

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003900
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Gerry Mulholland
Lead inspector:	Noelene Dowling
Support inspector(s):	Helen Lindsey;
Type of inspection	Announced
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
09 September 2014 10:00	09 September 2014 20:00
10 September 2014 08:00	10 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 second inspection and first registration inspection of this centre which forms part of Stewarts Care Ltd. The entire campus service was the subject of an inspection in February 2014. Since that inspection the campus, referred to as the "residential service" had been reconfigured into eight separate centres for the purpose of registration. This centre is designed to provide long term care primarily on occasion can provide rehabilitate care for residents from the community services who require nursing care on a short term basis. Care is provided to adults and currently one young person with severe and profound intellectual and physical disability. There are a total of 39 residents accommodated.

As part of the monitoring inspection the inspectors met with residents and staff members. Inspectors spoke with relatives and received 10 completed questionnaires in respect of the service and questionnaires completed by staff on behalf of service users. Inspectors observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, policies procedures and staff files.

The inspector also reviewed the progress made by the provider in respect of the composite inspection. As the previous report was a compilation of the findings of all of the residential houses a number of actions did not specifically relate to the houses now configured as this centre. However, the findings indicate that the provider had made considerable progress and had commenced actions in all cases. Actions satisfactory resolved were: governance structures, the appointment of a person in charge, monitoring systems, complaint procedures, systems for the protection of residents and practices in the use of restrictive practices.

Issue where actions remain outstanding for completion included;

- mandatory training including fire and manual handling training for staff
- health care plans for residents
- risk management procedures
- medication management procedures

staffing numbers and skill mix

However, actions in all areas could be seen to have commenced.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) 2013.

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):

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

Findings:

It was apparent to and observed by inspectors that residents had choice in daily routines such as meals, getting up and daily activities. Residents were supported to developed interests outside the centre such as attending day care services, workshops or activities. Staff knew the individual preferences of residents for example, the food they preferred and their preferred choice of clothing and particular interests such as music or sport. Inspectors found that the residents were supported to undertake these activities. Staff were observed asking residents what they wanted and giving them choice. There was also consultation regarding choice of accommodation with the wishes of residents being considered in terms of planning to move to other accommodation. Residents who could communicate informed inspectors that they enjoyed their routines and that their own preferences were listened to in terms of their daily lives and their activities or day care services.

Two residents from this centre participated in the resident's forum and a third resident was due to become a member of the forum in November. The records of the forum meetings seen by inspectors were presented in pictorial and written format. Discussions took place in regards to staffing levels and increased access to transport for outings. The provider had finalised the arrangements for an external advocacy service to be made available. The service is accessed via representation by individual residents, families or staff on resident's behalf. Staff advocate on resident's behalf for access to activities, equipment or resources.

The manner in which residents were addressed by staff was seen by inspectors to be appropriate, respectful and familiar. The majority of the bedrooms with the exception of

one were single and they were very personalized with photos and mementoes, books toys, televisions and other equipment. There was evidence that staff maintained resident's dignity and privacy when carrying out personal care with doors closed and there was no sharing of shower or bathroom facilities. However, there was an interconnection between the shower room and toilet in one house which did impose on privacy and dignity for residents using the shower.

As required by the previous inspection the policy on intimate care had been revised and directions in relation to this were evident on personal plans. Gender preferences were respected.

Valuables held on behalf of residents for safe keeping were recorded and the signatures of two staff were evident. Residents clothing was laundered in a central laundry in most instances apart from one house where the where the residents had the capacity to undertake this task themselves. There was no current evidence that clothing was not being returned to the correct residents. There was ample space in each bedroom to hold clothing and other personal belongings. Age appropriate activities and toys were evident.

Inspectors reviewed the complaint policy which contained details of the nominated person to deal with complaints and an external appeals process. Following a review of the complaints register inspectors were satisfied that the process was currently being managed according to the policy. Residents and families spoken with were aware of the process. The policy in easy read format was posted in each of the houses.

Judgment:

Non Compliant - Minor

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspector's observed systems to help residents communicate and staff understood the resident's communication needs. By virtue of long standing relationships the staff understood the resident's preferences and the meaning behind their non verbal communication. Residents had access to televisions and staff were aware of, for example, their favourite television programs, music, activity or preferred clothing and routines. However, the individual communication requirements of resident and the strategies used to support them were not detailed in the personal support plans

available. This is actioned under outcome 18 Records and Documentation.

Pictorial images to aid communication were evident in relation to food, activities or routines. There was evidence of referral to speech and language therapy and subsequent interventions were implemented. Further referrals were also evident. Some residents used sign language and a number of staff were familiar with this. The personal plans were synopsised in a format which helped residents to understand them and the residents showed these to the inspectors. Staff had also prepared brief pictorial and written pen-pictures of the resident's likes, dislikes, activities and core health issues as a quick guide to familiarise new or unfamiliar staff with the residents. Communication logs were used between the day and residential services. Residents had access to media. Community links were maintained. For example residents went to outside activities, religious services and local events in the community.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied from a review of records, questionnaires forwarded to the Authority and from speaking with those residents who could communicate with inspectors that family relationships were supported and encouraged. Visits to the centre took place and visits home were also supported by staff. There was evidence that families were informed of accidents or illness, medical appointments or changes to care practices. Records of these visits and communication were evident. Where it was feasible taking the resident's needs into account, friends visited and residents also had friends or contacts outside of the centre in their day care or workshops.

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):

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

Findings:

The policy on admission was detailed. By virtue of their care needs and assessment, admissions and the care practices as observed were congruent with the statement of purpose. Inspectors were satisfied that transition plans including life skills training had taken place where this was deemed suitable for some residents to move to a less structured environment on or outside of the campus.

In this instance there was a person under 18yrs accommodated in the centre. This was long standing arrangement undertaken specifically due the complexity of the residents needs. The placement was deemed by inspectors to be appropriate as the remaining residents were in fact young adults with similar levels of disability. There was evidence that the accommodation was satisfactory, appropriate to the assessed needs and took account of the need to protect residents. The provider had made a representation to the Authority in relation to making suitable alternative arrangements over a period of time.

Inspectors were not satisfied that the contractual arrangements were satisfactory or clear. A brief pictorial explanatory leaflet had been added to the resident's guide which outlined the services and facilities to be provided to residents. This document also referenced some additional costs which could be levied for example, for holidays or furnishings and fittings. However, the detail provided of core and additional costs were ambiguous and did not sufficiently detail the items which were considered over and above the core facilities. There was no satisfactory agreement for the resident's representative to sign on their behalf where this was appropriate.

The provider informed inspectors that additional costs were only levied if items over and above basic quality furnishings are requested. The process for decision making included an assessment of the capacity to consent for the release of funds over and above a specified amount from personal funding accounts. However, records seen by inspectors showed that some residents had paid considerable amounts of monies to replace basic furnishings including communal furnishings, paint bedrooms or to purchase beds and these decisions had been made by staff. A number of relatives expressed their concern and lack of clarity as to the arrangements. The documents reviewed by inspectors did not provide transparency or clarity in relation to this. In addition staff did not know what items residents were or were not required to pay for from their pocket money

allowance.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

As required by the action plan from the previous inspection the provider had commenced the process of revising the methodology and implementation of personal care plans and consultation with residents or relatives in regard to them. The changeover to computerised care/personal planning and recording systems had been completed. This facilitated the sharing of a range of up-to-date information between pertinent individuals and clinicians. There was evidence of appropriate multidisciplinary involvement in resident's personal plans which were guided by the assessment of need, staff knowledge, behaviours and assessed risk factors and in most instances resident's preferences. There were assessments evident on health care needs, manual handling, skin care, dietary requirements, fire safety and evacuation as required by the resident needs.

The personal plans were reviewed annually and contained individual sections on a range of needs including health care, family contacts, dietary requirements and restrictive practices. Goals in relation to these were in some instances clearly identified and the outcome was apparent. Some residents plans contained very detailed information and goals in relation to the use of assistive technology and plans for transition to less structured environments, holidays and weekly and daily routines. Each resident had a detailed daily schedule which staff followed and the residents were aware of this plan. There was access to day activation staff and inspectors observed that staff did try to provide meaningful activity either in the unit or externally as time and staffing levels allowed.

Primary care needs were seen to be well managed. Age appropriate television channels were used, for example in the unit which accommodated the young person. Others plans were very specific in relation to activities, access to families and in the main these

plans were implemented. There was evidence that families had been consulted with in relation to the plans.

However, inspectors were not satisfied that there was consistent attention to planning for the health care needs of some residents despite the assessments undertaken. For example, in some instances there were no plans evident for the management of skin care, epilepsy, asthma or weight management where these were assessed as requiring specific attention. This is actioned under Outcome 11 Health Care.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre is comprised of five separate houses accommodating between five and 11 residents all on the campus. The units were found to be suitable and safe for the residents use. There were four single story dwellings and one two story unit. There are single bedrooms in all houses with the exception of one which had a suitably sized double bedroom. All units contained suitable and spacious living and dining areas with a sun room in one. There are a sufficient number of suitably adapted bathrooms, showers and toilets for residents use. Suitable furnishings were provided and all areas of the units with rooms nicely decorated, homely and with personal items evident. The unit in which a young person was accommodated had a separate bedroom area which was decorated in an age appropriate manner. Staff informed inspectors that it was planned to convert a bedroom in this unit into a separate recreation space for the person involved. There was a garden which was suitably designed and safe.

Overall inspectors observed that the premises were very clean and well maintained with flooring, lighting and heating in the houses satisfactory. Small kitchens are provided with suitable equipment for heating, cooking storing of food and crockery. Apart from light meals, snacks and breakfast all catering is done in a central and suitably equipped location with the exception of one unit where the staff undertook the cooking with some of the residents. Laundry was also undertaken in a central location again with the exception of one unit where the residents do so themselves. The centralised laundry and catering facilities were reviewed in February 2014 and found to be satisfactory. Food

safety procedures were implemented in the individual units.

The houses all had a small level access garden area outside with flowers, shrubs and suitable seating. Assistive equipment was required for mobility, moving and handling and residents comfort which included chairs, profiling beds and hoists. The records demonstrated that this equipment was available and serviced regularly. A maintenance log was available and issues were identified and managed promptly. Vehicles used to transport residents had evidence of road worthiness.

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):

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

Findings:

Progress had been made to address the actions required for this outcome with some improvements still required. There was a current and signed health and safety statement available. Systems for review of safety and risk were evident. As stated in the response to the previous inspection, a risk manager had been appointed to support the development of strategies to minimize risk and respond to incidents. The risk management policy had as required been amended to comply with the regulations including the process for learning from and review of untoward events. The policy was further supported by relevant policies including an emergency plan. The missing person's policy was proactive, emphasising the need to initially identify a resident who may be at risk of unauthorised absence and then taking preventative measures. Safety procedures to prevent unauthorized persons entering the units such as locking the external doors were also in place. Given the vulnerability of the residents this action was deemed by inspectors to be appropriate.

The emergency plan contained all of the required information including arrangements for the interim accommodation of residents should this be required. An integrated generator was available for use and emergency phone numbers were readily available to staff. A system of emergency response to events such as aggression, violence or the unauthorised absence of a resident had been instigated. Specific staff in nominated houses were identified to respond immediately to any alarms raised. Staff had been issued with emergency alarms for use at night time. The policy on infection control was detailed and staff articulated good practice in relation to this. Staff were observed taking appropriate precautions and protective equipment including gloves, aprons and

sanitizers were evident. There was a significant deficit noted in training for staff in manual handling although the provider had scheduled dates to rectify this.

Inspectors were not satisfied that systems for the management of fire were satisfactorily implemented. A review of the fire safety register indicated that fire drills had been carried out in each of the individual units annually and residents were included. These drills included evacuation procedures and also noted any risk factors or areas for improvement following the event such as identifying specific residents who required additional supports such as ski pads. Staff were able to articulate the procedures to undertake in the event of fire and how the compartments and systems would work. However, in one instance the equipment identified for use was not available. Staff also expressed concern that the equipment identified for use was in fact unsuitable for use in an emergency. For example, whether they could in fact move a resident using a ski sheet under a pressure relieving mattress and the numbers of staff available to do so. Fire safety management equipment including emergency lighting and extinguishers had been serviced annually and quarterly as required.

However, in three of the units there was evidence that the servicing of the fire alarm system was not undertaken quarterly in a consistent manner. Improvements were also required in the prioritising of fire safety training for staff. Of the 49 staff employed in the centre 32 had not received fire safety training. However, the provider had organised training for 32 staff within one week of the inspection date and confirmed this to the inspectors. A further date was scheduled for the remainder of staff before the end of October 2014. A significant number of fire doors in all units were wedged open in order to allow residents ease of access. While the reasons for this action were valid in terms of resident's need to move freely in their homes this negated their value as fire doors. No magnetic sensors were installed on the doors.

In a number of instances the residents required significant physical support for evacuation. Evacuation plans had been compiled for each resident although they were located in a folder in the offices and not easily accessible to staff or emergency services in the event. There were emergency response systems in place in the event of fire. There was a risk assessment and management plan for resident's available and it was found to be pertinent to the residents assessed needs including manual handling. However, staffing levels in a number of the units at night were below what the dependency levels and lay out of the premises required. One of the units is a two story building. Staff informed inspectors that residents accommodated on the first floor must be independently mobile and that they have relocated residents to the ground floor as their dependency levels changed. However, inspectors were not satisfied that the arrangements for staffing were satisfactory at night to support the emergency procedures for this unit and the dependency levels of the residents.

Details on accidents and incidents were maintained centrally and the person in charge had undertaken a review of these since taking up post. Inspectors were informed that the systems of comprehensively identifying trends such as time frames or staffing which may be contributing factors was in process. The data collated identified deficits such as falls assessments not being reviewed and risk assessments not been adequately completed. Plans to implement the required changes were under way as a means of learning from adverse events .

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):

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

Findings:

The inspectors reviewed policies and procedures for the prevention, detection and response to allegations of adult abuse and found that they were satisfactory and included a designated person to oversee any allegations of this nature. The provider also used a policy to guide practice. Records demonstrated that all current staff in the centre had received training in the prevention of and response to abuse between 2012 and 2013. Primarily this was undertaken by the organisations social work service and the person in charge of this centre was also a trainer for this subject. There was a child protection policy in line with Children First and a designated person nominated. Contact details and photographs of the nominated people were posted in a prominent position in each unit.

Staff were able to articulate their understanding and responsibilities in relation to the protection of both vulnerable adults and children. There were designated lines of accountability identified which was readily available and known by staff. Residents informed inspectors that that they felt safe and would talk to staff or their doctors if they had any concerns. Families spoken with also concurred with this.

Since the inspections of December 2013 and February 2014 the provider had received the final report of the independent investigation into allegations made concerning the service provision. In response to this report the provider initiated a detailed action plan which took account of the issues raised regardless of whether the concern was founded or not. The procedures introduced included increased monitoring systems, supervision arrangements, audits of systems and care practices. Inspectors were informed that no allegations of this nature had been made in the interim.

A review of a sample of the records pertaining to resident's monies being withdrawn from the personal property accounts for specific purchases or as weekly pocket money indicated that the systems for recording this money and its usage have improved. All

monies given for residents use were dated and the expenditure was recorded and receipted for the finance office. Money paid in on behalf of residents in fee payments are recorded via a unique individual identifier and the records, including savings and any interest accrued on behalf of residents were transparent. The arrangements for residents for whom the provider acts as agent are not currently compliant as historically the required documentation and procedures had not been implemented in relation to this. The provider informed the inspectors that the process of rectifying this had commenced in conjunction with the Department of Social Protection.

There was an up-to-date policy on the management of behaviour that is challenging and on the use of restrictive procedures which is in line with national policy. A number of systems were in place to direct/oversee and manage behaviours. There are two psychiatrists assigned to the centre and a behavioural support specialist nurse is also available. The recruitment process for replacing staff in the psychology department had commenced. Records, observation and interviews indicated that's self harm or challenging behaviours were not a significant feature of this service. However, the practices of management and implementation of such guidelines was inconsistent. There were behaviour support plans in place in most but not all instances. Where they were evident they were detailed and provided guidance on both instances of behaviour and strategies to reduce the occurrences. For example, a very structured plan was available for one resident which included regular swimming, exercise, activities and support with compulsive behaviours. Staff were observed following the guidelines as outlined. Behaviours of concern were discussed at the multidisciplinary meetings. However, in other instances no such plans were evident and staff did not have any strategies for the management of the incidents which were occurring in order to support the residents and reduce the impact. Inspectors found that in some instances the behaviours were not recognised by staff as challenging and requiring a support plan.

Inspectors found that the use of restrictive procedures was limited. The procedure used primarily consisted of locked external doors at night, the discreet use of all in one suits for infection control and limited use of medication. Some seating belts were used but these were integral to the seating for residents and prescribed by the occupational therapist to maintain residents seating postures. Restraint assessment prescriptions were evident and in the main such procedures were prescribed by the psychiatry department with a rationale evident for the decision. There was no evidence that they were overused or implemented randomly without due process and assessment. Documentation in relation to the risk assessment and safe use of bed rails had been revised. There was evidence that families had been consulted in relation to the methods used but this was not consistent.

Staff had received training in an approved method of managing behaviour which included physical interventions when this is deemed absolutely necessary. All such procedures were clearly documented and prescribed. On this inspection staff were clear and consistent on the specific techniques to be used if any such intervention was undertaken. These procedures were also documented in an incident report if they occurred.

Judgment:

Non Compliant - Moderate

--

Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Services
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: From a review of the accident and incident logs, resident's record and notifications forwarded to the Authority, inspectors were satisfied that the provider was compliant with the obligation to forward the required notifications to the Authority. There was also evidence that any incidents or accidents were reviewed for development and learning.
Judgment: Compliant

Outcome 10. General Welfare and Development <i>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.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: Where appropriate to the residents' capacity and needs there was evidence of life skill development and attendance at training, day care or workshops. Assessments had been undertaken to ascertain the resident's capacity and decisions were made following this assessment. Basic self-care and social skill development was supported by staff. Assistive technology was used to support residents to maintain and develop their independence for example to help with effective communication. Activity staff were allocated to provide additional support such as outings to places of interest to the residents. Some residents attended day care or workshops and informed the inspectors of the work and the activities that undertook. Other resident's did baking and craft work in the units. The staff could be seen to make efforts to ensure there was social participation for residents, for example going to shopping centres, the cinema, for meals out, shopping with staff for groceries or meeting with friends at day care and

workshops.

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):

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

Findings:

Inspectors found inconsistencies in the documentation and review processes for resident's health care. A local general practitioner (GP) service was responsible for the health care of residents and was available on the campus five mornings per week. Overall the records reviewed demonstrated that there was regular access to this service and out-of-hours service if this is required. There was evidence from documents, interviews and observation that a range of allied health services is available and accessed. This included occupational therapy, dietician services, physiotherapy, psychiatric and psychological services. These services are integral to the organization which is suitable to the diverse needs of the resident population.

There was evidence of the annual health check for all residents and regular paediatric review for the young person where this was required. Inspectors found that the daily nursing records were detailed and demonstrated monitoring and a prompt response to residents changing health status. Where necessary appropriate assessment tools including skin integrity were utilised and plans demonstrated adherence to treatments strategies. There were protocols in place for specific procedures such as enteral feeding systems, catheter care and the use of oxygen. Families were kept informed of any external medical appointments and they confirmed this to the inspectors. There was evidence that where residents were admitted to acute care services staff maintained regular contact with residents and with the services to monitor the resident's progress.

However, given the dependency levels of the residents and the significant health care needs evident, inspectors were not satisfied that in all cases health care needs were supported by adequate nursing plans in relation to the specific issues identified. These included the management of epilepsy, asthma, or weight monitoring. In some instances the plans which were available had not been reviewed for considerable time periods and in others no such plans had been developed.

Policy on end of life care had been developed. Due to the age range and changing health care needs of the residents this was appropriate. Where advance decisions had

been made in regard to treatment or resuscitation they were seen to be undertaken in consultation with relatives and clinicians and were documented in the residents records. Inspectors also saw that these decisions were reviewed three monthly. One of the nursing staff had undergone post graduate training in palliative care and there was also access to external palliative care specialists available for residents. Nursing staff were available to support this care in the unit during the day time. Inspectors were informed that additional nursing support would be made available at night as the situation arose.

Residents meals were prepared in the catering department and delivered chilled to the units each day to be heated prior to serving with the exception of one unit where meals are prepared on the unit. The diverse needs of the residents were addressed in the dietary supports available. There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents' dietary needs. There were also aware of resident's preferences in relation to food. Choices were available and inspectors saw that additional foods such as fruit, cheese, salad, eggs and other options which residents liked were available as snacks. Various juices and drinks were also available.

Meals, including puréed meals were observed to be served appropriately in an unhurried and sensitive manner to residents and there were communication records in the units to guide staff. Assistive crockery was used where this was advised by the clinicians. Resident's weights were monitored and advice taken if there was a change of significance. Fluid intake was also monitored where this was required. All units had kitchenettes which were equipped with food storage equipment, heaters, kettles and fridges. One of the kitchens is locked when not in use but the reason for this was satisfactory in terms of resident's safety.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The provider had made suitable changes to the medication dispensing arrangements to ensure that the medication was identified for the resident for whom it was intended and as required (PRN) protocol will be implemented once agreed by all prescribing clinicians. Current policy on the management of medication was centre-specific and in line with

legislation and guidelines. Medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. No residents were assessed as being suitable for self administration of medication at the time of this inspection.

However, inspectors found that systems for the receipt of, management, storage and accounting for controlled drugs in one unit were not satisfactory. Staff were not maintaining appropriate records of the administration of controlled drugs or in some instances the correct records of the stock balance of this medication. Errors in the documentation had not been either noted or responded to by staff and recorded as medication errors. This medication was not stored as required in a secure manner. This was brought to the attention of the person in charge who acted to resolve the issue.

The protocol for the use of emergency medication for the management of seizures was not satisfactory and did not guide staff in its usage. The timing of the initial administration and repeat dosage was not clear on the protocols available. An audit of medication administration practices had taken place but had not identified the errors noted above.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been forwarded to the Authority as part of the application for registration. It was found to be in compliance with the regulatory requirements. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with primarily severe and profound intellectual disabilities. Accommodation was suitable and appropriate decisions were made in relation to the suitability of residents to share accommodation including the young person who resides there.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspectors found that significant changes have been made in the governance structure and procedures in order to create a more cohesive and effective governance system in a complex and diverse service. Governance was supported by a range of systems including corporate risk and development.

There was evidence of overview of practices and reporting systems. The nominee of the provider and CEO had established formal reporting structures from all departments which included directors of clinical care programmes and facilities. The person nominated to act on behalf of the provider undertook unannounced visits to the centre to review specific issues including complaints procedures and meet with residents and staff. The provider met fortnightly on a formal basis with each of the programme managers for the various services. Weekly meetings of all the persons in charge were held. These were primarily used to support implementation plans for achieving compliance with the standards and regulations across the campus. An action plan for achieving compliance with the regulations for the centre had been developed. The compilation of the audited data when it is sufficiently analysed will support compliance with the annual review of quality and safety of care

A person in charge had been appointed under the direction of the adult services manager who was a qualified intellectual disability nurse with extensive nursing and management experience. She had also undertaken post graduate training at degree level in health care management and was a trainer in the protection of vulnerable adults. The appointee was also the person in charge of another similar but smaller designated centre within the organisation. Each unit had a manager at clinical nurse manager grade. There is an appropriate day and night time on-call system in place.

The change to the structure and the creation of the post of person in charge was part of a process which included increased supervision and lines of accountability. Audits and spot checks had taken place on issues such as meals, restrictive practices and personal planning. Inspectors found that improvements were required however in the implementation of a more robust system for reviewing and ensuring the quality and

safety of car. This is evidenced by the findings in Outcome 7 Health and Safety; Outcome 11 Health Care and in Outcome 17 Workforce.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was newly appointed to the post since April 2014. Inspectors were informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. A fulltime appropriately qualified person had been appointed to support the person in charge and act in her absence. It is envisaged that the person appointed will undertake the duties and roster of the person in charge on periods of normal annual leave and support the person in charge in the day-to-day management of the centre. The arrangement was satisfactory.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Sufficient resources for fundamental care such as food, health care, maintenance and upkeep of the premises and vehicles used were available and utilised. However, there was evidence of insufficient staff to ensure that resident's well being and safety could be

maintained on a consistent basis. A full review of staffing numbers and arrangements based on residents' dependency levels had taken place and a process of recruitment had commenced at the time of this inspection.

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):

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

Findings:

From examination of rosters, review of residents schedules and interviews with staff inspectors formed the view that the staffing levels and on occasion the skill mix were not adequate. This impacted on the level of care in the units which had the highest numbers and most dependant and complex care needs. This also impacted on the development and implementation of personal plans in relation to the health care needs of residents. There were constant shortages noted on rosters with units where four staff were required staffed by three staff. At weekends in some instances one unit was staffed by two persons who impacted on the availability of staff to provide activities or meaningful recreation to the residents.

The skill mix of staff was also not sufficient given the dependency levels and nursing needs of the residents in three of the units. Each unit had a nurse on duty during the day which was appropriate to the needs of the residents. However, there was one nurse assigned to one of the units overnight but this person was also the nurse on call for the remaining units. The function of this post included administering medication or emergency medication, and attending to care needs evident which included eternal feeding systems and catheter care, acute respiratory conditions and late stage dementia. Deficits noted in personal plans and health care related plans indicated that the skill mix was not adequate to provide the care required consistently.

There was an actual and planned rota template available in each unit but this did not consistently identify the staff who were on duty.

There was a qualified night nurse manager available for the campus. Families had raised concerns regarding the staffing levels and the impact it had on their relatives quality of life. The provider stated and confirmed that a significant recruitment process was under

way which included nursing and care assistant staff.

There was a centre-specific policy on recruitment and selection of staff. The person in charge had reviewed their practices in relation to procuring the relevant documentation for agency staff assigned to them and the required documentation was seen by the provider. No volunteers were being utilised at this time. Examination of a sample of three personnel files showed that progress was being made as agreed by the provider in sourcing missing documentation previously noted and all files had been reviewed by the human resources department to progress this issue. Evidence of registration with relevant bodies was available for all staff who required this.

There were 49 staff assigned to this centre with nine of these nurses. Examination of the training matrix demonstrated that all staff had completed and were in the process of updating accredited training in non violent therapeutic crisis intervention. There were deficits noted in mandatory training as noted in Outcomes 7 with 32 staff overdue for fire safety training and 26 in moving and handling training. Other training which had been completed and was ongoing included hand hygiene and waste management. Monitoring and supervision systems had commenced with the person in charge receiving training in performance management, supervision and support. There was evidence from records that the person in charge had commenced regular unit meetings in order to ensure staff were familiar with the changes being made to work practices and compliance with the regulations. It is intended to implement the supervision process across the houses, cascading from the person in charge to nursing staff, care assistants and household staff.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that of the required policies were in place and had been revised.

Documents such as the residents guide and directory of residents were also available. The inspectors saw that insurance was current and in line with the regulations. Reports of other statutory bodies were also available. Written evidence of compliance with the statutory fire authority had been forwarded to the Chief Inspectors as part of the application for registration.

However, as discussed under Outcome 8 improvements were required to financial polices and procedures and as discussed under Outcome 12 the protocol for the use of emergency medication did not adequately guide staff in its administration.

Judgment:

Non Compliant - Minor

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003900
Date of Inspection:	09 September 2014
Date of response:	23 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:

The layout of the one bathroom in one unit did not support resident's privacy when receiving personal care.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

A lock is fitted to the bathroom and staff have been advised to utilise same to ensure single user occupancy at all times.

Proposed Timescale: 17/10/2014

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:

There was no satisfactory agreement which clearly defined the terms under which the resident may reside in the centre.

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:

The Contract of Care has been revised and introduced for Residents to ensure clearly defined terms for the Residents residing in the centre

Proposed Timescale: 17/10/2014

Theme: Effective Services

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

There was no agreement which clearly defined the details of services to be provided and the fees to be charged.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Contract of Care has been revised and introduced for Residents to define the details of the service and the fee's to be charged.

Proposed Timescale: 17/10/2014

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:

Fire doors were not maintained in a position to ensure they were effective in the event of a fire.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

All objects which were interfering with the effectiveness of the fire doors have been removed.

Proposed Timescale: 17/10/2014

Theme: Effective Services

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

Fire alarms not serviced consistently.

Action Required:

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

The systems will be reviewed with companies to ensure that 3 monthly servicing of the fire alarm panels and ensure documentation reflects the date of the servicing.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Staff had not received up to date training in the prevention of and management of fires and arrangements for the evacuation of residents.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff, with the exception of staff on long term leave have received training in relation to fire safety. Onsite fire drills will be undertaken to ensure planned evacuation procedures are effective.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

Arrangements for the evacuation of residents did not take sufficient account of the two story unit and staffing levels at night.

Action Required:

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

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

Recruitment procedures have commenced to ensure staffing identified in the Dependency assessment are addressed.

Proposed Timescale: 30/11/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Behavioural support plans were not implemented for all residents who required them.

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:

Education sessions for staff in relation to "Introduction to Behaviour that Challenges" has been arranged for the Centre to ensure that Keyworkers and unit Managers can identify where a Resident requires a behaviour support plan. A review of existing support plans will be undertaken to ensure their efficacy and implementation.

Proposed Timescale: 30/11/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

the following respect:

Residents assessed health care needs were not supported by plans for appropriate interventions and some interventions agreed were not consistently followed.

Action Required:

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

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

All Support Plans will be reviewed in association with health care assessments. Identified interventions will be implemented with a system of review, and Audit in each living area by the Living area manager.

Proposed Timescale: 30/11/2014

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:

Controlled medication was not stored securely in accordance with policy.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

A review of Medication management, including compliance with controlled medication, prescribing, storage and administration will be undertaken by the Person in Charge to ensure compliance with the Organisational Policy. Nursing staff in the Designated Centre will be required to undertake an e-learning programme on Medication Management to ensure competencies.

Proposed Timescale: 30/11/2014

Theme: Health and Development

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

The administration records and the stock control records for controlled medication were not satisfactory.

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 review of Medication management including compliance with controlled medication prescribing, storage and administration will be undertaken by the Person in Charge to ensure compliance with the Organisational Policy. Nursing staff in the Designated Centre are required to undertake an e-learning programme on Medication Management to ensure competencies

Proposed Timescale: 30/11/2014

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:

There were monitoring deficits noted in the development of health care plans for residents, staffing levels and skill mix and fire safety procedures.

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:

All Health care Plans will be reviewed in relation to interventions required through assessment and a system of review and audit implemented in each living area and monitored by the Clinical Nurse Manager/Senior Staff Nurse and audited by the Person In Charge.

Review of the Dependency level assessments has been undertaken and skill mix requirements identified. A recruitment process has commenced to address these deficits.

Fire safety training has been undertaken by all staff. A Gap analysis of core training will be monitored by the Clinical Nurse Managers/Senior Staff Nurses in each area.

Proposed Timescale: 30/11/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The numbers of staff and in some instances the skill mix was not satisfactory.

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:

Review of the Dependency level assessments has been undertaken and the number of staff and skill mix requirements identified. A recruitment process has commenced to address these deficits

Proposed Timescale: 30/11/2014

Theme: Responsive Workforce

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

Appropriate nursing staff was not consistently available in the units where this was deemed necessary.

Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

Review of the Dependency level assessments has been undertaken and Nursing requirements identified. A recruitment process has commenced to address these deficits.

Proposed Timescale: 30/11/2014

Theme: Responsive Workforce

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

Staff rotas did not consistently detail the names of the staff on duty.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Area managers have been advised to ensure the actual rosters in the living area have all staff named on duty.

Proposed Timescale: 30/11/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no satisfactory policy or procedure to guide practice in instances where the provider acted as agent for residents.

Protocol for the use of emergency medication for seizure management was not satisfactory.

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 revised Contract of care will advise that the Provider acts as an agent for Residents unless undertaken by the next of kin.

A review of protocols for the use of emergency medication for seizure management has been undertaken by the Consultant Psychiatrist.

Proposed Timescale: 30/11/2014