

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by BEAM Housing Association Ltd.
<b>Centre ID:</b>	OSV-0002067
<b>Centre county:</b>	Carlow
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	BEAM Housing Association Ltd.
<b>Provider Nominee:</b>	Olive Keating
<b>Lead inspector:</b>	Ide Batan
<b>Support inspector(s):</b>	Kieran Murphy
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From:	To:
15 September 2014 11:00	15 September 2014 18:30
16 September 2014 09:00	16 September 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 was the first inspection of this centre by the Health Information and Quality Authority (the Authority). The inspection was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspectors met with the residents, and staff members. Inspectors reviewed documentation such as the centre's statement of purpose, person centred care plans, medical records, arrangements with regard to meal preparation, activities, staff training records, staff files, policies and procedures, fire safety records and the residents' accommodation.

This inspection was announced and took place over two days. The centre is designed on a supported living model for people with intellectual disabilities. The residents live in the house during the week and return home at the weekends. A community support worker supports the residents during the week at designated times. During out of hours residents have telephone back up from the community support worker and the manager. There were also day services and an enterprise centre amalgamated within this service which included training programmes which were tailored to the needs and abilities of the participants. The ethos of the designated centre as outlined in the centre's statement of purpose and function is one of person centeredness, friendship and independence.

The centre is governed by a voluntary board of directors which also has a number of sub committees to aid with the development of particular aspects of the service. Services are provided with the financial assistance of the Health Service Executive (HSE) and fundraising. The nominated provider on behalf of the board is also the person in charge.

In total, four adult residents live in this designated centre which is operated from a large, detached domestic house in a residential area. The majority of the residents attended a day service or are out at work during the day.

Residents were treated with respect and were encouraged and supported to lead independent lives. Residents were consulted about their care needs and had a say in the operation of the house. Systems were in place to support residents with education and employment.

As part of this inspection the inspector reviewed questionnaire feedback submitted by residents and relatives. A high proportion of the distributed questionnaires were returned. The vast majority of feedback provided was very positive and complementary of the service provided and dedication of the staff.

Inspectors found that residents received a good quality service in relation to education, vocation, recreation and community participation. There was evidence of a level of compliance, in some areas, of 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.

However, inspectors were not satisfied that there were adequate governance arrangements in place as exemplified by the absence of an effective complaints process, notifications not submitted to the Authority, the lack of consultation with residents and their relatives, no advocacy services, inadequate staff training and the absence of a systematic process for reviewing the quality and safety of care in the centre.

The findings of the inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons(Children and Adults) with Disabilities) Regulations 2013.

The inspectors found that the service was also non compliant in other areas of the Regulations, contraventions included :

- medication management practices
- health and safety and risk management
- staff files were not adequate
- evidence based clinical risk assessments
- resident and family consultation in development of personal plans and annual reviews
- infection control
- statement of purpose

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Residents were consulted about how the centre was planned and run. Residents told the inspector that they were offered choice in their daily routine and they decided how they liked to spend their free time. Each resident was supported to pursue different interests and hobbies and a community support worker was provided to facilitate this as required. Residents told inspectors that they return to the house every Monday afternoon having spent the weekend at home. Residents had a house meeting on Monday evenings to discuss grocery shopping and meals for the week.

Residents were responsible for making menu choices for each day of the week. The community support worker had taken steps to ensure that all residents were registered to vote. Residents told inspectors that they could choose what time they got up at and what time they dined at. They could choose to participate in the day to day activities in or outside of the centre or they could spend time privately if they so wished. Residents were supported to ensure involvement in the local community via having lunch out in local establishments or going to the local shops for items for the centre.

Residents were supported and encouraged to have control over their own finances and were supported managing their money. Inspectors saw that the community support worker assisted residents with budgeting skills. Each resident had their own banking account. However, there were no risk assessments carried out to assess residents' need for assistance with managing of finances. Inspectors did not observe that there was a clear and accountable system in place for any transactions made on behalf of residents as there were no transactions recorded.

There was a policy in draft on residents' personal property and records of residents property was not observed in their files. Residents could keep control of their own possessions. Inspectors saw that there was adequate space for clothes and personal possessions. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished.

Residents had opportunities to participate in activities that were meaningful and purposeful to them. These included jobs within the community, attending activation therapies such as baking, art, photography, literacy and computer work. Residents also engaged in other activities in the community such as attending the hairdresser, boccee and swimming.

There was a complaints policy, however it did not outline, in sufficient detail, the process for managing complaints, it did identify the complaints officer. However, it did not include a person other than the complaints manager available to residents to ensure:

- all complaints are appropriately responded to
- the complaints manager maintains a record of the complaint and outcome.

The person in charge said there were no complaints logged at all. Inspectors saw that the centre did not maintain a complaints log to record complaints, the outcome of the complaints process or whether or not the complainant was satisfied with the outcome. There was no evidence of a process to oversee the complaints process in order to ensure compliance. There was no signage on clear display identifying for residents, relatives and visitors how to make a complaint, the responsible person for dealing with complaints or the appeals process.

Inspectors did not observe any documentation that residents could access in relation to advocacy services and information about their rights.

**Judgment:**

Non Compliant - Moderate

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

While there was a communication policy, this was undated. The policy outlined that a total communication approach would be adopted and promoted for all service users and

it specifically outlined that every person centred plan would contain a communication profile. Inspectors did not see any evidence of a communication profile in the sample of healthcare files reviewed which could potentially lead to inconsistent implementation of communication interventions.

Residents were supported to communicate. However improvement was required to ensure that there was input from the relevant allied health professionals for some residents. Inspectors saw that staff and residents were communicating freely. However, inspectors identified a resident, who had some degree of speech impediment. There had been no assessment or input from the speech and language therapist (SALT) or other allied health professionals in order to assess this resident's communication needs.

Residents had access to assistive technology where appropriate such as electronic hand held computer devices, mobile phones and easy read booklets for information. The residents were part of the local community via visits to local cafes and restaurants and other relevant retail businesses. Residents used public transport and had access to local information about the local community through work experience.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Residents were supported to develop and maintain personal relationships and links with the wider community. Residents stated that their friends and families were welcome in the centre and were free to visit. Residents told inspectors that they would often have visitors in the evenings. A number of the residents told the inspector that they made their own arrangements to see friends on a weekly basis.

The residents spent every weekend with their families as the service due to limited funding did not operate over the weekends. Residents stated that they had made friends both within the service and outside through work and other social activities. Residents said that they enjoyed meeting their friends.

Residents were facilitated to meet family and friends in private. Each resident had their own room and there was a large conservatory in addition to the sitting room area that residents could use if they so wished. The inspector found that there was some evidence



that families were invited to attend annual personal care plan meetings. Families were kept informed of residents' activities during the week as evidenced in questionnaires that were returned to the Authority by family members prior to the inspection. Relatives spoke very highly of the homely feel of the centre and how they were always made feel welcome when visiting residents.

Residents told the inspectors that they felt safe and had been taught to ask for identification if a person that they did not know who came to the door. Residents have out of hours telephone back up with the community support worker and the provider/person in charge.

**Judgment:**  
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**  
Effective Services

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

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

**Findings:**

The admissions process was managed by the admissions committee which included the provider/person in charge and other allied health professionals such as the disability liaison nurse. However, contracts of care were not in place for the residents in accordance with the requirements of the Regulations.

There had been no recent admission to the centre and the majority of residents had lived in the centre for a while. Some residents told the inspector that they would have stayed in the respite house prior to the transition to residential services. Inspectors saw in person-centred plans that this transition was managed in an appropriate manner. There were policies and procedures in draft format in place to guide the admissions process.

The residents paid a weekly contribution towards the house. All residents were charged the same weekly rate and there were no additional charges for service provided by the provider. This was outlined in the residents handbook. However, the statement of purpose did not outline the specific care and support needs that the centre is intended to meet as required by the Regulations.

There have been no recent discharges from this service.

**Judgment:**

Non Compliant - Major

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Inspectors found that residents were supported to live independent and fulfilling lives. However, the system of personal planning required improvement in order to guide this process. The inspectors met residents and reviewed four personal plans. Residents described their preferred daily routines and their plans and ambitions and said that staff respected their wishes and preferences.

While there was a general routine to life in the centre with some level of activity/job allocation in place; residents informed inspectors that they had a good choice of meaningful activities from which they could choose to attend or work in each day. Residents to whom inspectors spoke stated that they enjoyed attending Chapters which was a post training programme to support those who have completed rehabilitative training. Some residents also outlined how they enjoyed just relaxing in their room, spending time alone and sometimes watching television or listening to music.

Residents said that they had ample opportunity for meaningful activities which ranged from work based activities in shops, pharmacy and library attending various day care services and leisure activities such as swimming, bowling or going on outings. The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in some instances in consultation with the resident.

Residents' personal plans identified some health care needs which residents had. In some cases, care plans had been drawn up to guide the care of the resident in these areas, for example, in areas such as oral hygiene. However, inspectors were concerned that the personal plans did not deal with important health issues such as epilepsy, hearing loss, speech impairment and managing behaviours that challenge. This matter is also referred to in outcome 11.

Support plans which had been developed for residents did not include any risk assessments, positive behaviour support plans, health plans or intimate care plans. Overall, these plans set out the need and the expected outcome but in some instances not all interventions were clearly identified. For example, a plan for a resident identified that they required support in achieving some health goals such as losing weight. However, it was not clearly set out how the goal would be achieved. The person-centred plans did not contain information relating to areas such as personal risk assessments or individual emergency evacuation plans

There was inadequate evidence of consultation with residents and their relatives in relation to the development of plans and there was inadequate evidence that all four person-centred plans were reviewed on an annual basis.

There was documentation available in residents' care plans which supported appropriate management of transitions between respite and residential services which included consultation between residents and their families.

Residents told inspectors that every Friday they went home and returned on Monday afternoon. However, there was formal documentation available which discharged residents on weekend leave and there was no account upon return of any issues which may have occurred while on temporary discharge. There was a temporary absence policy which required review as it did not cover weekend leave and holiday leave for residents.

**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):**

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

**Findings:**

The inspector found that the centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the residents whilst promoting safety, dignity, independence and well being. The premises had suitable heating, lighting and ventilation and overall, the premises were free from significant hazards that could cause injury.

There were sufficient furnishings, fixtures and fittings and the centre was clean and suitably decorated. There was adequate private and communal accommodation and there was access to a kitchen with sufficient cooking facilities and equipment. The centre had an adequate number of toilets, bathrooms and showers to meet the needs of the residents.

Residents were happy to show the inspectors their bedroom accommodation and around the house. The inspectors found that bedrooms were of a good size and were comfortably furnished. Residents stated that they choose the decor for their rooms and all stated that they were happy with the bedroom accommodation.

A well maintained garden was provided and was accessible to all residents. Residents could also access a unique series of nine interconnecting gardens at the day services centre which provided a healthy therapeutic environment for residents to work or relax in if they wished. There was adequate parking spaces available that were accessible for car/mini bus transport.

There was no assistive equipment in use.

**Judgment:**  
Compliant

### **Outcome 07: Health and Safety and Risk Management**

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

**Theme:**  
Effective Services

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

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

#### **Findings:**

While there was a draft risk management policy, it did not comply with the Regulations as it did not include:

- Hazard identification
- measures to control identified risks
- measures to control specified risks including unexpected absence of a resident, accidental injury, aggression and self harm
- arrangements for incident reporting and learning from incidents
- arrangements to ensure risk control measures are proportional.

There was a draft health and safety policy which outlined arrangements for incident reporting and also outlined training requirements for staff in areas including first aid, food hygiene, lifting and handling and fire safety. There was an incident reporting system in place. However, only two incidents had been recorded in 2014, both relating to falls. The incident form included arrangements to prevent recurrence of an incident.

However, there was no evidence of an analysis of incidents or any shared learning following an incident.

The premises were well maintained and there was evidence of review and action on issues relating to health and safety and maintenance. There had been a health and safety audit undertaken in 2014 and all actions identified had been implemented. The maintenance log showed regular maintenance conducted and suitable repairs recorded. Manual handling training was up to date. There was no assistive equipment in use at the time of inspection.

There was an emergency plan in draft format. This outlined that emergency arrangement records would be available in the centre in relation to:

- evacuation
- temporary accommodation of residents in the event of evacuation
- flooding
- gas leak
- fire.

While a list of emergency contact details was displayed in the hallway, the specific emergency arrangements to cover the issues outlined in the emergency plan were not available.

There was a draft policy in relation to control and prevention of infection. Inspectors observed that there were no paper or disposable hand towels available and in a bathroom residents were sharing hand towels. This practice could lead to potential cross infection. Staff and residents had responsibility for cleaning the premises which as outlined under Outcome 6 was very clean.

There was a valid fire compliance certificate for the centre dated 26 June 2014. Inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- servicing of fire alarm system September 2014
- fire extinguisher servicing and inspection October 2013.

There was a weekly inspection and testing of emergency lighting and there was a schedule of fire evacuation drills with the most recent taking place in August 2014. 12 staff which included staff for the house had attended fire safety demonstration course in March 2013. While residents were knowledgeable about what to do in the event of a fire, none of the residents had received training on the use of fire extinguishers. One resident's person centred plan from April 2013 had identified both safety training and fire training as a goal for the resident but there was no evidence available to show that this had been done.

**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):**

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

**Findings:**

There was a draft policy on safeguarding and prevention of abuse. This policy outlined that residents were supported to develop the skills needed to protect themselves, how to deal with suspected or reported abuse and also the arrangements in place to protect residents from peer abuse. The policy also outlined that staff were to receive training on different forms of abuse. The person in charge outlined that while staff had read the policy they had not received any organised training on prevention of abuse.

Inspectors observed that staff were respectful and engaged positively with residents. Inspectors saw that residents interacted and responded well to staff members. There was a policy relating to delivery of personal care to residents. Residents who spoke with inspectors said that they felt safe in the centre. Staff who spoke with inspectors was able to discuss what constituted abuse and knew what to do in the event of an incident including who to report any incidents to.

There was a draft policy on the use of restraint and physical intervention. This policy outlined that restraint was not to be used without the least restrictive alternatives having been tried. While there were no physical or environmental restraints in use at the time of inspection the person in charge said that some residents were using prescribed chemical restraint. There was no evidence available to suggest that procedures for the use of chemical restraint were in line with national policy and evidence based practice. The use of the restrictive measure was not monitored, supervised or reviewed. There was no evidence that other options had been tried for residents.

The draft policy also outlined that restraint was not to be used without a formal assessment of the risk to safety for both residents and staff. The person in charge said that some residents would exhibit behaviours that challenge. Inspectors did not see any formal risk assessments being completed such as positive behaviour support plans. Two staff had received training on challenging behaviour in 2013 through Further Education and Training Awards Council (FETAC) level five.

As outlined under Outcome 1 systems and procedures required improvement to ensure that residents were protected from the risk of financial abuse.

**Judgment:**  
Non Compliant - Major

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**  
Safe Services

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

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

**Findings:**

Practice in relation to notifications of incidents was not satisfactory. The nominated provider/ person in charge was not aware of the legal requirement to notify the Chief Inspector regarding adverse incidents. To date any relevant incidents had not been notified to the Chief Inspector by the person in charge.

**Judgment:**  
Non Compliant - Major

**Outcome 10. General Welfare and Development**

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

**Theme:**  
Health and Development

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

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

**Findings:**

Residents had opportunities for new experiences, social participation, education and employment. Residents were encouraged to participate in education and training much of which was provided through Beam day services. It provides many programmes for residents such as positive paths which is structured, developed and delivered in line with individual needs and abilities.

'Turas' is designed to provide members with further training and work opportunities. 'New horizons' is FETAC accredited rehabilitative training programme. There was also a sports programme and community hub which is an umbrella for a broad range of

programmes and initiatives. Residents who spoke with the inspector said that they really enjoyed the chapters programme. Inspectors saw many photographs in relation to the special Olympics athletes displayed of which residents were very proud.

An inspector spent some time at the community hub and spoke with residents from the residential centre as well as other service users. The inspector saw that there was a lively friendly atmosphere at the centre. Other initiatives for residents included embracing assistive technology such as e-Learning and m- Learning. Inspectors were informed that residents come for face to face training two days per week and work directly through the e-Learning and m-Learning process for the other three days. Inspectors saw that residents had their own assistive technology.

Beam has also secured funding through the 'Genio project' which allows residents to access social activities after working hours. This allows residents to plan social outings or trips and to provide support such as staffing or transport as required. Residents told inspectors that they often went on holidays with the staff or their parents.

There was a system in place to facilitate residents to find employment. The majority of residents participated in employment to varying degrees. Residents stated to the inspector that they enjoyed their work activities in various areas such as pharmacy, cafe and shops as this allowed them to regularly meet new people.

**Judgment:**  
Compliant

### **Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

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

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

#### **Findings:**

The inspector found that residents' health care needs were not met to an adequate standard. Significant improvement was required in accessing allied health professionals. Residents and their families managed their own medical appointments independently and reported the outcome of these to staff in the centre. However there was no documentation available for inspectors to review in relation to general practitioner (GP) visits or any other medical appointment. Inspectors also had concerns in relation to residents requiring medical care during the night. The person in charge said if this situation arose she would call the resident's parents. This poses a risk to residents in the event of an emergency.



As discussed under Outcome 5 care plans for managing residents' specific medical conditions had not been developed. The inspector found that this posed a risk to residents as it could lead to inconsistent delivery of care in areas such as epilepsy, and where residents had medical conditions which required routine monitoring.

There was no evidence available to suggest that residents had access to a range of allied health professionals such as the physiotherapist, psychiatrist, optician, audiology and dental services. Inspectors were concerned that some residents did not have timely access to the appropriate health care professionals when needed. For example as outlined under Outcome 2 an appropriate assessment had not been carried out for a resident in relation to speech and language needs. Inspectors found that this could potentially result in negative outcomes for residents.

Inspectors did not observe any nutritional assessments being completed. The advice of dieticians and other specialists was not evident in accordance with each resident's personal plans. For example inspectors saw that goals of some residents were weight reduction. However there were no specific interventions outlined as to how this would be achieved. Residents told inspectors that they were involved in planning the shopping list, buying groceries and preparing meals. During the weekly house meetings residents would agree on meal choices. Residents told inspectors that they enjoyed baking and would often make a cake. Mealtimes were flexible and fitted around resident's social and work life.

The person in charge stated that if a resident became ill they are supported at home, not in the centre. Therefore there have been no situations where end of life care was provided.

**Judgment:**  
Non Compliant - Major

## **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

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

**Findings:**  
Evidence that the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation were not found and systems were not in place for reviewing and monitoring safe medication practices.

Inspectors were told that the residents own GP prescribes all residents medication and this is obtained from the residents' local pharmacist for each resident and sent in with the resident on a weekly basis by the family. The resident then took responsibility for self medicating. However, there were no assessments completed to determine the resident's ability to self medicate.

Inspectors saw that a resident had her medication for that week in a dosette box. There was no prescription sheet available to correlate that the tablets present were correct. Medication that residents brought into the house were not counted and documented on admission by staff. Medication that was returned home at the weekends was also not counted and documented by staff as number and type of medication returned. There was a medication policy in place. However, it did not reflect practices in the centre. For example the policy stated that each service user who requires medication will have an up to date drug kardex. It also stated that the practice of self medication would be audited. Inspectors did not see any evidence to support this.

There were no administration records or any documentation kept to indicate whether or not residents were taking their medication. This does not meet best practice guidelines or legislative requirements in medication management. In relation to the management of residents with epilepsy there was no protocol in place for the administration of medicines in the event that a resident may have seizures. However, there was no risk assessment or care plan in the healthcare file in relation to the management of epilepsy as outlined under Outcome 5 and 11. Staff had not received any accredited training in relation to epilepsy, the management of epilepsy or the administration of this particular medication via different routes. The person in charge said that staff had received medication management training. However, a staff member told inspectors that she had not received training.

In addition inspectors saw that references and resources were not readily accessible for staff to confirm prescribed medication with identifiable drug information. This would provide a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

There was no system in place for reviewing and monitoring safe medication practice. There was no evidence available that medication management audits were being completed. These practices increase the risk of potential harm to residents and do not meet legislative requirements. There was no evidence that residents' medications were monitored and subject to review at regular intervals. There was no evidence that staff promoted the resident's understanding of his/her health needs relating to medication. There were no residents that required scheduled controlled drugs at the time of the inspection. However, there were no systems or processes in place to manage controlled drugs.

**Judgment:**  
Non Compliant - Major

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

A written Statement of Purpose was in place. While it outlined some of the items listed in Schedule 1 of the Regulations, it did not adequately address the following:

- the number of residents to be accommodated in the centre
- the facilities which are to be provided by the registered provider to meet the care and support needs of residents
- a description of the rooms in the designated centre, including their size
- the total staffing complement, in full-time equivalents, for the designated centre with the management and staffing complements as required in Regulation 14 and 15
- the organisational structure
- arrangements made for dealing with reviews and development of the residents personal plan
- supervision of use of specific therapeutic techniques
- specific arrangements for respecting the privacy and dignity of residents
- arrangements for residents to engage in social activities, hobbies and leisure interests arrangements for residents to access education, training and employment
- arrangements made for consultation with and participation of, residents in the operation of the designated centre was not included
- arrangements made for residents to attend religious services of their choice
- the arrangements made for dealing with complaints.

It was not available in a format that was accessible to residents.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Inspectors were not satisfied that the governance and management arrangements provided an adequate level of supervision of care and practice in order for the centre to be in compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was supported by the findings of this inspection.

Beam Services is a company governed by a board of directors with a number of sub committees such as a fund raising committee, executive committee, admissions and health and safety committee. The chief executive officer (CEO) is responsible for the overall operational management of Beam services and he is on site two days per week.

Management for the provision of residential services is delegated to the nominated provider who is also the person in charge. The person in charge was actively engaged in the operational management of the houses, and based on interactions with her during the inspection, she had very limited knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities.

There was no evidence that the quality of care and experience of residents was monitored and developed on an ongoing basis. There were not effective management systems in place to support and promote the delivery of safe and quality services as outlined throughout this report. There was no evidence of continued professional development plans in place. There was no evidence of any tailored training programme to meet assessed needs of residents. Mandatory training as required by the Regulations such as abuse and challenging behaviour were not completed.

There was not an effective complaints process in place. There was inadequate evidence of a systematic process for the ongoing review of quality and safety in the centre. There was no system in place to effectively manage risk as outlined in detail under Outcome 7. Risk assessments in relation to clinical and non clinical risk had not been completed in many areas as outlined throughout the report. There were no unannounced visits carried out by a person nominated by the registered provider as required by legislation.

**Judgment:**

Non Compliant - Major

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The person in charge was not aware of her obligation to notify the Authority if absent from the centre for 28 days or more. The person in charge was not aware of her obligation to notify the Authority if absent from the centre for 28 days or more. However, there was no period in excess of 28 days when the person in charge was absent from the centre. The person in charge is supported in her role by the CEO who is responsible for the management of the centre in the absence of the person in charge.

**Judgment:**

Non Compliant - Moderate

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

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

**Findings:**

Inspectors found that sufficient resources were provided to meet the needs of residents. The house was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly. There was a maintenance committee which reports to the board and requests are signed off at the monthly meetings. The CEO informed an inspector that the service was operating within budget. However, the designated centre currently operates a five day residential service due to limited funding. A resident told inspectors that she wished the house could open every day.

Inspectors saw that activities and routines were not adversely affected or determined by the availability of resources. Inspectors saw that the immediate and wider community

had a very strong involvement in the services. Local businesses were supportive offering work experiences and job opportunities as observed by inspectors. Many volunteers gave their time freely to the day services to help in a variety of ways.

**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):**

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

**Findings:**

There was a draft policy on staff recruitment and selection. Inspectors reviewed a sample of staff files and found them to be incomplete. There was no verification on any staff file of the person's identity and in particular there was no photographic identification. One staff file did not contain any references for the employee and another file contained third party information which should not have been maintained in the staff records.

Inspectors reviewed the staff rota and residents spoken with felt that there was adequate staff support for their needs. A validated dependency tool had not been completed or used by the organisation to determine the skill mix of staff. Due to inadequate recording of the assessed needs of residents, as outlined throughout this report in relation to care planning, healthcare and medication management, inspectors formed the judgement that staffing levels should be formally reviewed.

There was evidence of a staff appraisal being conducted on an annual basis. This was used as an opportunity for staff to make suggestions for improvements to the overall service and any training or supports that staff required. There was a training programme in place for staff but there were gaps in knowledge particularly in relation to 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.

Inspectors did not observe the Regulations and Standards or any other relevant guidance issues from statutory or professional bodies in the house. Mandatory training as required by legislation such as abuse and challenging behaviour was not up to date.

There was no evidence of any formal staff meetings.

There were no volunteers working in the residential service at the time of inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

Overall records and documentation were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An inspector read the Residents' Guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure. A directory of residents was maintained. A record of residents' assessment of needs and a copy of their personal plan was available. Inspectors found that a record of any medical care provided to the resident including any treatment or intervention was not maintained.

Resident's files were found to be incomplete and were not kept accurately and up to date. For example, records were not maintained of all referrals/appointments and resident notes were not updated accordingly with the outcome of the appointment. Records were not maintained of any occasion on which restrictive procedures such as chemical restraint were used in respect of the resident and included the reasons for its use

A number of the policies listed in Schedule 5 of the Regulations were not available in the centre such as creation of, access to, retention of, maintenance of and destruction of records, CCTV, access to education, training and employment and monitoring and documentation of nutritional intake. All of the items listed in Schedule 2 of the

Regulations were not available in personnel records and there was not an adequate system in place for recording training completed by staff or to support the identification of required training.

Satisfactory evidence of insurance cover was provided to the Authority.

**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:*

Ide Batan  
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 report<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by BEAM Housing Association Ltd.
<b>Centre ID:</b>	OSV-0002067
<b>Date of Inspection:</b>	15 September 2014
<b>Date of response:</b>	13 October 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

**Theme:** Individualised Supports and Care

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

Inspectors did not observe that residents had access to advocacy services.

**Action Required:**

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

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

Our Advocacy Policy has been reviewed and updated. Included in the policy is an advocacy directory which includes information on internal advocates, a member of the board who will meet with residents monthly and to act as advocate as well as information about the National Advocacy Service for people with disabilities.

**Proposed Timescale:** 09/11/2014

**Theme:** Individualised Supports and Care

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

Inspectors saw there were no risk assessments carried out to assess residents' need for assistance with managing of finances. Inspectors did not observe that there was a clear and accountable system in place for any transactions made on behalf of residents as there were no transactions recorded.

**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:**

Our Finance Policy has been reviewed and updated.  
A safe for each residents valuables has been ordered.  
A record register has been drawn up.

**Proposed Timescale:** 09/11/2014

**Theme:** Individualised Supports and Care

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

There was not an effective complaints procedure in place.

**Action Required:**

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

Our Complaints Policy has been reviewed and updated.  
A complaints log book has been developed.  
Residents and their families have been made aware of the procedure for making a complaint.

**Proposed Timescale:** 09/11/2014

**Theme:** Individualised Supports and Care

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

The complaints process did not include a person other than the complaints manager available to residents to ensure:

- all complaints are appropriately responded to
- the complaints manager maintains a record of the complaint and outcome.

**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:**

A member of the board has been nominated to be available to residents if they have a complaint.

**Proposed Timescale:** 09/11/2014

**Theme:** Individualised Supports and Care

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

The complaints procedure was not displayed in a prominent position within the centre.

**Action Required:**

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

Our complaints policy is on display in the home.

**Proposed Timescale:** 09/11/2014

## **Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

Inspectors did not see any evidence of a communication profile in the sample of healthcare files reviewed which could potentially lead to inconsistent implementation of communication interventions.

**Action Required:**

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

A new person centred planning template has been developed to take account of members communication needs and identify the supports required. PCP meetings have been scheduled for the week of Monday 17 November 2014.

**Proposed Timescale:** 20/11/2014

**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 contract of care dealing with the service to be provided and the 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 of care document has been developed

**Proposed Timescale:** 09/11/2014

**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:**

Personal plans were not based on an appropriate assessment of residents' needs.

**Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

A new person centred planning template has been developed to take account of members needs in every area of their lives and identify the supports required.

Due to the fact that the template we had been previously been using was found to be considerably deficient, a lot of work had to be done to bring them up to scratch. PCP meetings have been scheduled for the week of Monday 17 November 2014.

**Proposed Timescale:** 20/11/2014

**Theme:** Effective Services

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

There was inadequate evidence that all four person-centred plans were reviewed on an annual basis.

**Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The person in charge will ensure that each resident's PCP is reviewed at least annually or as circumstances change. PCP meetings have been scheduled for the week of 17 November 2014.

**Proposed Timescale:** 17/11/2014

**Theme:** Effective Services

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

There was inadequate evidence of consultation with residents and their relatives in relation to the development of person-centred plans.

**Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

The residents' PCP plans will be reviewed with input from the resident and their representative. A record of the review meetings, who was invited and who contributed to the review will be kept. PCP meetings have been scheduled for the week of 17 November 2014.

**Proposed Timescale:** 20/11/2014

**Theme:** Effective Services

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

There was formal documentation available which discharged residents on weekend leave and there was no account upon return of any issues which may have occurred while on temporary discharge.

**Action Required:**

Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

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

A weekend return form has been developed to capture any important information about what may have happened over the weekend.

**Proposed Timescale:** 09/11/2014

**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:**

There were not effective arrangements in place to identify and manage risk.

**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:**

A risk management policy has been developed.

A list of risks have been identified including risks as outlined in 26 (1) of the Regulations.

A risk assessment of the four identified risks as outlined in 26(1) of the Regulations have been conducted.

Risk assessments on all other risks identified within the home will be conducted by 14 November 2014.

**Proposed Timescale:** 14/11/2014

**Theme:** Effective Services

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

There was no evidence of an analysis of incidents or any shared learning following an incident.

**Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

We have included an extra sheet on the end of the incident report form which includes space for:

What happened

Why it happened

What were the consequences

What to do so it doesn't happen again

Nominate someone to carry out remedial action

This is then circulated to all staff and discussed at next staff meeting

**Proposed Timescale:** 09/11/2014

**Theme:** Effective Services

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

The current system in place to manage risk were not effective.

**Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The Person in Charge will ensure that the risk management policy is updated as required. An emergency action plan has been developed in order to effectively respond to an emergency in the best interest of the residents

**Proposed Timescale:** 09/11/2014

**Theme:** Effective Services

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

The policy did not include sufficient detail of the measures and action in place to control the specified risks of unexpected absence of a resident.

**Action Required:**

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

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

The risk management policy includes measures and actions to control the unexplained absence of a resident.

**Proposed Timescale:** 09/11/2014

**Theme:** Effective Services

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

The risk management policy did not include measures in place to control violence and aggression.

**Action Required:**

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

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

The risk management policy includes measures and actions to control aggression and violence

**Proposed Timescale:** 09/11/2014

**Theme:** Effective Services

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

The risk management policy did not cover the measures in place to control self harm.

**Action Required:**

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



**Please state the actions you have taken or are planning to take:**  
The risk management policy includes measures and actions to control self harm.

**Proposed Timescale:** 09/11/2014

**Theme:** Effective Services

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

Inspectors observed that there were no paper or disposable hand towels available and in a bathroom residents were sharing hand towels. This practice could lead to potential cross infection.

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Our infection control policy has been reviewed and updated. A paper towel dispenser has been put up in the toilet.

**Proposed Timescale:** 09/11/2014

**Theme:** Effective Services

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

Failing to ensure that in so far as is reasonably practicable, residents are aware of the procedure to be followed in the event of a fire.

**Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Training has been provided for residents and staff to know what to do in the event of a fire. A schedule has been drawn up for staff to set off the fire alarm once a week and for staff and residents to practice what to do in the event of a fire.

**Proposed Timescale:** 09/11/2014

## Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

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

Failing to ensure that where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in line with national policy and evidence based practice.

**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:**

The Registered Provider will review national policy and evidence based practice and develop a restraint policy that includes chemical and environmental restraint. By developing this policy, the PIC will also develop a restraints log.

**Proposed Timescale:** 15/11/2014

**Theme:** Safe Services

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

Not all staff had received training in behaviours that challenge.

**Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The PIC will organise a challenging behaviour course for all relevant staff. Training in Behaviours that Challenge has been scheduled for 13 January. 2015.

**Proposed Timescale:** 13/01/2015

**Theme:** Safe Services

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

Failing to ensure that the use of any restrictive measure was monitored, supervised or 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:**

The registered provider will ensure that, as part of the PCP process, the use of therapeutic interventions will be discussed and where required, the consent of the resident and/or representative will be recorded.

Appropriate documentation will be developed to provide clear guidance to the staff and a clear recording system of the use of therapeutic interventions be developed.

**Proposed Timescale:** 15/11/2014

**Theme:** Safe Services

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

Staff had not received training in safeguarding residents and the prevention, detection and response to abuse.

**Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The person in charge will organise staff training on safeguarding residents and the prevention, detection and response to abuse. Training on safeguarding prevention, detection and response to abuse has been scheduled for 11 November 2014.

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

**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:**

The nominated provider/ person in charge was not aware of the legal requirement to notify the Chief Inspector regarding adverse incidents.

**Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

The person in charge is fully aware of her responsibilities with regard to notifying the chief inspector with regards to adverse Incidents.

The person in charge will notify the chief inspector of any adverse incidents using the appropriate notification form and within the timeframe specified.

**Proposed Timescale:** 09/11/2014

**Theme:** Safe Services

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

The nominated provider/person in charge was not aware of her obligation to notify the Chief Inspector on a six monthly basis if no incidents as prescribed in the Regulations had occurred.

**Action Required:**

Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six- monthly basis.

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

The Person in charge has commenced this process and will submit six monthly notifications if appropriate every July and December.

**Proposed Timescale:** 09/11/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

There was not satisfactory access to relevant allied health professionals for some residents.

**Action Required:**

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

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

A new person centred planning template has been developed to take account of members needs in every area of their lives and identify the supports required. This includes the residents needs to access the services of allied health professionals

PCP meetings have been scheduled for the week of 17 November 2014. Residents will also have access to the community liaison nurse for disability services who will meet with the residents to discuss resident's healthcare needs.

The service will keep an up to date record of each residents record of their appointments

**Proposed Timescale:** 19/12/2014

## **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:**

Medication management practices were unsafe. There were no administration records or any documentation kept to indicate whether or not residents were taking their medication. There was no prescription sheet available to correlate that the tablets residents had were correct.

**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:**

A medication log book has been drawn up to support the residents in taking their medication.

A Kardex has been drawn up.

Each resident gives the service a copy of an up to date prescription as it changes.

A safe has been ordered for each residents room.

Responsible and safe medication management training has been scheduled for 20 and 21 November 2014.

**Proposed Timescale:** 24/11/2014

**Theme:** Health and Development

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

There were no assessments completed to determine the resident's ability to self medicate There was no evidence that residents' medications were monitored and subject to review at regular intervals.

**Action Required:**

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

Risk Assessments on the residents ability to self medicate will be conducted by the 14 November 2014.

All actions with respect to our medication policy will be completed once our medication management training has been completed on 21 November 2014.

**Proposed Timescale:** 21/11/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain much of the information as required by the Regulations.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:**

The Registered Provider will develop a statement of purpose which will include all the information required as set out in Schedule 1 of the Health Act 2007.

**Proposed Timescale:** 09/11/2014

**Theme:** Leadership, Governance and Management

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

The statement of purpose was not available to residents and their representatives.

**Action Required:**

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

A statement of purpose to developed to include all the requirements of the regulations. The statement of Purpose is available to all residents and their families.

**Proposed Timescale:** 09/11/2014

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

An annual review of the quality and safety of care and support in the designated centre had not been completed.

**Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An Annual Review of Quality by a suitable qualified person not employed by the service has been scheduled for 16 February 2015 and will be conducted by an external company.

Training on Regulations and Standards for the provider nominee, person in charge and all board members of BEAM Housing Association Ltd has been scheduled for 9 December 2014.

**Proposed Timescale:** 16/02/2015

**Theme:** Leadership, Governance and Management

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

There were no unannounced visits carried out by an external person nominated by the registered provider as required by legislation.

**Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

We have asked an outside company to help put together an audit tool which the unannounced inspector would use to evaluate the service. We will arrange for an unannounced inspection to be carried out before the end of November 2014.

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

**Theme:** Leadership, Governance and Management

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

There were not effective management systems in place to support and promote the delivery of safe and quality services as there was no evidence that the quality of care and experience of residents was monitored and developed on an ongoing basis.

**Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

PCP meetings have been scheduled for the week of 17 November 2014.

The risk assessments of all activities undertaken in the residential setting will be reviewed at least annually and immediately if there has been a change in circumstance of a resident.

The registered Provider has nominated a provider nominee who is not also the person in charge. A revised Section 69 form will follow.

The PIC has made herself fully aware of the Health Act 2007 and associated Regulations and Schedules. The PIC conducts regular staff meetings to discuss the standard of care delivered and amend if necessary

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

**Outcome 15: Absence of the person in charge**

**Theme:** Leadership, Governance and Management

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

The person in charge was not aware of her obligation to notify the Authority if absent from the centre for 28 days or more.

**Action Required:**

Under Regulation 32 (1) you are required to: Provide notice in writing to the Chief Inspector where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more.



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

The PIC has made herself fully aware of the Health Act 2007 and associated Regulations and Schedules including the requirement to provide notice in writing to the Chief Inspector if she proposes to be absent from the designated centre for a continuous period of 28 days or more.

**Proposed Timescale:** 09/11/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There was evidence that all of the information and documents specified in Schedule 2 were not available for all staff.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The person in charge is organising the staff files, ensuring all information required and detailed in Schedule 2 of the regulations.

Staff files will be completed by 15 November 2014.

**Proposed Timescale:** 15/11/2014

**Theme:** Responsive Workforce

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

Failing to ensure that the skill mix of staff was determined by reference to the the assessed needs of residents.

**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:**

The registered provider will review 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 and amend if required. A review of the skills mix has been scheduled for 18 November 2014.

**Proposed Timescale:** 15/11/2014

**Theme:** Responsive Workforce

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

Inspectors did not observe the Regulations and Standards or any other relevant guidance issues from statutory or professional bodies in the house.

**Action Required:**

Under Regulation 16 (2) (c) you are required to: Make available to staff copies of relevant guidance issued from time to time by statutory and professional bodies.

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

Copies of the Regulations have been made available to all staff.

**Proposed Timescale:** 09/11/2014

**Theme:** Responsive Workforce

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

Staff who spoke with inspectors had very limited knowledge of the Regulations and Standards.

**Action Required:**

Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

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

The PIC has ensured that all staff are informed of the act and any Regulations and standards made under it.

**Proposed Timescale:** 09/11/2014

**Theme:** Responsive Workforce

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

A training programme was in place but some staff have not received statutory training such as challenging behaviour and abuse training.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Training on safeguarding prevention, detection and response to abuse has been scheduled for 11 November 2014.

Training on Challenging Behaviours that challenge has been scheduled for 13 January 2015.

**Proposed Timescale:** 13/01/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

A number of the policies listed in Schedule 5 of the Regulations were not available in the centre such as creation of, access to, retention of, maintenance of and destruction of records, CCTV, access to education, training and employment and monitoring and documentation of nutritional intake

**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:**

The Registered Provider will prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act.

Apart from the polices discussed earlier in this document, the following policies have also been updated:

Admissions Policy  
Staff Training and Development Policy  
CCTV Policy.

All other outstanding policies will be created/updated by the end of November 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:**

Additional records as specified in Schedule 4 of the Regulations were not available such as:

- a record of all complaints

- any additional charges payable by residents
- any dates during which residents were not residing at the centre
- a record of any incidents occurring at the centre, a record of attendance at staff training and development.

**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:**

The additional records specified in Schedule 4 will be made available for any future inspections.

**Proposed Timescale:** 09/11/2014

**Theme:** Use of Information

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

Additional record as specified in Schedule 3 of the Regulations were not available such as:

- all nursing or medical care provided to the resident, including a record of the resident's condition and any treatment or other intervention
- all referrals and follow-up appointments in respect of the resident
- any occasion on which restrictive procedures, including physical, chemical or environmental restraint was used
- details of any specialist communication needs
- on-going medical assessment, treatment and care provided by the resident's medical practitioner where that information is available.

**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:**

Records to be kept in respect of each resident are being collated and will be complete once our PCP meetings have been conducted.

**Proposed Timescale:** 19/12/2014