

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Beaufort Campus Units Area 2 - St. John of God Kerry Services
Centre ID:	OSV-0002905
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Lead inspector:	Margaret O'Regan
Support inspector(s):	Caitriona Twomey
Type of inspection	Unannounced
Number of residents on the date of inspection:	43
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 un-announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
21 November 2017 09:55	21 November 2017 19:00
22 November 2017 12:00	22 November 2017 19:00
12 December 2017 11:00	12 December 2017 12:45

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 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to follow up on matters from the previous inspection. The last inspection was carried out in August 2016.

How evidence was gathered:

As part of the inspection, the inspectors met with 31 of the 43 residents who were residing in the centre. Inspectors observed interactions between residents and staff and noted the knowledge staff had of residents needs, likes and dislikes. Residents spoke with inspectors and communicated their feelings both verbally and non verbally.

The inspectors met with parents and family members of the people living in the centre. Relatives spoke of the many aspects of care provided in the service which they were satisfied with and the areas where they were working with the provider in bringing about improvements. Families were active advocates for the residents. Relatives engaged in the life of the centre with the aim of ensuring their family member's voice was heard. Monies raised by families through fundraising events,

were directed to enhancing the quality of life for those residing in the centre.

The inspectors noted that since the August 2016 inspection, a number of improvements had been made in relation to;

- * the decoration and upkeep of the premises
- * the focus on providing a meaningful day for residents and
- * the increased emphasis of maintaining a regular workforce, thus ensuring disruption to attachments were kept to a minimum.

The inspectors spoke with staff who shared their views about the care provided in the centre, aspects of the service which worked well and areas which could be improved. The inspectors heard about improvements in relation to physiotherapy, occupational therapy, speech and language therapy and other therapies available to residents.

The inspectors spoke with the person in charge, the clinical nurse managers and the acting programme manager and gained an insight into their roles in the operation of the centre. The provider nominee met with the inspectors and she and other members of the management team were present for inspectors' feedback at the end of the inspection.

Inspectors examined documentation such as care plans, risk assessments and medication records.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which supported individuals with a range of intellectual disabilities including those who display behaviours that challenge. It described the centre as having evolved from a children's to an adult service and, as such, some placements had been identified in childhood for the current population.

Accommodation was in eight separate living quarters. Two residents had individual apartments. Between two and eight residents resided in the houses. All accommodation was at ground floor level and was part of campus accommodation provided by the St John of God Kerry Services.

Most bedrooms were single occupancy bedrooms, but not all. Some instances of shared bedrooms were problematic due to the needs of residents in those rooms, in other instances there was no difficulty experienced by residents by sharing a bedroom. The houses and grounds were generally well maintained.

Male and female residents were accommodated in this service. Residents were able to get out and about on the campus grounds almost on a daily basis. Transport was available to support residents avail of trips to local shops and other local amenities.

Overall judgement of our findings:

Residents in this centre had complex medical, physical and social care needs. Staff and the person in charge were aware of these needs and were working towards

supporting each resident achieve as good a quality of life as possible. Many residents had lived in the centre for several years. There was evidence that, year on year, residents' quality of life had improved. This was primarily due to the increased focus on establishing what a meaningful day meant for each resident. What was particularly noticeable was the increased awareness by staff around facilitating a social model of care. Inspectors also noted the improved lines of communication between frontline staff and the management team and between the management team and family members. These were positive developments.

The centre provided well for the healthcare needs of residents, maintained each house to a good decorative standard and significant progress had been made in retaining a regular cohort of staff in each house thus minimising a disruption to attachments. However, for many residents there remained significant gaps between their identified goals and the actual fulfilment of these. Goals for greater involvement in the community and goals for on campus activities were curtailed due to staff skill mix and the number of frontline staff available. For some residents, their living arrangements impacted on their quality of life. For example, living in overcrowded accommodation, living with others whose needs impacted on their life and working in an environment where staffing numbers were regularly at minimum levels.

While progress was made in addressing actions from previous reports, overall this progress was insufficient in addressing all the requirements made by previous HIQA reports to comply with regulations. For example, actions identified on the last inspection around staffing skill mix, provision of meaningful activities and providing appropriate placements to meet the needs of residents, remained as actions on this inspection. These ongoing issues were a reflection on the effectiveness of the governance and management of the centre. Overall, inspectors concluded the leadership struggled to direct sufficient resources to meet the needs of residents.

The inspection findings are detailed in the body of this report and required actions outlined in an action plan at the end of this report.

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:

Some residents' privacy and dignity was compromised by the living arrangements. For example, in one house, two residents shared a bedroom. Given the limited size of this room and the specific needs of the residents sharing, the room was best suited to accommodate only one person.

In another house, a number of residents had difficulties expressing their needs while others in the same house forcefully expressed theirs, either verbally or by their behaviours. This led to those of a quieter disposition organising their day around those who were most vocal. This was a similar finding to the last inspection carried out in August 2016.

As another example of the compromised living arrangements, one resident was identified as needing a quiet environment but lived with five other people who had complex needs. This was also similar to the 2016 inspection findings.

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):

No actions were required from the previous inspection.

Findings:

Residents or their representatives were actively involved in an assessment to identify residents' individual needs and choices. Assessments had multidisciplinary input. The inspectors noted significant improvement in the emphasis that was placed on understanding what a "meaningful day" meant for each resident. This was individualised. For example, one resident enjoyed making their own breakfast. Not only was this activity important to the resident but it also fostered independence. Another resident had a morning routine which involved assisting the maintenance staff. This was meaningful to the resident and gave their day purpose.

It was clear from speaking and observing the people who lived in houses within this centre that they very much enjoyed getting out and about in the community. This included going for drives, visiting a coffee shop, shopping or visiting family. Staff had a good awareness of residents' wishes. Goals were set out but these goals were not always achieved. For example, a plan for one resident, dated June 2017, had three goals;

- 1) Purchase a specific piece of assistive technology with the resident's funds
- 2) Attend day service weekly
- 3) Continue art with a visiting therapist over the summer months.

Five months after the goals were set, progress was minimal. The assistive technology item had been costed but had not been purchased. Records indicated the resident had not attended the day service. The art therapist was unavailable for the summer months but the resident did partake in art with the assistance of house staff.

The centre had in place very good environmental assessment goals. These were developed in conjunction with the resident and the occupational therapist. They facilitated changes in practice while at the same time promoting residents' independence and autonomy. For example, a resident who had a tendency to eat quickly was supported to learn how to cut their food thus resulting in increased independence and eating less quickly. Other similar examples were also noted by inspectors.

Those living in the houses within this centre had access to 24/7 nursing care and support. Efforts were made to promote a social model of care. However, achieving a satisfactory social model of care was impeded by the centre being operated for approximately 50% of the time with minimum staffing levels, thus resulting in staff not having time to go to the local town, visit places of interest or go to the cinema. Also

impacting on residents' ability to access the community was the need for a qualified nurse to accompany residents who may be at risk of seizures and require anti-epileptic medication in an emergency. Given the identified shortage of nurses, the nursing staff on duty had very limited capacity to engage in trips outside of the centre. This is further discussed under Outcome 17: Workforce.

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:

Each house within the centre was well maintained. However, the majority of the residents continued to live in houses which did not meet their needs in terms of adequate space, privacy and unrestricted access to bedrooms. The houses were originally built to accommodate the residents when they were children. As adults, the need for extra indoor space has not been fully facilitated. This resulted in the premises being inadequate in design and layout to meet the aims and objectives of the service and the number and needs of residents. There was a suitable outside areas for residents. Residents were seen to have easy access to these spacious grounds.

A programme of maintenance works was ongoing in the centre. This included painting and redecorating. These improvements added to the overall well kept appearance of the houses. This was an unannounced inspection and inspectors noted the houses were clean, tidy and generally well organised. The large landscaped grounds were generally well attended to. Plans were underway to improve the driveways and pathways. The upkeep of the premises was a collaboration between the provider and the families of those living in the centre. Families spoke of their work in fundraising to help to maintain and improve the standard of accommodation in the centre. It was clear this, amongst other issues, was something families took pride in and put considerable energy into

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):

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

Findings:

Since the last inspection, the number of incidents of staff assault had decreased. This was due to there being a regular cohort of staff working with residents thus facilitating increased staff awareness of the antecedents to triggering behaviours that challenge. While this was a positive development, managing this situation did impact on other residents. As discussed elsewhere in this report, the needs of some residents were prioritised over others in order to maintain harmony within the house.

Inspectors saw a comprehensive range of risk assessments. There were risk assessments pertinent to the safety of individual residents and the scope of the assessments was seen to evolve in line with risks identified. For example, appropriate action was underway to install magnetised devices on fire doors to address the challenge wheelchair users had in navigating independently around the house.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Staff members were seen to treat residents with respect and warmth. There was a policy on, and procedures in place for, the prevention, detection and response to abuse.

Staff with whom the inspectors spoke knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

Any incidents, allegations, suspicions of abuse had been recorded and these incidents were appropriately investigated and responded to in line with the centre's policy, national guidance and legislation. Repeated risk assessments identified that residents were at high risk of intimidation in their own home. This was similar to the previous inspection. This was due to the behaviours of fellow residents and the manner in which some residents dictated the routine in the house. Staff and management were aware of this. Staff took measures to minimise it and the number of instances of peer-to-peer conflict had reduced considerably. However, the risk remained as high.

The rights of residents were protected in the use of restrictive procedures. Alternative measures were considered before a restrictive procedure was carried out. The use of restrictive procedures was monitored to prevent its abuse or overuse. Family members were informed of the use of restrictive procedures.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The residential service had made strides to govern in a manner that supported the active participation of people living in the service. To augment this active participation, families had been facilitated to meet with the management team on a monthly basis to discuss issues of concern for them and work together to enhance the quality of life for those residing in this service.

The management arrangements were in the process of being restructured. Responsibility for the day-to-day running of each house was being devolved to nurse managers working in the individual houses. It was generally accepted that this was, and would continue to be, a positive development. Such arrangements, once embedded,

were likely to be appropriate to the size, ethos, and purpose and function of the service. However, it was unclear at the time of inspection, if these new arrangements were going to necessitate a review of the roles and responsibilities of other layers of management. Given the deficits noted in frontline staffing (Outcome 17), the need to manage prudently the staff resources available was a priority. This was to ensure residents enjoyed the best quality of life possible.

Significant work had been undertaken by the management team in determining the cost to address the service deficits. The funding agency (Health Services Executive) was aware of the deficits and the estimated cost to address the matter.

There was an annual review of the quality and safety of care in the centre. However, this review could be further enhanced by making it easier to read and understand.

Since the last inspection the keyworker role had grown in strength. Keyworkers took a great interest in pursuing residents' goals and advocating for residents. A member of the management team was assigned to support staff and the keyworker system. Staff reported this was a positive development.

Regular staff meetings took place and staff engaged in an annual staff appraisal system.

The person in charge could demonstrate knowledge of the legislation and her statutory responsibilities. The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. The person in charge was supported in her work by clinical nurse managers. These managers took responsibility for the day-to-day operations in each house. Staff reported that this reporting system was working well.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The service demonstrated an understanding of the levels of need within the service by the findings of its own six monthly unannounced inspections. However, these findings had limited impact on informing the planning and allocation of resources. For example,

as discussed throughout this report:

- * many residents had deficits in achieving their goals for a meaningful day
- * residents lived in a house where they had been assessed as being at high risk of intimidation from fellow residents. This was an ongoing situation for at least two years
- * there were insufficient resources to support residents achieving their individual personal plans such as the resident's plan to live in a quieter environment
- * some bedrooms had become too small to safely and comfortably accommodate two residents' increasing needs
- * there were challenges for the management team to provide agreeable alternative living arrangements.

Inspectors concluded the resources available were either inadequate and or ineffectively deployed to ensure the provision of a desired level of effective person-centred care and support. This situation had been ongoing for years. The houses initially accommodated children. No significant adaptation had taken place in the intervening time to provide a more suitable living environment for the 43 adults now living there.

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):

No actions were required from the previous inspection.

Findings:

There were insufficient staff with the required skills, qualifications and experience to meet the assessed needs of residents at all times. The number of staff employed increased since the previous inspection; however, some of this increase was negated by staff leave. Staff reported that staffing levels impacted on how much time they had to ensure each resident engaged in meaningful activities with residents.

Overall, since the previous inspection (August 2016), the level of community based activities had increased. This was due to increased emphasis placed by staff on engaging residents with their community. However, staff enthusiasm for an enhanced social model of care further identified the deficits there were in the system. It also highlighted the need for a review and solution to the situation whereby some residents could only go on community outings in the company of nursing staff. Given that there

were significant challenges in recruiting nurses and that many residents were at a low risk of needing specialised nursing care whilst out in the community, the skill mix of staff warranted a review as to how this staffing challenge could be resolved.

There was a staff rota. It was displayed in the centre. The inspectors saw that residents received assistance, interventions and care in a respectful, timely and safe manner. The dependency on agency staff had reduced since previous inspections resulting in staff becoming more familiar with residents and vice versa. This was of positive benefit to residents.

Education and training updates were provided. Staff mandatory training was generally up to date. Some gaps were noted in behavioural support training. Staff were scheduled for this training.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A copy of the regulations and standards were available in the centre.

Staff were supervised appropriate to their role. There were effective recruitment procedures in place.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Margaret O'Regan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0002905
Date of Inspection:	21 & 22 November and 12 December 2017
Date of response:	12 April 2018

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Some residents' privacy and dignity was compromised by the living arrangements. For example, in one house, two residents shared a bedroom. Given the limited size of this room and the specific needs of the residents sharing, the room was best suited to accommodate only one person.

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

In another house, a number of residents had difficulties expressing their needs while others in the same house forcefully expressed theirs, either verbally or by their behaviours. This led to those of a quieter disposition organising their day around those who were most vocal. This was a similar finding to the last inspection carried out in August 2016.

As another example of the compromised living arrangements, one resident was identified as needing a quiet environment but lived with five other people who had complex needs. This was also similar to the 2016 inspection findings.

1. Action Required:

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

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

The registered provider is engaged with the funding agency (HSE) in relation to the historic issues relating to the residents living arrangements in the designated centre. There is currently proposals with the HSE in relation to additional staffing for consideration in line with HSE policy to open a community house for residents who wish to avail of same

As these proposals are resource dependent the Registered Provider has taken a number of steps to deal with overcrowding within the designated centre:

- The registered provider will provide an alternative apartment for one resident who presents as high risk in the house identified and support this resident to transfer to this location on a fulltime basis. This project is in progress and will be completed by Sept 2018.

Proposed timescale September 2018

- Multi occupancy bedrooms are no longer re- allocated to another resident in the event of a vacancy arising.

Completed

- Multi occupancy rooms are prioritise for single occupancy in the event of suitable vacancy arising.

- The designated centre is closed service to admissions.

Completed

- A comprehensive assessment(National Disability Assessment Tool) has been completed

in conjunction with HSE to assess each residents needs.

- Recruitment plan to be in place to ensure future planning for staff recruitment is in place to maintain staffing levels in the event of planned upcoming vacancies, retirements.

Proposed Timescale: 30th April 2018

- An alternative placement on campus is being progressed for one resident to manage existing risk within the designated centre
Proposed Timescale 30th September 2018

Action plan update:

- Ongoing recruitment is in place, posts vacant in location at the time of inspection due to retirement and leavers have been filled.
- Additional interviews and recruitment has taken place in Quarter 1 and a schedule is in place for Quarter 2 of 2018

Proposed Timescale: 30/09/2018

Outcome 05: Social Care Needs

Theme: Effective Services

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

The arrangements in place to meet the assessed needs of each resident were inadequate.

2. Action Required:

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

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

- The PIC in consultation with the CNM2 management will review and quantify the number of residents whose activities are restricted due to requiring nursing support outside of the designated centre
- Each resident identified will be assessed through risk assessment process to ensure the requirement of a nursing staff is based on a valid degree of risk and is not a restriction on the residents right.
- Each residents epilepsy plan and risk management plans will be updated to reflect the skill-mix required to support activities.

Proposed Timescale: 30th June 2018

Action Plan Update:

- Two additional staff have been identified and are currently completing training as SAMs trainers to provide greater access to Safe Administration of Medication training (SAMs) in the designated centre.

Complete: 28th March 2018

- Trainers to complete additional training in administration of emergency medication to deliver internal training to frontline staff

Complete: 10th May 2018

- Training schedule for 2018 in place to include SAMs

- All residents in DC have been reviewed to identify the number whose activities are restricted due to being identified as requiring nursing support outside the designated

centre. Sixteen residents were identified.

- To date 13 reviews have taken place have been completed with 4 residents being assessed as requiring nursing support outside the designated centre.
- A log is in place and reviewed by PIC in consultation with CNM2 to identify and monitor residents whose activities are restricted due to epilepsy management practice to ensure least restrictive support in place.
- Remaining reviews will be completed by April 30th 2018 and consultant Neurologist is scheduled to attend Designated Centre in April 2018 to facilitate this process.

Proposed Timescale 30th April 2018

Proposed Timescale: 30/04/2018

Theme: Effective Services

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

Five months after the goals were set, progress was minimal. There was inadequate review with regards to the effectiveness of each plan.

3. 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:

- PIC and Unit heads will phase introduction of quarterly review of personal goals for each resident within the designated centre.
- Project manager in consultation with PIC and CNM2 managers will support with staff training in the review process.
- A schedule of review dates will be planned for each resident within the Designated Centre.

Proposed Timescale: 31st September 2018

Action plan update:

- The PIC in consultation with CNM2 in each location has implemented quarterly review schedule of Personal goals since inspection. To date 36 reviews have been completed.

Proposed Timescale: 30/09/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises were not adequate in design and lay out to meet the aims and objectives of the service and the number and needs of residents.

4. Action Required:

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

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

- The registered provider has completed a number of improvements to the designated centre over the last number of years. The registered provider will continue to implement a planned schedule in 2018.
- Modifications to bathroom area due to changing need of residents, due to commence within second quarter of 2018.
- Consultation with fund raising group to agree building projects through fundraising completed in 2017 is now complete with donation been identified to part fund extension in Chalet area of designated centre,
- Prioritise building projects upon campus and agree a schedule of work for 2018.
- The extension of one living area in the designated centre to be completed, and associated planning permission to be sought, to create increased communal area for the existing residents.
- Planned schedule of improvements to be agreed with family representation group for 2019 based on fundraising completed in 2018.

Proposed Timescale: 31 December 2018

Action plan update:

- Modifications to the bathroom identified in the action plan have been completed.
- Consultation with family group in relation to funding has been completed.
- The apartment identified in the report does not require planning and drawings are now complete. This area will be used to provide an alternative living space for one resident from the house identified in the report where some residents have "difficulties communicating their needs while others forcefully express theirs".

Proposed Timescale 30th September 2018

- The extension to one of the living areas identified in the report will increase the communal space in a chalet within the DC and will consist of a conservatory / additional living room area. Planning permission is currently being progressed with submission to County Council.

Proposed Timescale by 1st May 2018

- Pending successful planning application one extension planned 2018.
Complete by 30th December 2018

Proposed Timescale: 31/12/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The living arrangements in one house had been assessed that residents were at a high risk of intimidation.

5. 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 registered provider will provide an alternative apartment for one resident who presents as high risk in the house identified and support this resident to transfer to this location on a fulltime basis.

Proposed Timescale 30th September 2018

The main funder is aware of the current risks within the designated centre and has a national policy in place to address the deficits in congregated settings. The registered provider has engaged with the HSE in this process and all projects are subject to additional resources from the HSE.

The registered provider has been managing the risks in the house identified through risk assessment and multi element behaviour support.

- All staff have completed CPI/MAPPA training and are in receipt of refresher training as appropriate.
- Monthly risk forum with MDT for the management/review of high risk in this location is in place to identify and monitor control measures to limit the impact of risk to residents.
- Previous actions undertaken have led to a reduction in reported safeguarding incidents within the designated centre- 2016 had 54 reported safeguarding incidents this has been reduced to 11 reported safeguarding incidents in 2017.

- The registered provider has submitted two proposals to The HSE for consideration.
- The staff requirements for community house for 3 residents in the centre.
- Community house has been purchased and works completed on the property.
- The PIC in collaboration with CNM2 managers and keyworkers have commenced.
- Consultation with families (in area highlighted in report) re managing the risk associated with this area some family members have expressed their preference for their relative to remain in the current location and ongoing consultation is required.
- Proposal has been submitted to funders(HSE) to progress the decongregation program (Proposals inclusive of both capital and revenue requirement).
- The PIC and CNM2 managers will continue to consult with families in relation to planned moves within the designated centre.

Action plan update:

- Planned apartment funding agreed for building works, works currently being progressed to provide an additional living space for one resident to support risk management
- Proposed Timescale 31st July 2018
- The PIC in consultation with unit manager, team and family will develop and facilitate a transition plan to support resident move from the existing placement to new location
- Proposed Timescale 30th September 2018
- The number of residents in this house will be reduced from six to five and placement not backfilled
- Proposed Timescale 30th September 2018
- Consultation ongoing with the funding agency HSE to secure additional revenue resources to support residents across the designated centre.

Proposed Timescale: 31/12/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The management systems did not adequately ensure that the service provided was appropriate to residents' needs. For example, many residents had deficits in achieving their goals for a meaningful day.

6. 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:

- System for annual PDR and staff induction process is in place within the Designated Centre.
- Registered Provider has completed a business case in 2017 relating to the CNM2 management structure.
- The registered provider is currently engaged with an industrial relation process to negotiate changes to the CNM2 structure within the Designated Centre.
- The registered provider will progress these negotiations in 2018 , pending the outcome of negotiations will implement changes to the governance structure to enhance the Leadership, Governance and Management.
- Annual review template to be reviewed with a view to making it more easily Understood.

Proposed Timescale: 30th August 2018

Action plan update:

- The PIC in consultation with CNM2 in each location has introduced review of activities on a regular basis to identify and address barriers to residents accessing planned activities.
- Assessments currently being complete to increase access to community activities with non-nursing staff
- SAMs training being progressed to increase the number of appropriately skilled non nursing staff to support residents.
- Each location will identify one staff for Lifeguard training to increase access to Hydrotherapy pool

Proposed Timescale: 30/08/2018

Outcome 16: Use of Resources

Theme: Use of Resources

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

There were insufficient resources to support residents achieving their individual personal plans. For example, one resident was assessed as requiring a quiet environment but was accommodated in a house with five others whose behaviours did not lead to a quiet environment. Up to eight residents lived in one house, four of whom shared a bedroom.

7. 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:

The registered provider has been working in consultation with the funding agency (HSE) to identify additional resources required to support residents in the existing designated centre and progress community project for residents who are interested in pursuing this option.

- Further community accommodation has been purchased and renovated and residents identified for decongregation-Proposal under consideration by Social Reform Fund, awaiting decision re staffing revenue.
- MDT review to assess resident highlighted in the report as requiring 'a quiet environment but was accommodated in a house with five others with behaviours' – to identify any additional strategies to support residents.

Proposed Timescale: 30/04/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were insufficient staff with the required skills, qualifications and experience to meet the assessed needs of residents at all times.

8. 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:

- Future planning for Staff recruitment in place to maintain staffing levels /skill mix.
- Review of staff compliment/ skill mix to support residents risk assessed and identified as not requiring nursing support in order to engage in community based activity outside the designated centre.
- An agreed protocol to be put in place to ensure residents can access their emergency medication by suitably qualified staff in line with the organisations policy.

Proposed Timescale: 30/03/2018