

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Dundas Ltd
Centre ID:	OSV-0002418
Centre county:	Meath
Email address:	teresa@talbotgroup.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Dundas Ltd
Provider Nominee:	Corinne Pearson
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 May 2014 11:30 To: 23 May 2014 18:30

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 11. Healthcare Needs
Outcome 12. Medication Management

Summary of findings from this inspection

The designated centre consists of two community houses and provides services for eleven residents. The designated centre is a centre for people with disabilities and is operated by the larger organisation Dundas Ltd. The Statement of Purpose for the centre states that the designated centre provides services for individuals over the age of eighteen and have the following needs, intellectual disability, acquired brain injury, mental health needs and medical conditions. Both community houses are staffed by health care assistants or rehabilitation assistants with community nurses supporting.

This was the first inspection for the designated centre. The person in charge and the provider nominee were present at commencement and at the feedback session at the end of the inspection.

The inspector spoke with residents and staff, reviewed documentation and observed practice. Residents reported that they were satisfied with the service that they received and that they felt safe. Staff were observed treating residents in a dignified and respectful manner. Residents were also supported to access an advocate if the need arose and some residents had completed training courses relating to human rights and the rights of individuals with a disability.

The procedures and processes regarding the admissions and transitions of residents required improvement. There was also improvement required regarding protecting

the privacy and dignity of residents, the social care needs of residents, the systems relating to health and safety and risk management, positive behaviour support and medication management.

The action plan at the end of the report identifies mandatory actions which the provider and person in charge will need to take to come into compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities

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 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):

No actions were required from the previous inspection.

Findings:

Residents spoken to expressed satisfaction with their homes and the services they received. The inspector was not satisfied that residents or their representative were consistently consulted in the planning and running of the designated centre. For example, as stated in Outcome 5 there was evidence of a new resident moving into the designated centre without consultation with the residents currently residing there. This admission also occurred within a twenty four hour period and was in contradiction to what the sibling of the resident and the resident had been informed of three days prior to the move. The inspector spoke with the residents involved who did not express dissatisfaction with this, however this practice does not promote autonomy and choice. Residents did however inform the inspector that they felt that they had the opportunity to choose how they spent their day.

The organisation has a policy in place regarding the management of complaints and this was displayed within each of the service units. There was a designated person nominated to deal with complaints in the designated centre. Residents spoken to stated that they could make a complaint if necessary however that they had never had to invoke the complaints procedure. Residents generally identified staff in the house as the person they would make the complaint to, staff were able to inform the inspector of the nominated person to deal with complaints. The centre also had a record of complaints maintained which stated the pertinent information regarding the complaint inclusive of the outcome.

There was evidence that residents were supported to access an advocate if the need arose and that some residents had completed training courses relating to human rights and the rights of individuals with a disability. The inspector observed staff engaging with residents in a dignified and respectful manner. Each resident had their own bedroom

ensuring that they had access to private space if necessary, both service units also had additional communal areas which could be accessed as a visitors room if required.

The inspector observed personal information of residents not being stored securely. For example the administration and prescription records for residents' medication was maintained on top of the medication trolley in a communal folder in the hallway of one service unit. This resulted in any individual walking through the service unit having access to this information. There were inconsistencies in residents' access to personal possessions. For example in one service unit residents had their own bed linen and towels whilst in another area this was a shared resource.

The inspector did not comprehensively review the systems in place regarding the personal possessions of residents, however identified that all monies spent were accounted for in a clear system, with the receipt and rationale maintained. There was also evidence of an advocate being sought to support a resident to develop control over their own finances.

There was evidence that some residents had the opportunity to take part in activities of their choosing, however as with other examples, this was not consistent. Documents reviewed by the inspector demonstrated that one resident had only left the designated centre once in a ten day period. Another resident reported that there were inconsistencies in transport being available, therefore planned outings such as shopping trips had been cancelled on occasions. However the resident did further state that staff do try to re-arrange the outings for another day.

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:

The statement of purpose of the organisation states that each resident receives an annual case conference. Inspectors confirmed that this occurs in practice and that the

case conference consists of a variety of members of the multi - disciplinary team. However due to the information recorded on a daily basis for residents, the inspector was not satisfied that the information utilised to inform this meeting was specific and measurable. For example, one resident reviewed had a spiritual need identified and the plan to address this was the opportunity to attend mass on a weekly basis, however there was no evidence that this choice was ever offered to the resident.

There was also evidence that additional resources would be required to support a resident to meet a social care need, however there was no evidence that additional staffing had been provided to support the resident resulting in limited access to the community. There was also no evidence that the personal plans created as a result of the annual case conference had been completed in consultation with the resident and/or their representative. Although it was stated in personal plans that residents chose not to engage in meaningful or purposeful activities, the inspector was not satisfied that all measures had been attempted to assist in addressing the psychological needs of residents required to support them in meeting their social care needs.

The inspector was made aware on inspection of one resident being newly admitted to the designated centre shortly before the inspection occurred. The inspector reviewed the documentation regarding this admission and spoke to the resident involved. Although the resident stated that they were content with the move and staff had been very good to them, the inspector was not satisfied that the process of this move was appropriate. The move had initially been planned for another designated centre, and both the resident and their relatives had been informed of this. There was evidence that the resident had gone shopping to buy items to decorate their new room. However twenty four hours prior to the move occurring, the resident was informed that they were moving into a different home and went to see it on the same day as being informed. The resident had expressed concerns on the evening and was reassured by staff. The following day the resident was moved. The inspector discussed this aspect with the provider nominee and the person in charge during the feedback session and informed them that although in this instance the resident was satisfied, this practice was unacceptable and all transitions should be planned and involve the resident.

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):

No actions were required from the previous inspection.

Findings:

The designated centre consists of two community houses. The designated centre has capacity for eleven residents, five in one community house and six in the other. The inspector reviewed the statement of purpose prior to the commencement of the inspection and found that although the designated centre was physically as described, the statement of purpose did not adequately reflect the needs that the designated centre would be able to provide services for. For example, both community houses were on split levels and consisted of numerous steps and slopes. Therefore the inspector determined that the centre would only be suitable for residents who required minimal assistance with mobility. As stated in Outcome 7, the risk register of the centre was also not reflective of this.

In general, both community houses were homely and suitably decorated however the inspector found that some of the bedrooms required additional work to repair paintwork and to personalise rooms to be reflective of the resident residing there. The inspector was satisfied that the homes were heated appropriately and that the lighting was suitable for the residents. Each home had communal kitchen/dining areas and a separate sitting area. There was sufficient number of bathrooms to meet the needs of the residents, however some bathrooms and hallways required additional cleaning. There were no cleaning logs available to support if areas were cleaned on a regular basis. Both areas had external grounds, however in one house the external grounds were not accessible to meet the needs of all of the residents residing there and support would be required by staff in order for residents to access them due to gravel and slopes. The external grounds were secure.

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):

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place regarding Health and Safety and Risk Management. The designated centre had a generic risk register which incorporated the risks associated with the wider organisation. There was also a safety statement in place which reflected some of the risks and practices associated with promoting health and safety. However the inspector identified specific hazards within the designated centre

which were not assessed and reflected in either the risk register or the safety statement. For example, as stated in Outcome 6, both service units were split level premises however this was not recognised within the risk register.

There were arrangements in place regarding the control of infection. The centre was clean and, in general the practices observed and in place supported infection prevention and control. Food hygiene colour coded systems were in place in the kitchen to prevent and control infection. There was personal protective equipment available for staff if needed and hand gel was observed outside bathroom doors. One area for improvement was the absence of hand hygiene gel with the medication trolley to ensure good hand hygiene practices.

There were systems in place for fire management. Staff had received the mandatory training required. However the inspector was not satisfied that the systems in place comprehensively addressed the hazards associated with fire based on the premises and the needs of residents. Residents spoken to were able to inform the inspector of the actions to be taken in the event of the fire alarm sounding. There was evidence that fire drills were undertaken. Documentation supporting this however demonstrated that there were occasions where it took an unacceptable amount of time to evacuate the designated centre. There were no personal emergency evacuation plans in place for residents, therefore the needs of residents were not addressed and there was no evidence of learning from these drills.

The procedure to occur in the event of an evacuation was prominently displayed in both houses and was also available in an accessible format. However the fire drills that occurred did not address the reduced staffing levels at night or the number of alternative routes which may need to be taken dependent on the location of the fire, therefore reducing the effectiveness of the plan.

There was evidence that fire equipment was serviced within appropriate time frames by an external contractor and that regular internal checks were conducted by staff to ensure all equipment was in working order and all evacuation routes were accessible. However the inspector identified a risk associated with the evacuation routes as they were operated by loose keys with no break glass units beside them. There was also a risk associated with the split level of one of the houses, as three of the bedrooms were at basement level with only one evacuation route. This was not addressed in the risk register or the emergency response plan.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The organisation has a policy in place regarding the protection of vulnerable adults. The Inspector reviewed a sample of staff training records and confirmed that staff received training in the prevention, detection and response to abuse. Staff spoken to demonstrated that they were aware of what constitutes as abuse and the actions to be taken in the event of an allegation, suspicion or disclosure of abuse. Residents spoken to stated that they felt safe in their home and could talk to staff if needed. Staff were observed treating residents with respect. The Inspector reviewed the policy which is displayed prominently inside the entrance of the designated centre for receipt of visitors to the designated centre to ensure the safeguarding of residents.

The Inspector reviewed a sample of positive behaviour support plans. Whilst efforts had been made to identify and alleviate the underlying cause of behaviour that is challenging for residents, the inspector was not satisfied that the evidence available supported that restrictive measures had been implemented in consultation with the resident and or/their representative. Evidence of the involvement of the multi - disciplinary team was also omitted, with one professional body signing off on the restrictions.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of personal files of residents. Assessments were completed in a timely manner on admission to the designated centre, however assessments were not always reviewed in a timely manner or as a result of a change in need. For example assessments to ascertain the risk of falls were not completed following a resident falling. There was evidence of referrals to allied health professionals and that the resident had subsequently been assessed by the relevant professional. However documentation such as daily records did not support that the recommendations from this assessment were implemented.

There was inconsistencies in the care plans being developed as a result of a need being identified and the daily records did not reflect if individuals had received the appropriate care to address that need. For example in the annual case conference of a resident, it was identified that physical health was a need which had been identified however there was no plan of care created as a result of that need.

The inspector reviewed the care received for a resident following a notification received by the Authority and although the documentation was not easily navigated, the Inspector was satisfied that the resident had been seen by the General Practitioner and appropriate interventions had occurred to address the injury sustained.

The inspector did not review the meal times on this inspection. However residents reported that the food was good and the inspector observed healthy eating tips and ideas in an accessible format in the designated centre.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There are written operational policies relating to the ordering, prescribing, storing and administration of medication however the inspector was not satisfied that residents were safeguarded as the practice did not always reflect the policy. Inspectors reviewed the prescription and administration records for a sample of residents. The administration record contained the necessary information such as the signature of the administering staff member and the times of administration. Of the sample reviewed, the inspector confirmed that the times of administration correlated with the times prescribed. There

were inconsistencies in relation to the information contained on the prescription sheet within the designated centre as in some instances the photograph of the resident was omitted. There was also a record of staff signatures maintained as a method of accounting for the staff member who had administered the medication. However not all staff had signed the record. Of a sample of staff records reviewed the inspector confirmed that staff administering medication had the appropriate training completed.

All residents residing in the designated centre required assistance with their medication. There was a record that assessments had been conducted to support this practice.

The inspector observed that the medication trolley was secure within the two service units. Inspectors were not satisfied that staff administering medication were familiar with the medication they were administering to residents and the rationale for same. Particularly in relation to medication administered as required. For example, one resident was prescribed medication as required. The inspector was unable to ascertain through documentation the rationale for this. Staff were also unable to inform the inspector of the purpose of the medication or the circumstance in which it should be administered. The policy of the organisation for the management of medication states that all staff understand why the medication is prescribed as required and the effect the medication will have. Therefore the practice occurring in the designated centre were not in line with the policy of the designated centre and or best practice.

Medication which was prescribed as when required was not always available in the designated centre.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Dundas Ltd
Centre ID:	OSV-0002418
Date of Inspection:	23 May 2014
Date of response:	10 July 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents were not consulted regarding a resident being admitted at short notice to the designated centre.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

The transitions/admissions policy highlights that a transitions committee coordinates any identified transition/admission in keeping with meeting the residents best interests as well as identifying the process when an emergency transition/admission is required.

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

Transition committee meetings will involve all stakeholders and allow the resident to participate in the process. Minutes of all transition committee meetings will be recorded to identify actions agreed and who was present, by 31st July 2014

Proposed Timescale: 31/07/2014

Theme: Individualised Supports and Care

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

Personal information of residents was available in communal areas.

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:

Staff will ensure that all personal information relating to residents is stored in a locked unit and this is already in practice.

Completed

Proposed Timescale: 27/06/2014

Theme: Individualised Supports and Care

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

Residents shared communal towels and bed linen.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

All residents are supported in purchasing their own preferred personal store of towels and bed linen and this has been completed.

Completed

Proposed Timescale: 27/06/2014

Theme: Individualised Supports and Care

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

the following respect:

Not all residents had the opportunity to participate in meaningful and purposeful activity.

Action Required:

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

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

Residents with the service have access to an extensive MDT to support in assessing emotional, behavioural and functional skills as well as activities of interest for them. Where activities identified may also present as significant risk e.g. for health, risk assessments are completed. A range of activities are available and offered to residents who may choose to engage or not to engage with these activities. Where it is identified that residents consistently refuse opportunities to engage in personally identified activities the team will explore alternative supports required to facilitate motivation and engagement and monitor the effectiveness of these interventions through the goal planning process and with Allied Health Professionals providing any necessary monitoring mechanisms relevant to the intervention identified.

Completed

Proposed Timescale: 27/06/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

The systems for recording the effectiveness of plans was not robust and therefore reduce the effectiveness of the annual case conference.

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:

Personal plans are reviewed on a regular basis. SMART personal goal planning is reviewed through fortnightly key worker meetings and a record of these meetings is available. Allied Health Professionals will ensure that on the introduction of any intervention there is a formal record to track the intervention. Behavioural interventions are tracked through behavioural monitoring and incident reporting tracked & monitored by the PIC.

Completed

Proposed Timescale: 27/06/2014

Theme: Effective Services

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

Individuals who were assessed as requiring additional resources did not have the additional resources made available to them.

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:

On the identification of the need for additional resources to facilitate identified activities, where the resources required are not able to be managed within the available funds for the service a proposal regarding the required additional resources is submitted to the appropriate funding agents for the resident. Where the required resources can be managed within the current funds/resources, they are made available. Social care needs are monitored and identified through key working sessions and on identification of additional resources a proposal is submitted to senior management to identify whether resources can be fulfilled within current resources or further support is required from the funding agent in which case a proposal is submitted to the funding agent.

Completed

Proposed Timescale: 27/06/2014

Theme: Effective Services

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

There was no evidence that personal plans were completed in consultation with the resident and/or their representative.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Minutes are available from the fortnightly keyworker meetings with the resident. The service will ensure that other relevant documentation regarding the personal plan will reflect the resident's involvement in the development & review of the plan.

Completed

Proposed Timescale: 27/06/2014

Theme: Effective Services

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

Residents were admitted into the designated centre in a twenty four hour period with minimal information and planning.

Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

The transitions/admissions policy will ensure that a transitions committee coordinates any identified transition/admission in keeping with meeting the residents best interests as well as identifying the process when an emergency transition/admission is required. Transition committee meetings will involve all stakeholders and allow the resident to participate in the process. Minutes of all transition committee meetings will be recorded to identify actions agreed and who was present.

Proposed Timescale: 31/07/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises are not reflective of the Statement of Purpose.

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 and the PIC will ensure that the statement of purpose will be reviewed for the units within the centre by 31st August 2014

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

the following respect:

Areas of the designated centre required additional cleaning and the paintwork required updating. Bedrooms required personalisation in some instances to reflect the resident residing there.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The premises will continued to be cleaned, with a deep clean and any necessary paintwork required will be completed by 31st July 2014.

The units have access to maintenance to ensure that any required work is completed in as quickly as possible to minimise disruption and inconvenience to residents. Any identified required maintenance work is noted in a maintenance book and the PIC is informed of the same.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

The external grounds were not accessible to all residents residing in the designated centre.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Environmental risk assessments have been completed for all residents within the designated centre and any identified controls required will be addressed and reviewed by 31st August 2014

Proposed Timescale: 31/08/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk register was generic and not reflective of all of the risks within the designated centre.

Action Required:

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

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

The PIC with the safety representatives for the community services will ensure that the safety statement incorporates hazard identification and risk assessments specific to the designated centre by 31st August 2014

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Residents did not have personal evacuation plans and the evidence that evacuation could take place from all areas of the designated centre, inclusive of staffing levels was not sufficient.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The PIC will support that Personal Emergency Evacuation Plans are developed for all residents by 31st August 2014

Proposed Timescale: 31/08/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Evidence did not support that residents and/or their representatives were consulted regarding positive behavioural support plans and the interventions implemented.

Action Required:

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

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

Documentation will reflect the involvement of the resident/representative in the

development of behaviour support plans, this is currently in place.

Completed

Proposed Timescale: 27/06/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Care Plans were not always developed as a result of an assessment of need.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Identified social needs are addressed through personal goal planning and medical care needs are addressed through specific care plans. The Keyworker meets every fortnight to explore the residents current and future goals.

Completed

Proposed Timescale: 27/06/2014

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:

Staff were unaware of the rationale for medication prescribed as required therefore were not in a position to administered the medication if necessary.

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:

All prescribed medication is accompanied by a tic tac sheet and the staff in the centre with support from the Nursing Team have developed a short quick reference guide book in easy to read language for the staff. On introduction of any new medication staff in the centre are provided with an information session with the Nursing Team to review and discuss the new medication.

A quality audit will be developed to assess staff's knowledge of medication within the

centre by Nursing by 30th September 2014

Proposed Timescale: 30/09/2014

Theme: Health and Development

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

Medication prescribed as required was not stocked available in the designated centre, therefore could not be administered to the resident if needed.

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:

Medication is ordered on a monthly basis and a review of requirement is completed prior to ordering medication.

Completed

Proposed Timescale: 27/06/2014