

**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 Sunbeam House Services Ltd
Centre ID:	OSV-0001709
Centre county:	Wicklow
Email address:	
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Ltd
Provider Nominee:	John Hannigan
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	1

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 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:
18 June 2014 11:00	18 June 2014 21:00
19 June 2014 10:00	19 June 2014 16:00

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

This inspection of a designated centre operated by Sunbeam House Services was conducted by the Health Information and Quality Authority (the Authority) in response to an application from the provider to register the centre. As part of the inspection, the inspector visited the centre and met with residents and the staff members. The inspector observed practices and reviewed documentation such as policies, personal plans, medical records and accident and incident records.

Sunbeam House Services is governed by a board of directors consisting of nine members, with John Hannigan as CEO. Mr Hannigan is also the person nominated on behalf of the provider and will be referred to as provider throughout the report. Mr

Hannigan is supported in his role by the senior management team which is made up of seven managers with a variety of roles and responsibilities. There are eighteen client services managers (CSM) across the organisation who directly report to the senior management team. Members of the CSM team are the identified persons in charge for the designated centres within Sunbeam House Services.

In total, seven adult residents live in this designated centre which is a bungalow type home located on a campus on which there are administration offices and a day service.

Overall, the inspector found that residents received a good quality service. There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

The inspector found the service was managed and run by a suitably qualified person in charge who was fully engaged in the governance and management of the designated centre. Appropriate staff recruitment and supervision was in place and staffing levels were suitable to meet the needs of the residents.

Improvements were required to ensure that the physical environment was suitable to meet the needs of residents. Other improvements were required in the area of contracts of care for residents and the development of policies. This is further discussed in the body of the report, and in the action plan at the end of the 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 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:

The inspector found that there were structures in place to promote the rights of residents, for example, staff and management were aware of the rights of individuals and of what constituted a restriction of rights. A Rights Review Committee was in place to which any rights restrictions were referred, and there was evidence of a response to referrals from this committee within a month.

Residents were supported to maintain their own bank accounts, and each resident had a money management assessment in place. There was a clear and accountable system in place for any transactions made on behalf of residents. All transactions were accompanied by two staff signatures, and by receipts of expenditure. Each resident's money held by the service was kept in an individual locked box and balances were correct. Both external and internal audits of residents' finances had been conducted.

There was evidence of a complaints procedure, although it was unclear as to whether it was a current procedure. In addition this policy did not include all the information required by the regulations, for example the person responsible for the management of the complaints and appeals procedure were not identified. However there was evidence of good local practice in the management of complaints received and a positive approach to the receipt of both complaints and complements.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

A communication profile was in place for residents in the centre which included details about the way in which the individual indicated needs, requests and feelings. They also included information in relation to those things which might cause upset to the person, and those things which they might enjoy. Staff displayed thorough knowledge of the manner in which individuals might communicate, and this was clear in any interactions observed by the inspector between staff and residents.

The person in charge had received specialised training in the area of assistive communication, and the service had a centre had acquired a tablet that they were beginning to introduce as a form of assistive communication.

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):

No actions were required from the previous inspection.

Findings:

Residents were supported to maintain personal relationships and links with the wider community. For example, residents were facilitated to make visits to their families, and accompanied by staff for the whole visit if required. Residents all attended day services, and there was evidence of varied social activities. Where possible community facilities were utilised.

Visits to the centre were welcomed, and although the only area to accommodate visits was the smaller of two living areas, staff reported that this was a satisfactory arrangement.

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):

No actions were required from the previous inspection.

Findings:

While there were tenancy agreements prepared these were not yet in place, and there were no agreements in writing for the provision of services in place as required by the Regulations.

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):

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

Findings:

The inspector was satisfied that the care and support provided to residents consistently and sufficiently reflected their assessed needs and wishes.

The inspector reviewed a sample of personal plans and found significant improvements since the last inspection. Each resident's needs were identified and plans were put in place to address those needs, and plans now reflected any changing needs.

Each resident was assigned a key worker and daily records were also maintained of the how the residents spent their day. The personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives.

These personal plans were live documents, they accompanied the residents between day services and residential home, and were used for staff handovers.

These plans also contained details of residents' healthcare needs, and this is further discussed under Outcome 11

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):

No actions were required from the previous inspection.

Findings:

The designated centre was a bungalow in the grounds of a campus including administration buildings and a day service. Access was appropriate to the needs of the residents, some of whom had physical disabilities.

The centre appeared to be clean, there was plenty of room for storage and there was a large enclosed back garden area for the use of residents.

While staff had made great efforts to create a homely environment, for example with wall art, the decor and layout of the bungalow was not appropriate. For example there was hospital type flooring throughout, there were no doors between the bedrooms and the en-suite bathrooms, and in several of the bathrooms there was no toilet seat. All areas of the centre required repainting and decorating.

A room was available for accommodating people on short term respite, which required repainting and replacement of cupboard doors. It included an en suite bathroom which was also in a state of disrepair and again had no toilet seat. In addition the inclusion of a respite service in a designated centre which is the home of the full time residents was causing distress and discomfort to some of the residents.

More appropriate accommodation had been sourced by the housing and transport manager which will accommodate five of the current residents, and there was evidence of individual planning of the transition for residents.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The inspector found that systems were in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff. In addition to this regular fire drills were conducted. There was evidence of action resulting from the learning gained during fire drills, for example several rooms had been fitted with double doors to ensure the safe egress of residents in an emergency. The inspector found that staff were very aware of the fire evacuation procedures and were able to describe the procedures involved.

Documented checks included quarterly checks of the alarm system, monthly checking of emergency equipment and lighting, weekly checks of alarms and daily checks of fire exits.

The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order.

An emergency plan was in place and alternative accommodation had been identified in the event that evacuation of the centre was necessary.

Improvements had been made in relation the management of risk since the last inspection, for example, some local risks had now been assessed, and a risk register had been introduced in which risks were identified, existing and additional control measure described and the status and progress of the management of the risk identified. However, while the inspector was informed that any risk that could not be managed

locally was escalated, this process was unclear, and was not included in the draft risk policy which was available.

There were however, arrangements in place for the recording, monitoring and learning from accidents and incidents. Accident and incident forms were completed, examined by the person in charge and returned to senior management and the health and safety officer. A database was maintained and trends identified.

A monthly checklist of health and safety issues was available, and included for example the checking of first aid boxes, equipment such as suction machines and emergency lighting.

Judgment:

Non Compliant - Minor

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):

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

Findings:

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. Not all staff members had received training in the protection of vulnerable adults, but there was evidence of a training schedule in place to rectify this.

Intimate care plans were in place for residents which were person centred and referred to the gender of staff who were to provide assistance.

Where restrictive practices were in use there were risk assessments in place, and also evidence that alternatives had been considered or attempted and ruled out. There was also evidence of reduction of the use of restrictive practices where possible.

Positive behaviour support plans had been conducted by nursing staff for some residents, but the implementation of these was not always recorded so that it was

unclear as to how the effectiveness of interventions could not be evaluated.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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):

No actions were required from the previous inspection.

Findings:

Residents had opportunities for new experiences, social participation and opportunities to participate in activities in accordance with their interests. Residents were encouraged to participate occupation and recreations, much of which was provided through the Sunbeam House day service. Opportunities for further activities were provided from the designated centre, such as outings or social events in the home.

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):

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

Findings:

The inspector found that residents healthcare needs were met for the most part. Annual medicals were documented in the personal plans and there was input from other healthcare professionals where required.

Implementation of the guidance in the healthcare plans was for the most documented, for example, the implementation of a care plan for a resident in relation to incontinence was recorded clearly. However, this was not always the case, for example, the implementation of the care plan for another resident in relation to physiotherapy recommendations was not recorded. This was particularly significant as staff reported that they did not feel that the intervention was appropriate, but it was unclear as to how this could be reviewed given that the implementation was not recorded.

There was evidence of assessment and planning to meet the needs of residents as their needs changed, for example a care plan had been put in place for a resident who required pressure area care.

Access to healthcare professionals was evident, for example speech and language therapists, physiotherapist, dentist, and psychiatrist. Appointments with these professionals was documented, recommendations were in the residents personal plans and informed the delivery of healthcare.

The inspector was satisfied that residents' nutritional needs were met to an acceptable standard. Meals were planned in advance by the chef who had received appropriate training in order to meet the needs of the residents.

Alternative methods of offering choice had been considered since the last inspection. At least two alternatives were available each evening meal, and where residents could not easily communicate choice they were offered meals based on staff knowledge of their likes and dislikes, and alternatives offered if meals were refused.

Judgment:

Non Compliant - Minor

Outcome 12. Medication Management

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

Theme:

Health and Development

Findings:

While there was evidence of structures and processes in place in relation to the management of medications, some improvements were required.

There was good practice in relation to the safe management of medication while residents were on outings, and while there was some evidence of a policy to guide practice, it did not include guidance in this area. In addition the policy was in draft form and was undated as discussed under Outcome 18.

Medication audits were conducted, both internally and by the external pharmacist. The outcomes of these audits were discussed at nurses meetings, and there was evidence of change in practice following the findings of these audits.

Some improvements were required in the prescriptions from which staff were administering medications. For example, the exact dose was not always included and the maximum dose for some 'as required' (PRN medications) were not identified as discussed in Outcome 18. However, the circumstances in which PRN medications should be administered was clearly identified.

The inspector observed a member of staff administering medication during the inspection and for the most part the practice observed was in keeping with the draft policy. However, the door of the medication cupboard was left unlocked and open whilst the staff member left the clinical room to administer the medication to the resident.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The Statement of Purpose included all the information required by the Regulations.

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):

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

Findings:

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services.

The inspector found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She had a very good knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation.

The person in charge was involved in carrying out audits to in various areas of care delivery, and these audits generated action plans in relation to any areas of improvement which were identified.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. A documented performance development system had been introduced for all staff in the organisation. The person in charge was utilising this system and a plan for the completion of this process for all staff in the designated centre was available.

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):

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence. One of the senior staff nurses was responsible for deputising 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):

No actions were required from the previous inspection.

Findings:

The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that the numbers and skill mix of staff were appropriate to the assessed needs of the residents.

The inspector reviewed the staff rosters and observed the daily activities and found that staffing arrangements were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines.

There was safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Staff files were reviewed and it was found that they contained the required documents as outlined in Schedule 2 of the Regulations.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as first aid, medication management and risk assessment. The majority of staff had completed training in the protections of vulnerable adults, and a schedule of training was in place and available to the inspector.

There were also regular meetings with the staff with regard to the management of the centre. The regulations and standards were discussed at these meetings, and minutes of these meetings were maintained.

The inspector found staff to be knowledgeable about the individual needs of the residents, the organisation of the centre and of their responsibilities under the regulations.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

There was some evidence of the policies required in Schedule 5 of the Regulations, but they were for the most part either undated, in draft form or there were two undated versions available. It was therefore not clear which of the policies was intended to guide staff, or when a review had last take place. The exception to this was the policy on the management of a missing person which was dated and comprehensive.

All of the records required in the Regulations in relation to residents were available and staff files examined in the head office of the organisation were all in order.

As discussed under Outcome 12 not all documentation in relation to medication management for each resident as required in Schedule 3 of the regulations was 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:

Julie Pryce
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 Sunbeam House Services Ltd
Centre ID:	OSV-0001709
Date of Inspection:	18 June 2014
Date of response:	26 August 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:

There was no nominated person as required by this regulation.

Action Required:

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

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

John Hannigan is the complaints officer for SHS. There is a complaints section on CID, whereby a staff member can make a complaint themselves, or on behalf of someone

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

else. This goes directly to John Hannigan. The policy is currently under review. An accessible Complaints Policy will be in place in all locations by 1st November 2014.

Proposed Timescale: 01/11/2014

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:

Residents were not provided with a contracts of care dealing with the service to be provided and associated terms and conditions.

Action Required:

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:

A contract agreement for service users is currently being finalised and will be in operation by 1st November 2014.

Proposed Timescale: 01/11/2014

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 required redecoration and repairs.

Action Required:

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

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

All toilet seats will be replaced, and the respite room will be painted and decorated to create a better living environment 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:

Some of the residents were disturbed by the use of some of the rooms for respite admissions.

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:

There is another phase of downsizing currently underway. This will result in 5 clients moving out into a smaller community house in the Arklow area. This new location is awaiting HIQA inspection. There are plans to move out the 2 remaining clients that are in full-time residential care in this location.

Therefore respite services will continue without disruption to other residential clients.

Proposed Timescale: 01/04/2015

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 steps for the management of risk were identified.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The Risk Management process has been finalised and will be rolled out to all staff by 7th October 2014.

Proposed Timescale: 07/10/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Implementation of positive behaviour support plans was not always recorded and reviewed.

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:

Positive behaviour plans were reviewed, especially for one client.

Proposed Timescale: 30/06/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provision of healthcare was not always recorded and reviewed.

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:

A review was conducted by the physiotherapist and staff regarding the effectiveness of the physio recommendations, and the plan was discontinued as it was not effective.

Proposed Timescale: 20/08/2014

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:

Safe practices were not always implemented.

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:

All the individual drug kardex were typed and changed/amended to reflect the exact dose of PRN medication in 24 hours.

Storage and security of medication was discussed with the staff Nurse involved immediately.

Proposed Timescale: 30/06/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies were undated or in draft form.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All Schedule 5 Policies will be rolled out to all staff by 1st October 2014.

Proposed Timescale: 01/10/2014

Theme: Use of Information

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

Not all records required in Schedule 3 3. (h) were in place.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All Schedule 5 Policies will be rolled out to all staff by 1st October 2014.

Proposed Timescale: 01/10/2014