<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0003988</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Louth</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>St John of God Community Services Limited</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Bernadette Shevlin</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Ciara McShane;</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>19</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>9</td>
</tr>
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</table>
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 compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 18 September 2014 10:00  
To: 18 September 2014 18:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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</table>

Summary of findings from this inspection
A monitoring inspection had been carried out to this service in May 2014 and following that the provider nominee in consultation with the Health Information and Quality Authority (The Authority) requested to have the service reconfigured with the result that this is the first inspection of this designated centre.

Subsequently, the Authority received unsolicited information which resulted in an independent investigation which substantiated failings in the following areas:

- Opportunities for residents to participate in activities to meet their assessed needs.
- Safeguarding and restrictive practices.
- Food and nutrition.

This inspection of the designated centre which contains 5 units was announced and focused on outcomes in relation to the above matters and staffing.

The methodology of the inspection included reviewing documentation, observing practices and communicating with staff, management and residents.

The inspectors found that 19 residents were being accommodated at the time of the inspection and primarily residents were assessed as having a severe to profound intellectual disability with other conditions.
There were mixed opportunities for residents to participate in activities to meet their assessed needs. On the one hand, there were some excellent opportunities for example, a particular staff member was assigned to work with a resident on an individual basis which had a significant impact on the resident's fulfilment and reducing episodes of challenging behaviour while on the other hand, there were no or limited opportunities due primarily to insufficient staffing levels.

Where a resident’s behaviour necessitated intervention a behavioural support plan had been put in place and in the main, systems and practices were available to consistently implement the plan.

Residents had a varied and nutritional diet and the inspectors saw that residents had ample choices with regard to the food they wished to have at mealtimes. Staff informed the inspectors of the availability of the services of the Allied health professionals for example dietician and speech and language therapists, and this was confirmed in residents’ records.

There was evidence that staff had education and training to meet the needs of residents and the inspectors saw that communication and interactions between residents and staff were positive. Since the initial inspection of the service a person in charge has been recruited and is working with management and staff in order to bring about improved outcomes for residents.

Matters were identified in relation to the premises for example, the size/suitability of a resident’s bedroom and maintenance issues.

Some records and documents were not fully maintained in a manner so as to ensure completeness and accuracy.

The inspectors requested that an investigation into a notification be initiated and the findings forwarded to the Authority.

Areas requiring improvement are identified in the action plan at the end of the report for action by the provider and person in charge in order to ensure 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.
**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 inspectors were informed that staff were employed from an agency to promote an activation programme for all of the residents living in the designated centre. These staff members reported to the Day Services Activation Department. Some staff informed the inspectors that one of the difficulties with the staff from the agency was that they provided a service to a number of designated centres and units within the designated centres therefore were not always available to consistently implement each resident’s activation programme. However, management of the service have recruited permanent on-call staff who will be allocated to the individual units in the designated centre. In this way, it is anticipated that the activation programme will be improved as staff members will be assigned to residents and have increased knowledge of their wishes and choices. A manager in one of the units informed the inspectors that the core staffing group had recently been complemented by an additional 3 new staff members who received a full induction of the unit. The manager assured the inspectors that the additional staff would work with residents in that particular unit.

The activation group compiled a timetable of activities which was displayed in each unit within the designated centre, however, it was not in an appropriate format for residents.

A number of activities were provided with in the grounds of the designated centre, such as going swimming, having a massage and sensory therapy, video club, art and crafts programme, attending live music sessions, sports activities or going out for a walk. The inspectors heard that tabletop activities take place in the coffee shop, which now has extended opening hours. A staff member and resident who had returned from the cinema told the inspectors the name of the film and the staff member described the resident’s enjoyment. The inspectors read an article in the local paper highlighting residents’ artwork on display in the local community.
Community-based activities included outings to local parks, horse therapy and football games. The inspectors saw that residents had wallets and purses and were allocated a sum of money on a weekly basis to fund their participation in activities of their choice.

Inspectors observed that there were mixed opportunities for residents to participate in activities to meet their assessed needs.

On the one hand, there were some excellent opportunities for example, a particular staff member was assigned to work with a resident on an individual basis and this resulted in an increase in the frequency and duration of the activities attended by the resident. The staff member documented the resident’s participation in events from May to August 2014 and analysed this against the resident’s episodes of challenging behaviour which showed a significantly decrease.

Some staff members told the inspectors about the reduction in residents’ episodes of self injurious behaviour and assaults on other residents and staff as a result of increased activation.

Staff demonstrated that they had knowledge of residents’ likes and dislikes and a staff member described how one resident likes the motion of an outdoor swing and in anticipation of the winter was considering different options, including a rocking chair. A staff member confirmed that the activity programme will be assessed and reviewed for the winter months.

The inspectors heard about a resident who for the first time had a planned and supported visit to family members.

On the other hand, in the afternoon of the inspection the inspectors saw that there were no opportunities for a group of residents. For a period of time there were insufficient staff to supervise residents or to provide any form of stimulation or involvement in activities/events. The environment was noisy yet the inspectors read that one of the residents being accommodated “likes peace and quiet”. See outcome 17 for action plan.

Staff members who communicated with the inspectors considered that the activation level of residents had improved significantly in recent months and a record of the activities participated in by residents was completed by the activation staff however, some records had not been fully maintained as an entry had not been made for everyday.

The inspectors found that residents, dignity had not been respected as there was a notice on the wall which referenced “nappy liner” and a staff member employed to carry out household duties sorted out items of laundry in a resident’s bedroom.

**Judgment:**
Non Compliant - Major
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:
This outcome was not subject for inspection, however, the following matters were identified:
• A resident’s bedroom contained the resident’s bed but there was insufficient space for any other bedroom furnishings/fittings.
• Staff lockers were kept in the kitchen of one of the units of the designated centre.
• Paint work on the walls in one unit was flaked, damaged and chipped.
• The communal areas of one unit had limited soft furnishings, for example, wall pictures/photographs.
• A bathroom was out of order.
• There was a smell of dampness in one of the kitchens.
• The paintwork on the walls in 2 bathrooms had deteriorated.

Judgment:
Non Compliant - Major

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

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors found that measures were taken to protect residents from being harmed and in the main, residents were provided with behavioural and therapeutic support to
promote a positive approach to behaviour that challenges. There was documentary and verbal evidence in relation to the reduction of restrictive practices and the current restrictive practices in place are as follows:

- One resident had a lap belt.
- One resident had an all in one suit (used intermittently and currently being replaced with an alternative).
- One resident was wearing gloves and mitts.
- Two residents had arm splints.
- Two residents used bedrails.
- One resident had protective equipment.

A number of residents are administered PRN medication (chemical restraint), however, this was not scrutinised in detail during this inspection. Management of the service agreed to carry out a desktop analysis of chemical restraint and forward to the Authority so that the information can be examined prior to a focused inspection.

Relevant and appropriate behavioural support plans were in place and there was evidence that these were being reviewed. They were detailed and outlined the behaviour, antecedents, proactive and reactive strategies and guidelines for staff.

The clinical nurse specialist provided assistance to staff in developing these plans which were then forward with risk assessments to an on-site committee for approval. Authorisation identified the conditions and duration for the restrictive practice upon which further approval had to be sought from the committee. A record “restraint log” was maintained detailing the restraint.

There was evidence of communication with residents’ relatives regarding the restrictive practices.

A key worker to a resident was attending training in Multi-Element Behaviour Support Plans (MEBS) which entails functional analysis.

External doors in the units were unlocked and residents could access their living environments. In the interests of the residents' safety The inspectors were informed that the internal door to the kitchen in a unit was locked if staff were not available.

The inspectors noted that not all staff implementing the behavioural support plan had signed the plan confirming their knowledge of it and agreement to consistently implementing it as part of the team working with the resident. See outcome 18 for action plan

The interpretation of a restraint/restrictive practice was not always clear and consistent with appropriate supporting documentation.

**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:**
The inspectors had reviewed a notification which had been forwarded to the Authority and identified a 7 day delay between the incident and hospital intervention which confirmed a fracture. An investigation into this had not already taken place, but was requested by the inspectors at the post inspection review.

**Judgment:**
Non Compliant - Moderate

### 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:**
The inspectors found that residents were provided with adequate quantities of food and refreshments which was served in pleasant surroundings, was wholesome and nutritional, offered choice at mealtimes and was consistent with residents’ individual dietary needs and preferences.

There were 3 main meals each day, snacks and refreshments throughout the day and supper in the late evening. Inspectors saw residents returning from their activity and having refreshments prior to lunchtime and observed staff assisting residents with hot and cold beverages and their lunchtime meal.

Staff were knowledgeable of residents’ likes and dislikes and they assisted residents to make their menu choices at each meal time.

The daily menu choice was displayed, however, this was not in a format suitable for residents. See outcome 1 for action plan.
A document entitled “Are You safe” which related to Rights Awareness completed by a staff member in one of the units in May 2014 detailed that the resident did not have a choice, regarding the time of eating a meal. However, the inspectors were not able to substantiate this view as there was evidence, whereby residents did not wish to have their meal at the designated meal time and the meal was reserved and stored appropriately to have later in the day.

A catering kitchen situated on the grounds where the designated centre is located provides all of the main meals. The inspectors observed that the lunchtime meal was delivered from this kitchen via transport in a bain-marie to each unit in the designated centre. The food was hot, attractively presented and was available as assessed by the dietician and/or the speech and language therapists, for example mince moist, normal or soft pureed.

The inspectors saw a variety of foods in the cupboards of the kitchens in the units, for example, basic items such as choice of breakfast cereals, juices, eggs, bread, dry goods and a variety of refrigerated and frozen foods. Residents had been prescribed additional supplements where there was a requirement and inspectors saw an ample supply available. The inspectors saw pureed fruit that was served with custard or a milky pudding and a variety of deserts.

Review of documentation indicated that residents had access to nutritional Allied health professionals including speech and language therapists and a dietician. In general, this was satisfactory, but examination of a resident’s records showed that in spite of prescribed recommendations further referrals had not been made to the speech and language therapists. See outcome 18 for action plan.

Documentation in residents’ individual care plans showed that residents were weighed on a regular basis. Where there were concerns regarding residents’ weight a food and fluid chart was maintained in order to assess the situation to bring about an improvement in the resident’s condition.

**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):
No actions were required from the previous inspection.

Findings:
An examination of the staff rosters showed that they were not reflective of the actual staffing arrangements in each of the individual units of the designated centre.

There were inadequate staff to meet the needs of residents in respect of appropriate supervision of residents in a unit and residents' participation in social and recreational activities as identified under outcome 1.

A staff member informed the inspectors that a staff meeting had been convened by the new person in charge. This was attended by staff and a resident. A staff member commented that the resident displayed excitement while in attendance in the staff meeting.

Staff were trained in Therapeutic Management of Aggression and Violence which is considered beneficial in addressing behaviours that challenge.

Judgment:
Non Compliant - Major

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

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
In the main, records were maintained satisfactorily with the exception of those examined and identified in the main body of the report which were incomplete and or not up-to-date.

Judgment:
Non Compliant - Minor
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:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of Inspection:</td>
<td>18 September 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15 October 2014</td>
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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.

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have the freedom to exercise choice and control in their daily lives as the activation programme was not in an appropriate format for residents.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
### Action Required:
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

**Please state the actions you have taken or are planning to take:**
1. An activation folder which is service user friendly is currently being developed for each house in the designated centre, by the Activation Department. The activation folder, will include photographs of all of the activities available for residents and will be updated as required.

### Proposed Timescale: 31/10/2014
**Theme:** Individualised Supports and Care

### The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident’s freedom to exercise choice and control in his/her daily life was denied as the environment was noisy and resident "likes peace and quiet".

### Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

**Please state the actions you have taken or are planning to take:**
1. Staff shall conduct an environmental assessment to identify a quiet area in the resident’s home where the resident can go, if the environment is too noisy. This information has been updated in the residents Individual Personal Plan. Completed – 14/10/2014
2. A review of the residents needs shall be undertaken by the clinical nurse manager to review whether the environment is appropriate and meeting the needs of the resident. Alternatives shall be explored where it has been identified the residents needs are not being met. 31/10/2014
3. Individual Activities Schedule and Social Goals shall be reviewed to ensure all residents’ choices and preferred activities have been identified which is included in the resident’s individual personal plans. 31/12/2014

### Proposed Timescale: 31/12/2014
**Theme:** Individualised Supports and Care

### The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The designated centre was not operated in a manner that respected residents' adult hood, as there was a notice referencing "nappy liner".
**Action Required:**
Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

**Please state the actions you have taken or are planning to take:**
1. The notice referencing “nappy liner” has been removed with immediate effect. Complete
2. An audit shall be undertaken in the designated centre by the clinical nurse manager to ensure all homes are operated in a manner that respects the residents’ adult hood. 31/10/2014
3. Respecting Privacy and Dignity Standard Operating Procedure shall be developed and circulated to all staff to read and adhere to. 31/11/2014
4. Training will be provided to all staff in regards to documentation, record keeping and appropriate language. 31/03/2015
5. All new staff members will continue to receive an induction which includes our expectations in regards to privacy and dignity.
6. Information sessions were introduced for staff in regards to privacy and dignity in May 2014. The service will continue to promote a culture of privacy and dignity through forums including team meetings, info-share and induction and education sessions.

**Proposed Timescale:** 31/03/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A resident’s privacy and dignity was not respected as a staff member sorted out items of laundry for the unit in the resident’s bedroom.

**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:**
1. Designated areas have been identified for sorting clean linen. Completed
2. Laundry and Linen Management Standard Operating Procedure shall be developed and communicated to all housekeeping staff. 31/12/2014
3. Respecting Privacy and Dignity Standard Operating Procedure shall be developed and circulated to all staff to read and adhere to. 31/11/2014

**Proposed Timescale:** 31/12/2014
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have the freedom to exercise choice and control in their daily lives as the menus were not displayed in an appropriate format for residents.

Action Required:
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

Please state the actions you have taken or are planning to take:
1. The Catering Department are in the process of taking pictures of all the meals, which are available to residents. Completed
2. These pictures will be distributed to all homes in the designated centre and displayed and updated on a daily basis on the menu board to reflect the choices for that day.
31/10/2014

Proposed Timescale: 31/10/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All residents did not have opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Action Required:
Under Regulation 13 (2) (a) you are required to: Provide access for residents to facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:
1. All residents’ social goals plan and individual activities schedule will be reviewed and updated to include their preferences for meaningful activities and occupational recreation. 31/12/2014
2. The supervisor in each home shall ensure that the activities are undertaken as per the planned weekly individual schedule. Ongoing
3. Staff shall ensure the Activation Folder provided by the Activation Department is available to the residents in order to choose the activities which are in accordance to their wishes and needs. 31/10/2014
4. To enhance the communication of residents meaningful day activities to the Activation Department. A Template shall be developed to formalise this to ensure the appropriate resources are available where possible to enable residents to participate in the activities of their choice e.g. transport, therapists etc. 31/10/2014
5. A monthly audit will be undertaken by the Person in Charge, to ensure that residents are being supported to participate in their activities of interest. 31/01/2015
Proposed Timescale: 31/01/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident’s bedroom contained the resident’s bed but there was insufficient space for any other bedroom furnishings/fittings.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
1. A group has been established to explore options to maximise existing space in existing designated centre. Complete
2. A review of the designated centre, campus and residents needs shall be undertaken to determine if there is capacity to transfer the resident to a more appropriate environment, where there is sufficient space available for other bedroom furnishings/fittings. 31/10/2014
3. A Draft Development Plan has been developed by the Management Team. This outlines the long term strategy of the organisation to support residents to transition out of the existing premises and into the community using the residential models to meet current and emerging needs of residents. Regular updates on the progress of the plan shall be provided to the Authority. 30/11/2014

Proposed Timescale: 30/11/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The following matters were identified
• Paint work on the walls in one unit was flaked, damaged and chipped.
• The communal areas of one unit had limited soft furnishings, for example, wall pictures/photographs.
• A bathroom was out of order.
• There was a smell of dampness in one of the kitchens.
• The paintwork on the walls in two bathrooms had deteriorated.

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:
1. A Maintenance Inventory had been developed for the designated centres incorporating the actions required, status of the actions, actions taken and to be taken, action completion date, responsible person and time frame for completion. Completed
2. All of the outstanding maintenance works which were identified during the inspection visit, are included onto this Maintenance Inventory. 31/12/2014
3. A further maintenance audit shall be conducted to ensure all maintenance issues have been identified and included in the Inventory. 31/10/2014
4. The Clinical Nurse Manager shall carry out monthly management walkabouts to include the safety and quality of the environment. A schedule shall be developed, and actioned appropriately. 30/11/2014
5. Key workers will continue to review all rooms with the residents, their families/representatives to ensure the rooms are personalised.

Proposed Timescale: 31/12/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The designated centre was not laid out to meet the aims and objectives of the service as staff lockers were kept in the kitchen of one of the units of the designated centre.

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

Please state the actions you have taken or are planning to take:
1. A review of the premises shall be undertaken to identify further areas that can be utilised for the staff lockers and storage.

Proposed Timescale: 30/11/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Restraint procedures were not applied in accordance with national policy and evidence base practice plans as the interpretation of a restraint/restrictive practice was not clear and consistent with appropriate supporting documentation.
**Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
1. Restrictive procedures shall be reviewed by the Clinical Nurse Manager in consultation with the Clinical Nurse Specialist to ensure they meet each resident’s needs and the requirements of the regulations. 31/10/2014
2. A review of the TMAV training records shall be undertaken to identify any training gaps for staff and ensure a training calendar to address TMAV training needs for this house. This will include refresher training. 14/11/2014
3. The Person in Charge shall ensure that all staff are aware and understand the Standard Operating Procedure and their obligation in relation to restrictive procedures, in particular the use of chemical restraint, through forums including team meetings and education sessions. This process has commenced and will be completed in its totality by 30/11/14. 31/11/2014

**Proposed Timescale:** 30/11/2014

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**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
An investigation into a serious injury has not been carried out, whereby there was a seven day delay between the incident and hospital intervention which confirmed a fracture.

**Action Required:**
Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

**Please state the actions you have taken or are planning to take:**
1. The Person in charge will conduct an investigation regarding this notification in line with the Responding to Safeguarding Concerns Standards Operating Procedure. A copy of the investigation report will be forwarded to the authority once complete. 17/10/2014
2. Weekly education and information sessions have been rolled out to staff in regards to adhering to Safeguarding, risk management policies and Procedures and AIR Forms and regulatory requirements and compliance. Completed August 2014
3. Process Mapping and Development of Standard Operating procedures took place for Incident Reporting and Responding to Safeguarding Concerns. These Standard Operating Procedures have been distributed to all staff within the designated centre. Completed August 2014
Proposed Timescale: 17/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The number of staff was not appropriate to meet the number and assessed needs of residents as residents were not supervised for a period of time observed by inspectors and were not able to participate in the activity programme.

Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
1. Following on from the inspection an initial review regarding the number of staff to meet the needs of the resident from a supervision and meaningful day point of view has been completed for this house. However a more intensive review is taking place in the context of the work of the roster review steering committee which commenced in October 2014 and will be reviewing staffing numbers/staff skill mix to meet assessed needs of residents. 30/11/2014
2. The service has commenced a recruitment process in May 2014 to engage competent professionals to increase the availability of staff on the relief/bank panel, who have received the required mandatory training. Alongside this, in September 2014 the service commenced the recruitment to engage in competent professionals to back fill the long term vacancies. 31/12/2014
3. A roster review steering committee has been established, which will review staffing numbers and skill mix, per designated centre. Commenced October 2014

Proposed Timescale: 31/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff had not confirmed that they had knowledge of and were implementing the restrictive policy procedure and behavioural support plans.

Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
Please state the actions you have taken or are planning to take:
1. The Person In Charge shall ensure that all staff are aware and understand the Standard Operating Procedure and their obligation in relation to restrictive procedures (in particular the use of chemical restraint) and behaviours of Concern Policy and Procedure. 30/11/2014
2. All relevant staff are trained on the management of restraint and the use of chemical restraint on an annual basis. Completed
3. A review of the TMAV training records shall be undertaken to identify any training gaps for staff and ensure a training calendar to address TMAV training needs for this house. This will include refresher training. 14/11/2014
5. The clinical nurse managers shall ensure all staff in the designated centre are familiar with the contents the residents behaviours support plans. 31/10/2014
6. Any changes to the residents needs, in regards to behaviours of concern, are communicated to all relevant staff through handovers regular team meetings & multi-disciplinary team reviews.

Proposed Timescale: 31/03/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All referrals on behalf of residents had not been followed up with the speech and language therapist, in spite of prescribed recommendations.

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:
1. The Nutritional Status and Management Standard Operating Procedure has been developed and circulated to all of the homes in the designated Centre. The Standard Operating Procedure clearly outlines the process, when a member of staff has concerns about a resident in regards to Nutrition. It has confirmed all staff have been inducted into the policy and have signed to confirm this. All staff need to sign off that they read the policy and this will be completed by 24/10/14.
2. The referral, to the Speech and Language Therapist, which was identified during the inspection visit, had been actioned and sent to the Speech and Language Therapist for follow up and all appropriate actions are implemented. Completed

Proposed Timescale: 24/10/2014
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of residents' activation programme had not been maintained in full.

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:
1. Key Workers will continue to meet with the residents and their family/representatives, where appropriate to complete the individual activities schedule. This includes a combination of services provided within the designated centre, in specific facilities at another centre (e.g. hairdressing, swimming pool) and within the community. It is also reflective of social skills the resident may wish to pursue. 14/11/2014
2. The clinical nurse manager shall ensure each residents individual activities schedule, are completed and review them on a regular basis, to ensure they are reflective of the residents wishes and needs. 30/11/2014

Proposed Timescale: 30/11/2014

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The duty roster of persons working at the designated centre did not accurately reflect staff on duty in the units of the designated centre at the time of the inspection.

Action Required:
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
1. The staff roster for the designated centre shall clearly outline all staff on duty, both day and night, at all times and their location of work while on duty. Completed
1. The current rostering system shall be reviewed to ensure that the appropriate codes are being used to indicate when staff are rostered to work. Completed

Proposed Timescale: 15/10/2014
**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The residents' activation programme and menus were not in an accessible format.

**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:**
1. An activation folder which is service user friendly is currently being developed for each house in the designated centre, by the Activation Department. The activation folder, will include photographs of all of the activities available for residents. 31/10/2014
2. The Catering Department have taken pictures of all the meals, which are available to residents. Completed October 2014
3. The pictures will be distributed to all homes in the designated centre and displayed on a daily basis on the menu board to reflect the choices for that day. 31/10/2014

**Proposed Timescale:** 31/10/2014