

**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 G.A.L.R.O. Limited
Centre ID:	OSV-0004648
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	G.A.L.R.O. Limited
Provider Nominee:	Joe Sheahan
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 September 2014 10:00 To: 17 September 2014 19:00

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection involved two community houses operated by the organisation GALRO in Co. Westmeath. The two community houses were initially put forward as two separate designated centres by the provider. However following on from the inspection and consultation with the provider, the inspector determined that as the purpose and function of each community house was the same and that due to the common Governance and Management Structure it was acceptable to combine the two community houses into one designated centre. The provider agreed to this.

The designated centre can provide services for up to five residents and on the day of inspection there was full capacity. The inspection was facilitated by the person in charge and another member of the management team. Both were present at the feedback meeting on conclusion of the inspection.

The inspector met with residents and staff on the day of inspection, reviewed documentation and observed practice. Residents reported that they were content with their home and opportunities provided. Staff were observed engaging with residents in a positive and dignified manner.

Areas for improvements identified by the inspector included need for admissions criteria, review of personal plans, provision of laundry facilities, aspects of risk management, staff training, notifications to the Authority and records and documentation.

The action plan at the end of this report identifies the failings identified by the inspector and the actions the provider/person in charge is required to take 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.

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 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:

There were no written agreements as required by Regulation 24 (3) in place between the service provider and the resident which outlined the services that residents will receive for the fees the resident or an external agency pay on behalf of the resident. The inspector discussed this with management at the feedback meeting, stating that a contract is required and must include the services that are included in any fee paid and any additional costs which the resident may incur outside of the agreed fee.

As stated in Outcome 13 the Statement of Purpose and function did not comply with the matters stated 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. The admissions criteria for the designated centre refer to the organisational policy which is in place for the admissions, discharge and transitions of residents. The inspector determined that this policy is generic and does not inform of the actual criteria required for admission to the designated centre. As of the day of inspection there had been no admissions to the designated centre since the commencement of regulation in November 2013.

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:

The Inspector reviewed a sample of personal files of residents and confirmed that each resident had an assessment in place which addressed the social, emotional and health needs of the residents. The assessments included the residents' current skills in relation to activities of daily living, such as dressing, cooking and showering. From this assessment there were plans developed which outlined the need identified and the actions/interventions to be taken. The interventions also included task analysis' to guide staff in supporting residents to be as independent as possible in activities of daily living. Individuals also had short and long term goals recorded which addressed developing their independent living skills and personal wishes. In one file reviewed, the goals related to supporting an individual's social skills in order for them to be able to integrate in community activities. In another instance they related to supporting an individual to be able to be more independent within their home, such as making a cup of tea for themselves. The inspector identified that improvements could be made between the link between the long and short term goals of individuals in order for the achievement of the goals to be more measurable, which in turn would assist in evaluating the effectiveness of same.

There was evidence that efforts had been made to consult with relatives of residents. Residents had their personal plans available in accessible formats, through electronic devices, which were photo based and provided a narrative of the personal plans. On inspection, residents showed their plans to the inspector. The personal plan of the residents also included relevant risk management plans and intimate support plans. There was evidence that the multi – disciplinary team input however as stated in Outcome 11, there was an absence of input from Allied Health Professionals for certain health care needs such as nutrition.

Not all residents had access to a formal day service, and their occupational and recreational needs were supported through the residential service. Each individual had a list of activities that they liked and disliked and a record was maintained of the activities they took part of on a daily basis. The activities included work placements in local business and daily activities such as shopping and domestic chores. The residents spoke to the inspector with pride of their achievements however the documented evidence of their progress and achievements was limited. Additional improvements were also required in the documentation as there were numerous signatures and dates omitted from assessments, plans and daily records. Therefore it was challenging to determine the staff supporting residents to achieve their goals.

The plans were reviewed annually however there was an absence of evidence that this

review was multi-disciplinary. The reviews also did not reference the progress residents had made towards achieving their goals from the previous year and the effectiveness of same.

Judgment:

Non Compliant - Minor

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 designated centre consists of two community houses located on the outskirts of a town in Westmeath. In each house residents had their own bedroom and en suite or shower room. In one house residents also had a separate kitchen area and living room. Whilst in the second house residents had two living areas and a kitchen. Both houses had a staff office, with one house having a bedroom for staff as sleepover shifts occurred. Each area also had access to external grounds. There were inconsistencies within the two areas in the maintenance, decoration and cleanliness of each house. Whilst in some areas rooms were personalised and decorated appropriately a review of the maintenance and cleaning schedule were required in other areas. There were daily records maintained of the cleaning areas in the designated centre however the inspector observed that additional improvements were required to the quality of the cleaning as there was visible dirt on the skirting boards.

The inspector determined that although each of the bedrooms were of a suitable size and layout, the communal space in one of the houses, particularly the kitchen was small and only suitable to meet the needs of residents who have no mobility needs. One of the houses was also a dormer bungalow with two resident bedrooms being on the first floor therefore only suitable for individuals who can ascend and descend stairs. There was suitable storage in one of the community houses, however the other community house had external storage which was combined with the laundry facilities. However this resulted in the laundry facilities being crowded and inaccessible. Residents in that community house laundered their own clothes, however due to the location and layout of the washing machine and dryer the inspector determined that a risk was present.

On the day of inspection, the designated centre was suitably ventilated, heated and lit. None of the resident on the day of inspection required aids, however there were areas

of the designated centre in which additional aids such as hand rails were required, particularly in the external grounds. This is discussed further in Outcome 7.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The designated centre had an organisational Safety Statement, which addressed the roles and responsibility of management and employees in relation to health and safety. There was an absence of a specific risk management policy for the organisation, however the safety statement did reference how to complete a risk assessment and there was a centre specific risk register in place. The inspector determined that a specific risk management policy was required to guide staff on when it is necessary to complete a risk assessment as the risk register omitted hazards identified by the inspector throughout the inspection. The risk register recognised certain environmental risks such as slips/trips and falls, however did not reference the pertinent areas where a slip/trip or fall could actually occur in the designated centre. As stated in Outcome 6, there were areas in the external grounds which were uneven and sloped and the inspector identified a hand rail would be beneficial, these uneven areas or slopes were not recognised in the risk register. There was also instances where a hazard was identified in the risk register such as medication, however all of the control measures which the staff had implemented were not documented. For example the arrangements in place to ensure appropriate storage or the weekly checks of the supply were not accounted for. The organisation had a policy in place regarding lone working however the actual hazard in the specific houses was not assessed and/or control measures identified. As stated in Outcome 5, personal files also had risk management plans in place, however the control measures were not specific and therefore inadequate. For example, there was a pet in one of the houses. The measures in place to ensure that this was appropriately managed only addressed the person responsible for ensuring the cage was cleaned out. It did not identify how often or the actions to be taken if the person was not available. It also did not reference the need to ensure the pet had regular access to veterinary services.

The centre had a policy in place regarding infection control. The cleaning system and food preparation system was coloured coded, however there was no evidence that staff had received training in this. As stated in Outcome 6, there were areas of the designated centre that required additional cleaning. There was guidance to staff to

ensure that items, inclusive of soiled items were laundered at the appropriate temperatures.

The designated centre had emergency plans in place including action to be taken in the event of a flood, electricity failure or fire. There was evidence that fire equipment such as the alarm system, the emergency lighting and fire extinguishers were serviced at appropriate intervals. There was appropriate signage to the emergency exits. Emergency exits were key operated and keys were hung loosely beside the doors. The inspector found that a risk was present as they were unprotected and could go missing at any time therefore not being readily available in the event of an emergency. Residents had personal evacuation plans in place, they referenced the mobility needs of residents however they did not reference additional needs identified such behaviours that challenge or cognitive awareness. There was evidence that a fire drill had occurred in each community house and all residents were evacuated with the standard staffing levels in an appropriate time frame. Evacuation plans were also available in an accessible format. There was evidence that staff had received training in the prevention and management of fire.

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:

The designated centre has a policy in place regarding the protection of vulnerable adults. The policy was out of date and there was no evidence of review since 2010. The policy also did not clearly state the roles of staff such as identifying the designated person responsible for overseeing investigations. Not all staff employed in the designated centre had received training in the protection of vulnerable adults and the inspector determined that a risk was present based on staffs' knowledge on the day of inspection. Staff spoken to were primarily able to report on the actions to be taken in the event of an allegation or suspicion of physical or sexual abuse however were unable to inform the inspector on other forms of abuse such as emotional or financial. There had been no allegations or suspicions of abuse reported in the designated centre since

the commencement of regulation in November 2013. However staff were supporting a resident who had an incident of alleged abuse external to the designated centre. The inspector was satisfied that the appropriate supports were in place whilst the investigation was ongoing, such as reviews from the relevant Allied Health Professionals.

The organisation had a policy in place regarding supporting individuals who exhibit behaviours that challenge. However this policy had not been reviewed since 2010. The inspector formed the view that this policy was inadequate and did not inform of the actual systems in place to support residents. For example it referenced the use of proactive and reactive strategies, however did not reference the referral system to relevant Allied Health Professionals and/or the use of positive behaviour support plans.

The designated centre had reported to the Chief Inspector the use of chemical restraint through the quarterly statutory notifications. There was no policy in place however to guide practice in this area. Whilst there was documentation of each instance that the medication was administered, the information recorded did not adequately reflect the circumstances or reason why the medication was administered. For example, the proactive strategies which had been implemented prior to the use of a chemical restraint were not evident. There were also no clear guidelines in place on the circumstances in which it should be administered. Individuals had positive behaviour support plans in place, however they were not reviewed annually as part of the personal plan review. The designated centre utilise beanbags as a protective strategy to assist residents who engage in self – harm. However there were no clear guidelines in place for the utilisation of same and/or associated risks. The policy relating to self – harm did not inform of the actual practices to be taken to support individuals who engage in self harm. There was evidence that not all staff supporting individuals who exhibit behaviours that challenge had received the appropriate training.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

Accident and Incident forms were maintained in individual residents' files. Accidents or incidents impacting staff were maintained in a separate location. At the time of the inspection there were no accidents and/or incidents which affected staff reported.

The Chief Inspector had received notifications from the designated centre however the inspector identified incidents during the inspection which were not reported. For example, a resident who required hospital treatment as a result of an injury had not been reported to the Authority as per the Health Act 2007 (Care and Support of Residents (Children and Adults) in Designated Centres for People with Disabilities) Regulations 2013.).

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

As stated in Outcome 5, of the sample of personal plans reviewed it was evident that an assessment of the healthcare needs of residents were included. There was a record maintained of all medical appointments that a resident attended and the outcome of same. However the inspector identified a deficit in the plans of care developed as a result of these outcomes, to inform staff of how to assist in meeting an identified need. For example the inspector was informed by staff that they had received training from the relevant clinician in supporting residents to receive healthcare interventions such as nebulisers or enemas. However there was no plan specific to the individual created, such as potential adverse effects identified. There was evidence that residents attended Allied Health Professionals such as chiropody or reflexology.

The nutritional intake of residents was monitored and residents were documented as requiring specific nutritional support. There was evidence of fluid and food intake being monitored daily if needed. Residents were also supported to be weighed regularly. However there were inconsistencies in the support received by the relevant Allied Health Professional in relation to supporting staff to support the individual, such as alternative options to support weight loss. The inspector was shown pictures which are utilised to support residents to create a weekly shopping list reflective of their meal choice of the week. There was also evidence that residents were supported to partake in the preparation of meals. As stated in Outcome 6, the kitchen in one of the units was observed as being crowded and therefore can only meet the needs of residents who do not experience challenges with mobility.

Judgment:

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:

There was a policy in place regarding the medication management practices in the designated centre. However the inspector determined that the policy was not reflective of the actual practices in the designated centre. For example, it was evident from a review of the prescription records that staff transcribed the prescription records in which staff administered from; however this was not referenced in the medication policy. As stated in Outcome 8, residents also received medication as required as a result of behaviours that challenge. Residents were also prescribed medication as required for pain relief. The policy of the organisation states that staff must have a clear understanding of why medication as required is prescribed and how to administer same.

The inspector reviewed the systems in place for storing medication and was satisfied that it was stored securely. The information recorded on administrations sheets reflected that of the prescription sheet however there was improvements required in the prescription sheets. For example there was evidence that prescriptions had not been reviewed at six monthly intervals. The area to identify allergies was blank in instances. The route of administration and the name of the general practitioner for the resident was also absent.

Staff spoken to was clearly able to describe to the inspector the appropriate practices for the administration of medication. There was a record of a weekly check of the medication supply was maintained and unused medication was returned to the pharmacy in a timely manner. The accident and incident log was utilised as the system to record medication incidents and the person in charge conducted audits of medication management practices on a monthly basis.

Judgment:

Compliant

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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: As stated in Outcome 4, the Statement of Purpose and Function that was maintained in the designated centre was inadequate and did not fully inform of the actual services that the designated centre intends to provide and the needs in which they are set out to meet. Examples of this included, the admissions criteria was not clearly set out. The actual needs of residents that the designated centre could provide services for was also omitted. For example one of the community houses had stairs and the kitchen was small as stated in Outcome 6. Therefore residents who required mobility aids would not be able to reside there. This was discussed with management in the feedback meeting at the conclusion of the inspection.</p>
<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector was provided with a three week sample of rosters and determined that the staffing levels on the day of inspection were reflective of the actual staffing levels in general. The information maintained on the rosters however was inadequate as it did not reflect the roster of the person in charge, staff initials were utilised as opposed to full names and it did not reflect if staff were awaking staff or sleepover staff. The inspector was informed that staffing was a combination of both.</p> <p>As stated on Outcome 8 not all staff had training in the protection of vulnerable adults. Of the sample of files reviewed however staff had received training in manual handling and the prevention and management of fire. There was evidence that staff had received additional training in the safe administration of medication and first aid. There was no</p>

evidence that all staff supporting individuals who engaged in behaviours that challenge had received the appropriate training. There was evidence that the person in charge had commenced formal staff supervision.

The inspector reviewed a sample of staff files and was satisfied that they contained the necessary information as stipulated by Schedule 2 of the Health Act 2007 (Care and Support of residents in designated centres for persons (children and adults) with disabilities) Regulations 2013.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

As stated in Outcome 12, the prescription records of residents were not completed consistently as required by Schedule 3 of the Health Act 2007 (Care and Support of residents in designated centres for persons (children and adults) with disabilities) Regulations 2013. There were also numerous policies which were not reviewed in an adequate time frame for three years such as the policy pertaining to the protection of vulnerable adults. The medication policy was also not reflective of best practice as regards to the use of medication as required for behaviours that challenge or staff transcribing.

A roster was maintained of staff hours however the information was inadequate as it was not reflective of the full name of the staff and if staff completed a sleepover shift or a waking shift. The person in charge was also omitted from the roster.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by G.A.L.R.O. Limited
Centre ID:	OSV-0004648
Date of Inspection:	17 September 2014
Date of response:	18 November 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 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 written agreement in place between residents and the service provider.

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

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

terms on which that resident shall reside in the designated centre.

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

We will develop a written contract between the residents and the service which will outline the terms on which the residents reside as per regulation 24 (3).

Proposed Timescale: 24/11/2014

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:

The review of personal plans did not take into account the effectiveness of each plan and the progress achieved by residents.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

As per regulation 05 (6) (c) and (d) we will carry out reviews of personal plans at a minimum annually or more frequently if circumstances change. In our review of personal plans we will evaluate the effectiveness of the plan and the progress achieved by each resident which takes account of any changing circumstances.

Proposed Timescale: 01/12/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There were daily records maintained of the cleaning areas in the designated centre however the inspector observed that additional improvements were required to the quality of the cleaning as there was visible dirt on the skirting boards.

Action Required:

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

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

We will arrange a thorough quarterly clean of the premises. We will repaint skirting boards in the kitchen area due to staining from the hamster.

Proposed Timescale: 17/11/2014

Theme: Effective Services

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

The laundry facilities were inadequate in one community house.

Action Required:

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

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

We have removed all the clutter from the laundry house. These items are stored in an alternative store which allows for a clutter free environment with free and safe access.

Proposed Timescale: 24/10/2014

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:

Whilst there was a risk register in place there was no risk management policy.

Action Required:

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

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

The organisation policies and procedures which includes risk management policy are revised in line with Regulation 26 (1) (a). Currently all centre specific policies which include risk management policies are being revised.

Proposed Timescale: 17/12/2014

Theme: Effective Services

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

Keys required to access fire exits were unprotected therefore a risk was present of them not being present when required.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

We have installed brake glass units and keys are now located in a brake glass unit at each fire exit.

Proposed Timescale: 17/11/2014

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:

Not all staff had the relevant training.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Three key staff are now completed training in TCI Instructor Training. TCI is now scheduled for all staff within the organisation.

Proposed Timescale: 17/12/2014

Theme: Safe Services

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

The evidence to support the use of medication as required as a reactive strategy did not support that alternatives had been considered.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

We have developed a ten step plan of intervention to deal with challenging behaviour before medication is used as a reactive strategy. All staff received guidance and training to implement this plan.

Proposed Timescale: 22/09/2014

Theme: Safe Services

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

The policy regarding the protection of vulnerable adults was out of date and not all staff had received the appropriate training.

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 organisation policies and procedures which includes protection of vulnerable adults policy are revised in line with Regulation 08 (7). Currently all centre specific policies which include Protection of Vulnerable Adults Policy are being revised. All staff are scheduled to received Protection of Vulnerable Adult training.

Proposed Timescale: 21/11/2014

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 inspector identified incidents during the inspection which were not reported. For example, a resident who required hospital treatment as a result of an injury had not been reported to the Authority.

Action Required:

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

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

We will notify the authority of all incidents in accordance with Regulation 31 (1) (d). The incident in relation to a person who received hospital treatment as a result of injury which was not reported has now been reported to the authority.

Proposed Timescale: 17/11/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The personal plans of residents did not adequately inform of the interventions required to meet their health care need.

Action Required:

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

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

A personal plan is drawn up in consultation with staff, family members and relevant professionals as required under Regulation 06 (1). Protocols are developed around the administration of enemas and the use of nebulisers and any other medical interventions required. The protocol addresses potential adverse effects of these interventions and a plan is in place to counter such adverse effects

Proposed Timescale: 18/11/2014

Theme: Health and Development

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

There was an absence of Allied Health Professionals' input in relation to the nutritional needs of 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:

Service users who require the intervention of a dietician are referred.

Proposed Timescale: 17/11/2014

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 and Function that was maintained in the designated centre was inadequate and did not fully inform of the actual services that the designated

centre intends to provide and the needs in which they are set out to meet.

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 Statement of Purpose and Function is being revised in accordance with Regulation 03 (1) to inform the actual services the designated centre is providing as 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.

Proposed Timescale: 15/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

The medication management policy and the policy pertaining to the protection of vulnerable adults had not been reviewed within an appropriate time frame and did not reflect evidence based practice.

Action Required:

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

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

The organisation policies and procedures which includes medication management policy and the policy pertaining to the protection of vulnerable adults are revised. Currently all centre specific policies which include Medication Management and Protection of Vulnerable Adults Policies are being revised in line with Regulation 04 (3) to reflect best practice.

Proposed Timescale: 17/12/2014

Theme: Use of Information

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

Prescription records did not contain all of the necessary information.

Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

We have reviewed our Kardex system to reflect all necessary information as set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Proposed Timescale: 22/09/2014

Theme: Use of Information

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

The rosters maintained in the designated centre were inadequate.

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:

We have reviewed our rosters to show waking nights or sleep-overs. The Person in Charge is now named in the roster and the full names of staff are included in a legend key on the rosters.

Proposed Timescale: 25/09/2014