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:	A designated centre for people with disabilities operated by Cork Association For Autism
Centre ID:	OSV-0002113
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Cork Association For Autism
Provider Nominee:	Nola MacPhie
Lead inspector:	Mary O'Mahony
Support inspector(s):	Mairead Harrington;Noelle Neville
Type of inspection	Announced
Number of residents on the date of inspection:	13
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
21 October 2015 09:30	21 October 2015 19:00
22 October 2015 09:30	22 October 2015 19:00

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

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

Summary of findings from this inspection

The registration inspection by the Health Information and Quality Authority (HIQA or the Authority) was undertaken over two days and was the first inspection of this centre. It was a scheduled, announced inspection. Prior to the inspection the Authority had been in receipt of unsolicited information concerning resources and staffing levels in the centre which were allegedly impacting on residents' care requirements. Some of this information was substantiated during the inspection. This issue was addressed in the body of the report. An immediate action plan was issued to the provider of staffing levels and skill mix during the inspection. A satisfactory response to this was action plan was received within the time line set by the

Authority.

The centre was officially commenced with the main house opening in 1991 and the centre was extended on site to include other houses and cottages over a period of time. It was founded by a group of committed parents, a number of whom remained involved in the Board of Management. The centre was set on five acres of land and was within walking distance of the local village. There was a greenhouse and horticultural centre on the grounds as well as a pottery and woodwork workshop. There was an outdoor gym located in the garden area and inspectors visited the extensive and well laid out sensory garden. There was a staff team employed who maintained the grounds, managed the property and facilitated horticultural sessions for residents availing of this service.

During the two days of inspection, inspectors met with residents, relatives, members of the management team, the property manager, staff members, the person in charge, who was also the provider and the director of services, who had recently been appointed. The management and staff were found to be committed, knowledgeable and caring of the residents. The ethos in the centre was described by relatives to inspectors as a 'home from home'. Inspectors reviewed documentation, for example, staff files, residents' personal plans, policies and procedures, health and safety documentation and complaints and incident logs, among others. The action plan at the end of this report identified areas where improvements were needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centre’s for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities 2013. Some improvements were required in the area of health and safety, premises, residents' contracts, staffing, records, medication management and staff training.

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

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents were consulted about how the centre was planned and run. Residents had access to advocacy services and information about their rights. There were policies and procedures for the management of complaints The complaints process was user-friendly, accessible to all residents and displayed in a public place. Residents and their families were aware of the complaints process and informed inspectors that they were supported to make complaints.

There was a nominated person to deal with all complaints and all complaints were recorded and fully and promptly investigated.
There was an appeals person available if required. Residents were made aware promptly of the outcome of any complaint and learning from complaints was disseminated to staff at staff meetings. Minutes of these were seen by inspectors.

Staff members treated residents with dignity and respect. Personal care practices respected residents' privacy and dignity. Residents could had private contact with friends, family and significant others. Staff spoken with by inspectors stated that residents' personal communications, such as phone calls, were respected.

The centre was managed in a way that maximised residents' capacity to exercise personal independence and choice in their daily lives, where their abilities allowed. Routines, practices and facilities promoted this. Residents were supported to make informed decisions about the management of their care or they were provided with appropriate support from their representatives.

Residents were enabled to walk around freely and with the support of staff where appropriate and in most cases risks were managed and minimised. However, a number of risks had not been assessed. This issue was addressed under Outcome 7: Health and safety and risk assessment.

There was a policy on residents' personal property, personal finances and possessions. Personal property including cash was kept safe through appropriate practices and record keeping. Residents retained control over their own possessions. They were afforded opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs. There were some occasions where activities could not be accommodated. This was addressed under Outcome 17: Workforce. Individual residents were engaged in their own specific interests outside of the centre, such as attending educational services and day centres.

Judgment:
Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was a policy on communication with residents.

Staff were aware of the different communication needs of residents and there were systems in place to meet the diverse needs of residents. Individual communication requirements were highlighted in residents' personal plans and reflected in practice. However, a resident who had communication difficulties was not always supported by appropriately trained staff. This was addressed under Outcome 17: Workforce. The centre was an integral part of the local community and residents had access to radio, television, newspapers, internet and information on local events.

Residents were facilitated to access assistive technology and aids where they were required to promote the residents' full capabilities.

Judgment:
Compliant

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

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Positive relationships between residents and their family members were supported. Residents could receive visitors in private with no restrictions on family visits, except when requested by the resident.

Families were kept informed of residents' wellbeing. Families and residents attended personal plan meetings and reviews in accordance with the wishes of the resident. This was confirmed by relatives spoken with by inspectors.

However, links to the community were limited in some instances due to a lack of availability of suitable transport and staff drivers. This was addressed under Outcome 16: Resources and Outcome 17: Workforce.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors viewed the admissions policy which outlined the protocol in place for admission to the centre. The admission policy included the procedures for transfers, discharges and the temporary absence of residents.

At the time of inspection residents did not have a written agreement of the terms on which they resided in the centre. The centre was required by Regulation to set out in writing a contract on how the care and welfare of residents in the designated centre would be met. In addition, the centre was obliged to set out where appropriate, the fees to be charged, including any additional fees which may be payable. However, inspectors

were shown the draft contract which the centre planned to send out to residents and their representatives, in the near future.

Judgment:
Non Compliant - Major

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The centre's statement of purpose stated that each resident, or their representative, was engaged in developing and implementing their individual personal care plans (PCPs). Inspectors saw that residents had signed their personal plan review where possible. In addition, there was evidence, in a sample of care plans reviewed, of contact with residents' representatives prior to the PCP review meetings.

There were five residents living in the main house, four of which were present at the time of inspection. The apartments were home to eight residents and another resident stayed in the lodge house, two days each week. Inspectors viewed a sample of residents' personal care plans (PCPs) and observed that they contained detailed personal plans and relevant information on the daily routine of each person. Inspectors viewed the minutes of monthly review meetings at which the staff team discussed goal progress as well as any challenges which may have arisen. Residents' personal goals contained implementation dates and the responsible person for assisting with the attainment of residents' goals was identified. For example, inspectors noted that one resident had expressed a wish to attend music sessions. Documentation reviewed indicated that a key worker was assigned to support this resident to fulfil the goal and had made contact with a music therapist on their behalf. The staff member involved informed inspectors that she hoped to also organise an outing to a social music event. Review dates of PCPs were specified and the minutes of previous case conferences were retained on file.

There were risk management plans in place for those with complex psychological needs. Medical information retained in the residents' file, for use in the event of transfer to a medical facility, was relevant to the needs of residents, as outlined in the PCP. There

was evidence that this medical information was regularly reviewed. Inspectors noted that residents had access to an advocacy service. This was confirmed by staff members with whom inspectors spoke and documentation was reviewed which confirmed this. There were detailed social stories available for residents and the guidelines for staff on meeting residents' needs were informative. The director of services, who had recently been appointed, had detailed knowledge of residents' needs. The provider informed inspectors that as a result of some residents' identified challenges, plans were in place to refurbish areas on the campus to provide extra accommodation and for an activity area on site. The person in charge/provider stated that she also reviewed care plans and risk assessments for residents who experienced such difficult behaviours.

There was a communication 'passport' available for residents which outlined individual communication strategies. The daily routine of each resident was set out in a personalised, detailed document which outlined residents' needs from waking in the morning through to their bedtime needs. An associated protocol was in place for each activity, for example, hygiene needs, shaving routine, bus travel and relaxation routine.

Inspectors were informed by residents and staff that there were a number of options available for residents in relation to activities and work. For example, one resident informed inspectors that she was going to eat out at the weekend. Two residents attended external day services. Inspectors viewed the onsite sensory garden and outdoor gym and spoke with the horticulturalist, who worked full time in the centre. She explained how the sensory aspect of gardening was beneficial to residents. Inspectors observed the selection of fragrant herbs, vegetables and flowers which had been planted with the support of residents. The horticulturalist stated that the maximum number of residents attending these sessions was two at any one time. This was due to the complex needs of residents. These sessions ranged from half an hour to one hour twice a week. The person in charge stated that residents had attended an outdoor party in the garden, during the summer and on another occasion a band had played for residents and families attending a birthday party, in the garden. There were a number of hens in the garden and the eggs were used by residents. Flower beds had been painted on a voluntary basis by a group from a business organisation and the main house had been painted by another group of volunteers. There were water features in the garden and the person in charge informed inspectors that staff accompanied residents into the garden for exercise and relaxation. One resident had successfully undertaken a Further Education and Training Awards Council of Ireland (FETAC) level two course in horticulture.

Inspectors viewed the woodwork workshop on site where residents were supported to be involved, where appropriate, in the making of lamps and other furniture. The arts and pottery workshop facilitator showed inspectors examples of the pottery and paintings which had been created by residents. However, these workshops, which were previously conducted on a weekly basis, had been reduced to fortnightly sessions. This was confirmed by the facilitator of the sessions. A number of relatives spoken with by inspectors attributed this activities cutback to a reduction in funding. This issue was addressed under Outcome 17: Workforce. However, the person in charge stated that a cohort of the staff group had been identified as having skills which could be utilised to provide increased relaxation and social opportunities to residents for example, aromatherapy sessions and art class. The person in charge acknowledged to inspectors

that these members of staff would have to be replaced by other staff in order to facilitate these proposed activities. She stated that new staff had been interviewed and she was awaiting completion of documentation, which would take several weeks. In the interim, inspectors formed the view that residents were not afforded a full range of recreational and external opportunities, due to a shortage of suitable staff. Residents with high and complex behaviour support needs, requiring appropriately trained and sufficient levels of staff to access activities, were restricted from accessing all opportunities, due to the current lack of consistent and suitable staff. This issue was addressed in more detail under Outcome 17: Workforce.

Inspectors noted that there were two residents in the main house who were not compatible with each other. Inspectors found evidence of incidents which had occurred when the two residents were together in one room. This was addressed under Outcome 8: Safeguarding and safety. A number of these incidents had been notified to the Authority as required by Regulation. To address this issue staff had been assigned to take one resident out to an activity or on an outing when the other resident was present in the house. There were care plans in place to support this care strategy. The person in charge outlined to inspectors that the staff were following guidelines from the psychologist and behaviour support specialist to resolve this issue, which had only surfaced in recent times. However, there were similar issues identified in one of the shared bungalows. Residents in part of the shared bungalows were also not compatible and had hit out at each other according to staff members who spoke with inspectors. Incidents records in relation to these events were also viewed by inspectors. This issue was addressed under Outcome 7: Health and safety and risk management. The person in charge stated that there were plans in place to create a new living space within the centre, for one of these residents.

Judgment:
Compliant

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The main house was a two-storey building and five residents, four males and one female who resided there. Each resident had their own bedroom with en suite bathroom. Bedrooms were all located on the first floor. All five residents had regular overnight visits to their homes each week. One resident attended day service twice a

week and other residents received day service in the centre supported by residential staff.

There were six cottages on the grounds. These were semi-detached, single storey residences and they were laid out in three groups of two houses in a campus-like area. There was a conference room located between two of the houses. Eight residents resided in these houses. Another apartment had been converted into offices. These were located on the first floor of a building that accommodated a day service on the ground floor. This day service was utilised by people with disabilities who did not reside in the centre. Residents from the centre did not attend this service. The upstairs apartment had a bedroom area which could be used as a sleep-over facility for night staff.

A further small single storey house was utilised for a respite resident, on two nights per week (plus other nights when agreed).

Main house:

The main house had three sitting rooms and a large conservatory for use by residents where an exercise bike was available for residents' use. Each sitting room contained comfortable couches, personal items and a supply of books, board games, DVDs and TVs. There was a large kitchen in this house with a large dining table. The kitchen area led into a utility room and food storage area. However, inspectors found that the utility room and the attached store room were visibly dirty. Inspectors noted that the cupboards were in a poor state of repair and the inside of these cupboards was dusty. This unclean area presented infection control issues as fresh fruit and vegetables as well as floor brushes were stored within the cupboards and on open shelving. This issue was addressed in detail under Outcome 7: Health and safety and risk assessment. Inspectors noted musical instruments were available in the living room and hallway, including a guitar and keyboard. Staff informed inspectors that one resident liked to play the keyboard. Staff utilised the corner of one sitting room as a staff office area. The carpeted stairs led to five residents' bedrooms and a staff bedroom, where medication was stored in locked cupboards. Each resident had access to an ensuite toilet and shower area. There was also a bathroom available for residents' use. Some bedrooms were personalised and staff informed inspectors that residents had chosen the objects or pictures they wanted to display, if any. However, there were a number of designated fire safe doors in the house which inspectors observed to be wedged open. In addition, one fire extinguisher was blocked from view in an upstairs alcove area. This was addressed by the person in charge on day two of the inspection. This issue was further addressed under Outcome 7: Health and safety and risk assessment.

The person in charge informed inspectors that the staff bedroom was used when required, when there was a sleepover staff on duty in the centre. There was a 'waking' staff member on duty each night in the main house also.

Six bungalows:

The first pair of adjoining bungalows was home to two female residents.
Each house was similar in design and layout. The front hall which led to a kitchen and

dining area. These were well equipped with modern appliances. The property manager explained to inspectors that new flooring and kitchen units had been installed in a number of houses and there was a conservatory extension onto one house. Renovations were planned for other houses and plans for these were shown to inspectors.

The second pair of semi detached bungalows housed three male residents. One house was shared by two residents and the other house was a single occupancy house. Between these two houses there was a conference centre which has been referred to previously in this report. The person in charge stated that plans were being discussed to use this area for a resident in another house, who was not compatible with his housemate. Similar to the layout in other houses, the bedrooms were located down a small hallway at the end of which was a fire exit. The bedrooms were situated opposite each other. In one of these houses inspectors were informed, by staff and the person in charge, that if a resident had an incident of behaviour that challenges, the staff member would be required to lock herself in the bedroom. A second staff member would then be alerted to support the resident and the staff member. Inspectors viewed plans dated May 2105, to provide a second exit door in this house to enable the aforementioned staff member to go outside, if required. However, this exit door had not been provided at the time of inspection. The person in charge informed inspectors that this would be commenced in the near future. Inspectors noted that designated fire doors in this house had been damaged. The protective seal had been removed from one door and two of the doors were split open along the edg, where the door lock was positioned. The property manager ordered replacement fire doors during the inspection and inspectors viewed documentation confirming these door replacements. This issue was addressed under Outcome 7: Health and safety and risk management.

The third pair of semi detached bungalows was also home to three male residents. Two residents shared one house and one resident had a single occupancy house. Inspectors were informed that two residents located in one of these houses were incompatible with each other. Inspectors noted that due to their complex needs residents would hit out at each other, according to staff with whom inspectors spoke. Related incident forms were viewed by inspectors. Inspectors formed the view that the design and layout of the house did not meet the needs of these residents, due to their high and complex needs. In addition, there was insufficient space within the house for a separate staff office area, which was located in a section of the sitting room. Staff informed inspectors that this further limited the space available to residents, within the communal room.

The single storey respite house:
This house was used two nights per week for one resident, the person in charge informed inspectors that occasionally extra nights would be required by this resident which was facilitated by the centre. Due to the very high medical needs of this resident two staff members were assigned to support this resident during the day and throughout the night. Inspectors were also informed by the person in charge that the resident involved in this respite arrangement would be afforded access to the house from her day service, outside of the assigned days. She explained that the carers would bring her to the house during the week, if she required a rest or a change of environment. There was closed circuit television system (CCTV) in use in this resident's bedroom, which was similar to the system in use in her own home. Consent had been signed for the use of this CCTV by representatives of the resident. According to the

person in charge, this was required due to the high needs of the resident. There was a CCTV policy in place and signage was used to alert people to the presence of the CCTV camera in the bedroom. However, inspectors noted that areas in this house were visibly dusty, for example the venetian blinds and window sills. This issue was addressed under Outcome 7: Health and safety and risk management.

Art and pottery workshop:
Inspectors viewed the room used for art and pottery work, which was accessible from the main house. This was a large area which due to the large external doors inspectors felt the room was cold. There was an amount of furniture and other items stored in one corner of the room. Inspectors observed that there was a pottery oven installed in this workshop. The fire extinguishers were stored inside the doors to the toilet area, as the person in charge stated that residents had previously interfered with these extinguishers. However, this arrangement, regarding the storage of these fire extinguishers, had not been risk assessed. This issue was addressed under Outcome 7: Health and safety and risk assessment. There were two toilets off this main workshop room. One of these toilet cubicles was no longer being used, according to the person in charge. However, this area was unsuitable as it was untidy. Inspectors observed a number of empty soft drink cans and a number of unopened jars of tomato paste stored within the toilet cubicle. In addition, in the second toilet cubicle inspectors noted that there were no hand washing or drying facilities. This issue was addressed under Outcome 7: Health and safety and risk assessment. Inspectors noted that this untidy area had been attended to on the second day of inspection. The person in charge also informed inspectors that plans had been developed to renovate this activity area.

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

Findings:
Staff spoken with by inspectors were aware of what to do in the event of a fire and were knowledgeable of the fire evacuation procedure. The centre had a health and safety statement which had been reviewed in 2014. Procedures were in place for the prevention and control of infection. Alcohol hand gels and disposable gloves were available. Alginate bags, for the segregation of laundry, were available in the event of an outbreak of infection. Staff spoken with by inspectors were trained in correct hand washing technique. Housekeeping duties were carried out by staff and residents. A colour coded mopping and cleaning system was in place. However, mop heads and brushes were stored on the floor of a cupboard in the main house which was visibly

dirty. This cupboard was located in an unclean utility room, where food fridges, vegetables and potatoes were stored. In addition, the person in charge stated that a deep clean of this house, which was usually carried out annually, had not taken place. The respite house was also noted to be dusty in some areas as previously outlined. Furthermore, inspectors observed that items for recycling were stored in uncovered bins in the hallway of one bungalow. Inspectors viewed documentation which indicated that an audit on infection control was carried out on 19 October 2015 and that there were cleaning schedules in place for the houses. The documentation viewed for this audit specified that all items for disposal should be stored in lidded bins. In addition, in another house inspectors observed frozen chicken meat unsuitably stored on a window sill. A staff member stated that this was defrosting for the evening meal. Not all staff had been provided with food safety training and this was significant in view of the aforementioned food issues and the storage of food containers in a toilet area, as outlined under Outcome 6: Safe and suitable premises. Staff training was addressed under Outcome 17: Workforce.

While the centre had a risk management policy in place it did not, however, outline the controls in place for the risks specified under Regulation 26, including the risks of self harm, accidental injury, aggression and violence and the unexpected absence of a resident. In addition, the risk register viewed had not identified or addressed all hazards in the centre. For example, the broken designated fire doors, an open fire which was in regularly used, fire safety as regards the pottery oven, a large number of plugged in, unused mobile phone chargers, the safe storage of medication keys, the unsecured access to the burco boiler, the procedures in relation to ensuring the safe defrosting of meat, safe storage of food, high concrete steps leading in and out of rooms, unsecured chemical storage cupboards, the use of door wedges on designated fire safe doors, an unsecured metal golf club in the sitting room of a house where residents had issues of behaviours that challenge and the use of a hot press as a store room thereby creating a potential fire hazard. In relation to the pottery and art room, a section of this room was seen to be used as a storage area for furniture and other potentially combustible materials. The use of part of the room as a storage area had not been risk assessed, for fire safety purposes, as well as for accidental injury.

Inspectors noted that an emergency plan was available as required by Regulations. A safe placement for residents in the event of an evacuation was identified and staff were aware of this arrangement. Regular fire drill training had been documented and there were personal evacuation plans (PEEPS) available for individual residents. Records reviewed by inspectors indicated that the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. The fire assembly point was identified and there was appropriate emergency lighting in place. Inspectors saw that the fire equipment was labelled to indicate the dates of the most recent maintenance. There was evidence that arrangements were in place for reviewing fire precautions which included the alarm panel, the fire exits, and the testing of fire equipment. Inspectors noted that fire exits were unobstructed; however, on the first day of inspection, inspectors had noted that access to two fire extinguishers was obstructed, by furniture. This issue was subsequently resolved by the PIC, by the removal of this furniture.

Staff were aware of the location of the fire exits and break glass panels. However,

according to training records viewed by inspectors, some staff required refresher fire safety training. In addition, one staff member stated that it was two years since she was present for a fire evacuation drill. This was addressed under Outcome 17: Workforce. Procedures to be followed in the event of a fire were prominently displayed within the houses. The property manager informed inspectors that a suitably qualified fire officer had verbally stated that the centre had adequate fire safety management systems in place. The provider was asked to provide written confirmation of this, on the day following the inspection. This written reassurance was provided within the timeframe set out by the Authority.

The person in charge and staff stated that residents in some houses were not compatible with each other and that some residents had behaviours that challenge, due to their medical and psychological condition. This resulted occasionally in injuries to staff and other residents. Inspectors viewed records of incidents involving residents' physical altercations with each other and with staff members. Notifications had been submitted to the Authority as required. Suitable staff training in the management of escalation behaviours had been provided and this issue was addressed in more detail under Outcome 8; Safeguarding and safety and Outcome 17: Workforce

Staff informed inspectors that incidents of behaviour that challenges were discussed at staff meetings and management meetings. Inspectors viewed minutes of these meetings which confirmed that these discussions had taken place.

A number of the above issues had been satisfactorily addressed on the second day of 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):
This was the centre's first inspection by the Authority.

Findings:
The person in charge and members of the management team informed inspectors that they were actively involved in the management of the centre. They said they were confident of the safety of residents through speaking with staff, residents and their

representatives. Inspectors observed interactions between staff and residents which demonstrated a caring attitude. Residents appeared to be familiar with the staff on duty during the inspection.

There was a policy on the management of allegations of abuse which identified the person responsible for investigating allegations and reporting any allegation to the Authority within the three day time frame set out in Regulations. A copy of the HSE policy 'Safeguarding Vulnerable Adults with Disabilities' 2014 was available in each house. Inspectors viewed incidents in the incident log and in residents' files in relation to resident and staff incidents and also reviewed care plans which had been developed for residents who experienced behavioural reactions, due to their medical and psychological condition. Staff also indicated to inspectors that these behaviour issues required staff to be responsive, trained and proactive at all times. Training records indicated that all staff had received training on the prevention and detection of abuse and were aware of what to do in the event of a suspicion or allegation of abuse.

There was a policy on restrictive interventions which outlined measures to promote a restraint free environment. The policy listed alternative measures to the use of restraint and it provided guidance on the alternative measures listed. It was centre specific and there was evidence of policy review. However, sections of this policy required updating as to the definition and types of interventions which could be viewed as restrictive. This was discussed with the person in charge during the inspection. A staff member spoke knowledgeably with inspectors in relation to the practical application of this policy when caring for a particular resident. Inspectors viewed supporting documentation. Care plans for intimate care of residents had been developed. The policy on positive behaviour support was viewed by inspectors. Staff had received training in positive behaviour support and in how to support people who exhibited physical 'behaviours that challenge'.

There were measures in place for the management of residents' finances and there were records available of transactions made by and on behalf of residents. Transactions were seen by inspectors to be signed by residents and a staff member, or alternatively by two staff members, if a resident were unable to sign.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
A record of all incidents occurring in the designated centre was maintained. However, all documentation for the incidents reviewed had not been fully completed. For example, where incidents of behaviours that challenge had occurred, the section of the form which required details of the techniques used to de-escalate the behaviour had not been completed. In addition, sections on the form for incident review dates, outcomes and recommendations were not filled out, in a sample of incidents reviewed. This was addressed under Outcome 18: Records and documentation to be kept in the centre.

Notifications were provided to the Authority within three days of the occurrence of any incident set out in Regulation 31(1)(a) to (h) and quarterly reports were provided to the Authority to notify of any incident set out in Regulation 31(3)(a) to (f) of Schedule 4.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents' opportunities for new experiences, social participation and training were supported. An assessment of each resident's goals, taking into account their abilities and preferences, had been completed. Goals were developed to maximise his/her independence and sense of achievement. Inspectors saw evidence that the educational, sporting and social achievements of the residents were valued and pro-actively supported in the centre. Certificates and photographs were on display and staff discussed residents' achievements with inspectors.

The person in charge informed inspectors about the wonderful support that the families, neighbours and local community provided to residents. Some people provided work experience opportunities and social outlets were made available to the group. Inspectors saw samples of residents' achievements in their personal plans and observed residents having their independence and abilities supported by staff members.

Judgment:
Compliant

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

health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents had access to general practitioner (GP) services and appropriate treatment and therapies, such as, the dentist, the psychologist, the psychiatrist, dietician and speech and language therapist. There was evidence that residents had availed of allied health care services and specialist consultants. For example, the person in charge stated that all residents were reviewed by the psychiatric service with the multi disciplinary team (MDT), on a six monthly basis or more often if necessary. In addition, a speech and language therapist (SALT) attended the centre on one day each fortnight and MDT team reviews occurred as required. Documentation viewed in one resident's file confirmed that there were eight weekly MDT meetings to review his/her behaviour support plans, SALT arrangements and input from the day service staff.

Residents had hospital plans prepared in their file in the event that hospitalisation became necessary. One hospital plan reviewed by inspectors was seen to reflect the resident's medical and communication issues and was dated as reviewed in February 2015. However, relatives informed inspectors that relatives, occasionally, paid privately for speech and language therapy, as cuts in funding had affected ready availability of this resource.

Inspectors noted that residents in the centre had access to refreshments and snacks with a selection of drinks and fresh fruit available. Inspectors were shown the pictorial information charts which were used to assist some residents in making meal choices. There was a weekly menu on display in each house. Staff informed inspectors that there was a variety of choices available to residents and that their individual likes and dislikes were taken into account. Residents were involved in shopping with staff where appropriate and one resident spoke with inspectors as regards her preference for a certain shop in the city.

There were a number of centre-specific policies in relation to the care and welfare of residents. Inspectors reviewed a selection of residents' personal care plans. Inspectors observed that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. Staff informed inspectors that the level of support which individual residents required, varied. Residents were supported to maintain their independence in all aspects of their daily lives. This included, eating and drinking, personal cleansing and dressing, toileting, interactions in day services where applicable and their social lives in the houses.

Residents' health and social care needs were seen to be met while inspectors were present. Staff were knowledgeable about residents' health needs and were observed attending to residents in a caring manner. They gave detailed information to inspectors

about each resident and how their medical, psychological and social needs were met. It was evident to inspectors from talking with staff and residents that each person had availed of opportunities to participate in the activities, outlined under previous outcomes. However, staff, relatives and questionnaires reviewed by inspectors indicated that lack of staff availability due to staff absence and lack of familiarity with residents' needs due to the use of relief staff, impacted negatively on access to outings and two to one care requirements for certain residents. This was addressed under Outcome 17: Workforce. The privacy, dignity and confidentiality of residents were safeguarded as private information and documentation, relating to residents, was stored in a locked office.

Judgment:
Substantially Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
All residents' medication administration records reviewed had photographic identification in place. Training for staff in medication management had been undertaken. Inspectors spoke with staff who demonstrated an understanding of medication management. Inspectors observed that staff administered medication with care in one house and two staff checked each medication prior to its administration. Residents had been assessed for their ability to self-administer medications in line with the requirements of the Regulations. However, a staff member spoken with by inspectors was not aware of the reason for use of certain medications and a number of staff were overdue refresher training in medication management. For example, one staff member informed inspectors that it had been two years since she undertook training in the administration of buccal midazolam (an emergency medication required for those residents who experienced a seizure). The person in charge informed inspectors that refresher training in medication management was not organised in the centre. In addition, inspectors noted that medication keys were unsuitably stored in an unrestricted drawer, in the kitchen of the main house.

Staff were aware of the system for reporting medication errors and inspectors saw that some medication errors had been recorded. However, not all medication errors seen had been recorded. For example, there were no times specified for the administration of medications on a number of prescriptions viewed, not all PRN (when necessary) had the twenty four hour maximum dose recorded and one medication was contained in a bottle with no expiry date on the bottle. Information on the bottle was obscured with a white

label. In addition, the system in place to minimise risk of medication errors by reviewing and monitoring safe medication management practices was not robust. For example, the system in place for audit of medication management had not identified the above issues.

Residents' medication was stored in a locked cupboard in all houses. The medications were ordered and received using various methods. For example, some medicines were contained in blister packs, some were contained single dose packs and others were stored in foil packets. Residents had a choice of pharmacist, however, most chose to utilise the services of the local pharmacist. In addition, residents who spent time at home at the weekends would bring in their supply of medicines from home, each visit. There were regular reviews of prescriptions by the general practitioners (GPs).

There was a system in place to store and return unused and out of date medications to the pharmacy and the staff member, with whom inspectors spoke, outlined the process in place. The medication management policy had been reviewed in October 2015 and it contained a centre specific protocol for medication management.

Judgment:
Non Compliant - Major

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
A statement of purpose was available in the centre. It accurately described the service that was provided and contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

The statement of purpose was kept under review at intervals of not less than one year and was available in a format that was accessible to residents and their representatives.

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

Findings:
There was a governance and management structure in place which was in accordance with the structure outlined in the statement of purpose. A new director of services had been appointed to the centre.

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the designated centre. The provider, who was also the person in charge, undertook an unannounced visit to the centre every six months and produced a report on the safety and quality of care in the centre. These were two social care leaders in post at the time of inspection and they were found to be suitable qualified and knowledgeable of residents and of their daily lives in the centre.

Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they delivered. There was a full-time person in charge of the designated centre. The person in charge demonstrated sufficient knowledge of the legislation and her statutory responsibilities. She was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development. The person in charge/provider also participated in the management of a second affiliated centre in the region.

Judgment:
Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

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

Findings:
The provider and the director of services were aware of the requirement to inform the Chief Inspector if the person in charge was absent for a period of 28 days, or longer. The procedure for managing the absence of the person in charge was outlined in detail in the Statement of Purpose. There was a suitably qualified person available to deputise in the absence of the person in charge.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The property manager in the centre explained to inspectors that there had been a number of renovations carried out in the centre during the year. New kitchens, new flooring, bathroom vents, carpeting and new mattresses, were provided in the various houses, where required. Wi-Fi had been installed in the main house and the eight bungalows. Documentation to support this was made available to inspectors. Where issues such as the damaged designated fire doors were brought to the notice of staff during the inspection this issue was addressed and documentation confirming the proposed or completed work was provided to inspectors. The person in charge and the property manager stated that fundraising efforts were relied on to support many of these improvements.

The centre was resourced, with significant support from fundraising initiatives by parents, staff and the community, to ensure the effective delivery of care and support in accordance with the centre's statement of purpose. There was evidence in residents' care plans that they were supported to meet their goals, to visit their homes and to go out to various activities. However, there were issues brought to the notice of inspectors, prior to and during the inspection, which indicated that lack of consistent staffing resources and available suitable transport had impacted on the care and welfare of residents, who had very high and complex needs. The complexity of residents' needs required a team of consistent, available and highly trained staff to provide the support and care required. This was issue was addressed under Outcome 17: Workforce. In addition, members of the board of management stated to inspectors that resources for this centre had been cut over the last few years. For example, staff increments and allowances were no longer funded externally as before and were now paid by the

organisation.

Judgment:
Non Compliant - Moderate

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

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Following a review of a sample of residents' care plans, questionnaire content and interviews with staff and relatives, inspectors issued an immediate action plan to the provider in relation to inadequate staffing levels and skill mix. In addition , information received by the Authority prior to the inspection, indicated that there were concerns about staffing levels and inconsistency of staff, in the centre.

A satisfactory and detailed response to this issue was received within the timeline set by the Authority.

Management staff in the centre were seen to actively support staff during the inspection and staff confirmed that all managers were readily available and approachable to support care giving and de-escalation of behaviour that challenged.

A number of staff members and relatives spoken with during the inspection expressed concern that staff shortages and unfamiliar staff were impacting on the availability of opportunities for outings, and in particular two to one activities for residents. For example, staff informed inspectors that a recent outing scheduled to finish at 17.00 had to be cut short to 15.00, as staff were required to return to the centre to cover staff shortages. In addition, in another house where two male residents lived, there was one resident who required the support of two staff members during outings. However, staff stated that, as there were insufficient numbers of staff at times, the two carers on duty were required to bring both residents with them on outings and to activities. This staff shortage impacted on the individual attention given to each resident as the residents were not compatible with each other and would have to be kept separated, in case an altercation occurred. Furthermore, inspectors saw reports of previous incidents which required a carer to lock herself in the staff room while awaiting support from a colleague, when there was a behavioural incident. The MDT team had provided a number of recommendations on how to support this individual however, inspectors

formed the view that there were risks involved in the strategy, which had not been adequately assessed. For example, if a second carer was not readily available, if the resident caused harm to himself when unsupervised or if the staff member did not have access to the phone, as staff did not carry personal alarms. In addition, risk control measures to minimise these risks had yet to be put in place. For example, it had been identified in May 2015 that a second exit door would be beneficial control to promote the safety of the carer. However, this door had yet to be fitted. The person in charge informed inspectors that this issue would be attended to in the near future, however, the complex needs of residents required careful planning and management of any future building works. The person in charge also stated that there was a protocol in place which required that any staff working alone would carry a mobile phone and a 'walkie-talkie' with them at all times. In addition, another staff member would carry a 'walkie-talkie' and be available for support if required.

The person in charge and the director of services stated that staff shortages were due to various reasons, some core staff had left the organisation, there was a high level of absence through sick leave and relief staff were increasingly utilised to fill these vacancies. Staff informed inspectors that to the complexities of residents' needs relief staff were deployed to work in difficult situations where they were required to provide support in challenging situations. The impact of the time taken by senior staff on induction support for these unfamiliar staff was that, occasionally, residents could not go on outings, which required a ratio of two staff for one resident. Even though some residents had individual vehicles their availability for use depended on having a suitable driver and sufficient staff support for the outing. In other situations outlined by staff, the staff to resident ratio was decreased or proposed to be decreased causing concern amongst staff, who were not all sufficiently trained to support the needs of residents and with whom they may not always be familiar with their needs. This was confirmed throughout the two days of inspection by a number of staff members and relatives, with whom inspectors spoke. A member of the management team with whom inspectors spoke said that she covered the duties of carers when there was a shortage. She said it was difficult to cover staff and that staff turnover was high. She stated however, that new staff had been interviewed and a number of these would be permanent, full time staff.

Relatives informed inspectors that these staffing cuts were impacting on residents' routine and care. Relatives spoke with inspectors about the importance of routine and familiarity for this specific group of residents. One relative explained to inspectors that when an unfamiliar member of staff was on duty with his relative, issues of behaviour that challenge would increase. However, he also said that staff were very good and he acknowledged the high skills needed by staff in this service. In addition, a relative stated to inspectors that "staff change all the time". However, another relative informed inspectors that while funding 'had taken a cut' her relative was leading a happy fulfilled life in the centre. She stated that the staff team was 'exceptional'; however, she stated there were two staff changes in recent times which she claimed had a negative impact on the resident, as her relative required routine and familiar staff.

However, the majority of staff were trained in responding to and de-escalating behaviours that challenged. One staff member stated that she felt that she was sufficiently trained to manage any issue of behaviour that challenges as she understood

the triggers and the distraction techniques which work for residents. Two staff members were identified by inspectors as requiring training in responding to and de-escalating behaviours that challenged and this training was seen to have be scheduled. This issue was addressed under Outcome 7: Safeguarding and safety. In addition, a number of staff required updated medication management training and manual handling training. Another staff member spoken with by inspectors had not attended fire safety training for two years. In addition, not all staff had been afforded training in food hygiene and food safety, appropriate to their role.

There was evidence that debriefing took place with staff following incidents and risk assessments were updated by the person in charge and the director of services. Staff stated that this was beneficial. Minutes of meetings where incidents were discussed were viewed by inspectors. A staff appraisal system had commenced.

The newly appointed director of services (DOS) spoke at length with inspectors in relation to plans for increased staff. A group of staff had already been interviewed and were awaiting Garda vetting which would take a number of weeks to come through. In the meantime the Board of Directors, who were described by management staff and relatives, as committed and professional, had sanctioned the use of a group of agency staff. The DOS proposed to be involved with these staff on a daily basis providing a comprehensive induction. She outlined her extensive background in behaviours that challenge and stated that plans of care for all residents were currently being reviewed. She was found to be knowledgeable of individual staff and of residents and their needs.

Judgment:
Non Compliant - Major

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Records were maintained within the centre in a manner that was both secure and easily retrievable. Residents and where appropriate their representatives could access these records. There was a guide to the centre available to residents. Medication errors,

incident reports and copies of notifications to the Authority were maintained.

There were policies which reflected the centre's practice and these were set out in line with Schedule 5 of the Regulations. Staff understood the policies and were seen to implement them in practice. Policies were reviewed and updated to reflect best practice and at intervals not exceeding 3 years. Practices were regularly reviewed to ensure the changing needs of residents were met.
Inspectors reviewed the up to date insurance policy for the centre. The centre was adequately insured against accidents or injury to residents, staff and visitors.

However, all items required under Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 were not available in the sample of staff files viewed by the Authority. For example, gaps in employment were not accounted for in some files, qualification certification was not available in one file and photographic identification was not maintained on another file.

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:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Cork Association For Autism
Centre ID:	OSV-0002113
Date of Inspection:	21 October 2015
Date of response:	15 December 2015

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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider had failed to agree in writing on admission, with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
1. A Contract of Care will be discussed and agreed with each service user and or representative family member.

Proposed Timescale: 30/03/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all areas in the designated centre were designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

There was limited communal space in the bungalows of those residents who had higher and more complex needs and in the shared bungalows.

2. 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:
1.Plans for a second living area in the shared cottage are being costed. Plans are within the non- planning size limits and so building should commence quickly once all tenders are in and a contractor is selected. One quote is in and we are awaiting two other tenders which should be in imminently.

Proposed Timescale: 30/04/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all risks in the centre had been identified and assessed:
For example:
-broken designated fire safe doors, an open fire which was in use, fire safety in the pottery and art room, a large number of plugged in mobile phone chargers, safe storage of medication keys, the use of the burco boiler, safe defrosting of meat, safe storage of food, high concrete steps leading in and out of rooms, unlocked chemical

storage cupboards, the use of door wedges on designated fire safe doors, a metal golf club in the sitting room and the use of a hot press as a store room.

3. 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:
1.Review of current risk management policy to insure inclusion of hazard identification.
2.Monthly review of risk register to ensure risks are identified and assessed.

Proposed Timescale: 29/02/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not contain the measures and actions in place to control the unexplained absence of a resident.

4. Action Required:
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

Please state the actions you have taken or are planning to take:
1.Review of Risk Management Policy to include measures and actions in place to control the unexplained absence of a resident

Proposed Timescale: 31/01/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the measures and actions in place to control accidental injury to residents, visitors or staff.

5. Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
1.Review of Risk Management Policy to include measures and actions in place to control accidental injury to residents, visitors or staff.

Proposed Timescale: 29/02/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the measures and actions in place to control aggression and violence.

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

Please state the actions you have taken or are planning to take:
1.Review of Risk Management Policy to include measures and actions in place to control aggression and violence

Proposed Timescale: 29/02/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the measures and actions in place to control self-harm. There was no policy in the centre on the management of self harm.

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

Please state the actions you have taken or are planning to take:
1. Review the Risk Management Policy to include measures and actions in place to provide controls for self-harm
2. Development of a Self-injurious behaviour policy

Proposed Timescale: 31/03/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Infection controls procedures were not followed in the following manner:

-the utility room and food storage area was not clean
-frozen chicken meat was seen defrosting on a window sill

-waste items were stored in uncovered bins
-not all toilet areas had hand washing and drying facilities
-food items were inappropriate stored

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:
1. Review of the Infection Control Policy
2. Monthly audit of cleanliness and infection control throughout the centre.
3. Review of nutrition and hydration policy to include defrosting of food and food storage.
4. Monthly audit of food storage.

Proposed Timescale:

1) February 2016
2) Commencing January 2016 and every month thereafter
3) February 2016
4) Commencing January 2016 and every month thereafter

Proposed Timescale: 29/02/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of doors which had been installed as designated fire doors were damaged and a number of these doors were wedged open using wooden fire wedges. Access to two fire extinguishers was impeded by furniture.

9. 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:
2) Monthly audits of fire safety throughout the centre
3) All damaged fire doors to be replaced
4) Magnetic strips to be installed in identified designated fire doors thus removing the need for the use of wedges.

Proposed Timescale:

2)Commenced November 2015 and every month thereafter
3)All damaged fire doors have been replaced – end of November 2015

4)All wedges removed and fire doors remaining closed since October 2015
All magnets replaced in doors at the end of November 2015

Proposed Timescale: 30/11/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While access to allied health care was facilitated, relatives informed inspectors that some relatives had paid for private appointments with the speech and language therapist, as the cuts to funding had impacted on the ready availability of this service

10. Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
1.If a resident has been assessed as requiring allied health services the CAA will link in with publicly available health services.
CAA has always been a non-clinical model of service.

Proposed Timescale: 15/12/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The keys for the medication cupboard in the main house were seen by inspectors in an unlocked drawer in the kitchen.

11. Action Required:
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
1.Develop a protocol outlining procedures for the safe storage of medication keys when no staff are in the main house. Get sign off for the procedure form staff and post up in house.

Proposed Timescale: 15/12/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The expiry date was not present on one container of psychotropic drugs. Therefore, it was not known if the medications were out of date.

12. Action Required:
Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
1.Monthly audit of all areas of medication management to insure every aspect of the medication management policy is being adhered to.

Proposed Timescale: 31/01/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Times of administration for certain medication were not clearly set out in a number of prescriptions reviewed by inspectors, for example, one prescription stated am and pm instead of specifying a time for administration.
The maximum daily dose was not set out on the prescription for PRN medications.

13. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
1.Monthly audit of all areas of medication management to insure every aspect of the medication management policy is being adhered to.

Proposed Timescale: 22/01/2016

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Suitable available transport was not consistently provided.

14. Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
1. Development of an equitable system for requesting and booking the available transport.
2. Review current usage of transport for all residents

Proposed Timescale: 29/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The number, qualification and skill mix of staff was not appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. An immediate action plan was issued on inspection due to the findings outlined in this Outcome.

15. 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:
1. Recruitment of additional relief staff
2. Arrangement in place with an agency should the need arise
3. Relief staff to be allocated to specific areas
4. Review of induction process
5. Primary induction to be completed by management.
6. Development of Absence Management Policy
7. Arrange availability of a HR professional for weekly support
8. Review compatibility of staff for all individuals
9. Development of a support ratios assessment which will be used alongside risk assessments
10. Review support ratios of all individuals
11. Introduction of the theme of carers as companions
12. Development of a changing need protocol and escalation process

13. Increase within team leadership through the appointment of Team Leaders for each core team.

Proposed Timescale: 29/02/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had been afforded mandatory and appropriate training and refresher training as outlined in this Outcome. For example,
a number of staff required updated medication management training and manual handling training. Another staff member spoken with by inspectors had not attended fire training for two years, her epilepsy emergency medicine training (buccal midazolam) was out of date and the staff member had not attended infection control training. In addition not all staff had been afforded training in food hygiene and food safety, appropriate to their role.

16. 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:
1. Develop an annual calendar of mandatory training with approved providers.
2. All new staff to have mandatory training prior to commencement.
3. Use a software tracking system to monitor and alert to required refreshers or recertification as required

Proposed Timescale: 29/02/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All the records required under Schedule 2 of the Regulation were not maintained in the sample of staff files reviewed.

17. Action Required:
Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Please state the actions you have taken or are planning to take: 1. Audit of all staff files on an annual basis 2. Ensure that new staff files are complete prior to commencement
Proposed Timescale: 29/02/2016