistently maintained throughout the 24 hour period. Continuity of care and support for residents was not ensured. Improvement was also required with the supervision and support that staff received. Additionally, there were gaps in staff training and education requirements.

The inspector observed that the centre's workforce remained unstable. In particular, the number of staff available to supervise and support residents in both houses during the night period was not observed to be consistent with their assessed needs. The inspector found that a high number of safeguarding incidents occurred during this timeframe. The inspector noted that if the two waking staff allocated on duty were engaged in providing the required supports in one of the houses, the supervision and support needs of residents in the other house may be compromised or vice versa. Additionally, a review of a number of residents' documentation from both houses demonstrated recent changes and increased complexities in their support and supervision requirements. This matter was discussed at a service staff review meeting on 04 January 2017 where it highlighted that on three occasions in one of the houses, two residents were up during the night or early morning period with staff observing them in the kitchen and on the landing.
The staffing complement at night was also highlighted during the inspection process with staff expressing concern around their ability to adequately support all residents given the pattern of current incidents, or if there was an emergency situation in either of the houses.

The provision of continuity of care and support for residents was also observed to be an issue. A number of staff had recently left, some new staff were observed to commence and recruitment was still taking place. Relief and agency staff were still observed to cover staff rota gaps. This finding was reflected in a number of the centre's documentation.
From the residents' perspective this meant that they were not consistently supported by staff that were familiar with them or their comprehensive and complex needs. Additionally, the sourcing, turnover and constant induction of staff was demanding a significant amount of the Person in charge (PIC)'s time.
In summary, the inspector observed that individual resident's documentation, staff complement reviews, staff meetings and critically incident analysis trends highlighted the importance of residents being consistently supported by familiar staff.

The inspector observed that staff supervision needs were not being systematically supported. The PIC reported that this was on a priority list for implementation. The PIC supported staff when working alongside them in the centre, which was highlighted. However, overall staff reported that given the current situation and levels of incidents in the centre further support was required. Staff noted that debriefing was not consistently occurring post incidents and centre documentation demonstrated that staff were having to cope with a high number of challenging situations.

A review of staff training records demonstrated gaps with some staff member's mandatory training requirements such as safeguarding, manual handling and fire safety. There were also gaps with ancillary training that would enhance their supports to residents, for example, augmentative communication training. Additionally, the inspector

noted that non-permanent staff were not in receipt of training nor supervision and only attended staff meetings if on duty.

The inspector acknowledged that post management and HR consultation with staff, an employee assistance programme was made available and a referral had been made for further support from the service's psychology department.

Staff interactions with residents were observed to be person centred, positive and respectful.

A planned and actual staff roster was maintained in the centre.

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Thompson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003979
Date of Inspection:	08 February 2017
Date of response:	05 April 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents' privacy and dignity needs were not continuously maintained and ensured.

1. Action Required:

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

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:
The provider has been reviewing the needs of one resident and is seeking an alternative support service to meet her needs.
3 Private providers have been approached to provide residential care for one resident. All 3 have completed their assessments of need and currently compiling reports and costs.

The provider has submitted a business case to the HSE for a long term residential placement for one resident.
Residents have locks on their bedroom doors to ensure their privacy and safety.
One resident has one to one staffing day and night and staff are vigilant particularly in the upstairs area.

Proposed Timescale: 30/05/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure was not displayed in a prominent place in one of the houses.

2. Action Required:
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
The complaints procedure is displayed in a prominent place.

Proposed Timescale: 20/03/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident's complaint was not maintained and updated in line with all regulatory requirements.

3. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
All complaints will be maintained and updated in line with regulatory requirements.

Proposed Timescale: 20/03/2017

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:
A resident's plan was not reviewed and amended in line with observed changes in their needs.

4. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The residents plan has been reviewed and changes have been made in line with their needs.

Proposed Timescale: 20/03/2017

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 the premises was not in keeping with the assessed needs and support requirements of some residents.

5. 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 provider has been reviewing the needs of one resident and is seeking an alternative support service to meet her needs.

3 Private providers have been approached to provide residential care for one resident. All 3 have completed their assessments of need and currently compiling reports and costs.

The provider has submitted a business case to the HSE for a long term residential placement for one resident.

Proposed Timescale: 30/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As per the body of the report, the requirements of schedule 6 were not being consistently met for some residents.

6. 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 provider has been reviewing the needs of one resident and is seeking an alternative support service to meet her needs.

3 Private providers have been approached to provide residential care for one resident. All 3 have completed their assessments of need and currently compiling reports and costs.

The provider has submitted a business case to the HSE for a long term residential placement for one resident.

Proposed Timescale: 30/05/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre's risk documentation did not identify and assess all potential safety and risk related issues for residents and staff.

7. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The risk register has been updated, identifying all potential safety and risk related issues.

Proposed Timescale: 20/03/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As cited in the body of the report, all the required procedures to ensure that residents were protected from the risk of a healthcare associated infection were not in place in the centre.

8. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
The infection control risk assessment was revised and all current requirements are in place.

Proposed Timescale: 20/03/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A current fire evacuation procedure was not appropriately displayed in one of the houses.

9. Action Required:
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

Please state the actions you have taken or are planning to take:
The fire evacuation plan is displayed.

Proposed Timescale: 20/03/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents and staff were not facilitated with the opportunity of regular participation in fire drills to ensure that they were aware of the procedure to be followed.

10. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
There will be regular fire drills at the designated centre both day and night.

Proposed Timescale: 20/03/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As per the body of the report adequate arrangements were not in place for the containment of a fire in the centre.

11. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
The provider will consult with the maintenance manage, cost and install fire doors to the centre

Proposed Timescale: 30/07/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The review process for the usage of chemical restraint with residents was not in keeping with best practice.

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

Please state the actions you have taken or are planning to take:
A review of the usage of chemical restraint will be completed.

Proposed Timescale: 01/04/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence of consent from a resident's representative for the usage of a restrictive response to their relative's behaviour that was challenging.

13. Action Required:
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
There is written consent for the usage of restrictive response on the resident's file.

Proposed Timescale: 20/03/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were gaps in some staff member's training requirements to facilitate their comprehensive support of residents' positive behaviour support needs.

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:
A training needs analysis has been completed and staff are being prioritised for training. Studio 3 training will be provided to all staff by 1/5/17

Proposed Timescale: 01/05/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff required training in a behavioural management technique.

15. 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:
Staff have received the require training in behavioural management techniques.

Proposed Timescale: 20/03/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff still required training in the protection of vulnerable persons.

16. 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:
A training needs analysis has been completed and staff will be prioritised for this training.
All staff will have had training in safeguarding by 1/6/17

Proposed Timescale: 01/06/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents were still at risk of experiencing an abusive situation.

17. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
The provider has been reviewing the needs of one resident and is seeking an alternative support service to meet her needs

. 3 Private providers have been approached to provide residential care for one resident. All 3 have completed their assessments of need and currently compiling reports and costs.

The provider has submitted a business case to the HSE for a long term residential placement for one resident.

Residents have locks on the bedroom doors to ensure their safety when upstairs.

One resident has one to one staff to ensure the safety of the other residents.

Proposed Timescale: 30/05/2017

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:
Systematic arrangements were not in place to ensure that all staff exercised their responsibilities for the care and supports they provided to residents.

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

Please state the actions you have taken or are planning to take:
A full time permanent PIC has been appointed to the designated centre.
The CNM3 and PIC will have regular planned meetings

Proposed Timescale: 20/03/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management systems did not provide effective oversight and accountability in ensuring that the service for residents was safe and consistent with their needs.

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

Please state the actions you have taken or are planning to take:
A PIC has been appointed to the designated centre, who will provide oversight and ensure accountability. The PIC and CNM3 will have regular planned meetings

Proposed Timescale: 20/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
The number of staff available to support residents over the 24 hour period was not consistent with their assessed care and support requirements.

20. 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 provider, director of HR and Director of Client Services will review the staffing available to residents over 24 hours.
The PIC will roster 1:1 staffing for one resident day and night.
The PIC will roster staff to support the assessed needs of the residents during the day.
The PIC will roster two waking night staff at night. 1.1 for one resident and 1 for the assessed needs of the other residents. The staff will call the night manager for back up if required.
The needs of the residents are constantly reviewed and the PIC will review the rosters accordingly.

Proposed Timescale: 30/04/2017

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not consistently supported by staff that they were familiar with.

21. 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 provider has recruited staff for the centre and moved staff from other designated centres to ensure consistency for residents.
The provider has regular relief staff for the centre to ensure consistency for residents.
The provider has recruited a PIC for the centre to oversee the staff and ensure regular staff on duty.
A social care worker commended on 27/3/17 to reduce dependency on agency and relief staff and to ensure consistency for residents.

Proposed Timescale: 27/03/2017

Theme: Responsive Workforce

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

in the following respect:
Gaps were found with some staff members' education and training requirements.

22. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
A training needs analysis has been completed and staff will be prioritised for training.
All staff will have completed training on behaviours of concern by 1/5/16
All staff will have completed training on Safeguarding by 1/6/17
All staff will have completed fire training by 1/6/17
All staff will be up to date on manual handling by 1/6/17

Proposed Timescale: 01/06/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The level of staff supervision was not observed to be consistent and appropriate to the current situation in the centre.

23. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
A full time permanent PIC has been appointed to the centre.
The PIC will provide supervision to all staff both day and night.
The night manager – CNM2 will continue to support the night staff also.

Proposed Timescale: 30/04/2017