

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Health Service Executive |
| Centre ID: | OSV-0003364 |
| Centre county: | Sligo |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Teresa Dykes |
| Lead inspector: | PJ Wynne |
| Support inspector(s): | Geraldine Jolley; |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 47 |
| 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

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|-----------------------|-----------------------|
| From: | To: |
| 13 October 2014 10:15 | 13 October 2014 17:00 |
| 14 October 2014 09:00 | 14 October 2014 17:00 |
| 20 October 2014 09:00 | 20 October 2014 17:30 |
| 21 October 2014 08:50 | 21 October 2014 15:30 |

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

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| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication |
| 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 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 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

This was the first monitoring inspection of this centre. This inspection was announced and took place over a four day period. As part of the monitoring inspection the inspectors met with residents and staff members. Inspectors observed practices and reviewed the documentation including care plans, medical records, accident and incident reports, policies, procedures and staff files. This centre is designed to provide long term care for 47 adult residents. Residents' ages at the time of this inspection ranged from 23 to 91 yrs old. The specific care and support needs of the residents varied from moderate to profound intellectual disabilities. Additionally some residents have a physical/sensory disability and age related healthcare needs.

The campus consists of seven units. Four units are located within the main three-storey building and three units are located on the campus grounds adjacent to the main building. Three units accommodate males only. The four other units accommodate both males and females with occupancy ranging from seven residents to maximum of 11 residents. Residents are accommodated within units most suited to where their needs can be met best, for example the level of disability, elderly residents and those with behaviours that challenge. It was found however that the design and layout of the designated centre does not meet the individual and collective needs of all residents in a comfortable and homely way. The building is institutional in style and despite some modifications retains a number of dormitory like aspects of living which detract from person-centred care.

Good practice was found in the management of resident's healthcare. Staff were knowledgeable and responsive to the residents' physical care needs. There was evidence of good systems to help residents communicate. This process was being further developed through care planning. By virtue of long standing relationships the staff understood the resident's preferences and the meaning behind their non verbal communication. The inspectors judged the deployment of nursing staff was not adequate to meet residents' needs. As discussed under Outcome 14 Governance and Management, the nurse management team was office based and they are not included on the rota for the units of assigned responsibility as described in the statement of purpose. The inspectors found inconsistencies in the deployment of staff in terms of where the need was most required. The rationale underpinning the staff deployment model was not apparent. The number of care assistants was inadequate and their deployment considering the layout of the building did not facilitate person-centred outcomes. All staff were not trained in fire safety evacuation procedures. Less than 50% of staff overall were trained in fire safety evacuation within the past 12 months.

As discussed in Outcome 1, Residents Rights, Dignity and Consultation, the opportunity for adequate sensory stimulation and support to maximise quality of life for some of the residents was impacted upon by the limited availability of care staff. There was limited evidence of residents not attending a day service/workshop, partaking in outings or having involvement in therapeutic services. A review of the personal plans for residents identified the need for improvement in the promotion of individualised goal setting to support and enhance life experiences.

The Action Plan at the end of the report identifies all 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) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents had choice in basic daily routines of living. Staff knew the individual preferences of residents for example, the food they preferred and where possible they can choose and purchase their own clothing. Staff were observed asking residents what they wanted and giving them choice. Consent forms were in place for photographic identification, restraint or other interventions.

Not all residents had single bedrooms. Residents occupying double bedrooms were sharing with the same person for a long period of time and there was familiarity in each other's routines. Bedrooms in some units were well personalized with photos and mementos. There was evidence that staff actions maintained resident's dignity and respect when carrying out personal care, with doors closed. This enabled staff to ensure that other residents did not interrupt personal care routines. There was sufficient space in each bedroom to hold clothing and other personal belongings.

A complaints policy, including an appeals process was in place which is based on the 'HSE- Your Service Your Say'. The policy in easy read format was posted in each of the units. The policy indicated issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. A designated individual was nominated with overall responsibility to investigate complaints. The independent appeals process if the complainant was not satisfied with the outcome of their complaint was not clear. Three separate individuals were named to whom a complainant could appeal a decision following investigation by the person in charge. The inspector reviewed the complaints log. This contained the facility to record all relevant information about complaints, investigations made and the

complainant's satisfaction with the outcome. All complaints were recorded in the complaints log ensuring they are separate and distinct from a resident's individual care plan. However, matters pertaining to staff issues were recorded in the residents' complaint log.

Activities took account of the residents stated or known preferences. In some instances there is frequent opportunity to participate in interesting activities and outings. In particular for residents attending the on-site day service. However, opportunity for adequate sensory stimulation and support to maximise quality of life for some of the residents was impacted upon by the limited availability of staff and the need for additional supervision of other residents.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

There was evidence of good systems to help residents communicate. By virtue of long standing relationships the staff understood the resident's preferences and the meaning behind their non verbal communication. The individual communication requirements of residents were outlined in detail in their personal support plans. The communication profile for each resident completed outlined residents preferred routine in all activities of daily living, from getting up, dressed and having their meals. Their documented profiles described well their level of independence and what they could do for themselves. Each resident had a hospital passport completed to outline all their required information in the event of a transfer to an acute hospital.

Picture-enhanced communication was available and displayed to support non-verbal communication and to relay information regarding daily activities, choices, staff on duty and the named advocate. The personal support plans contained photographs of the residents and in some cases a picture of their house was included alongside their address. Some of the personal plans were synthesised in pictorial format for the residents while engaged in their personal goals to assist their understanding. However, personal plans were not made available in an accessible, understandable format for all residents. There was no use of assistive technology, aids or appliance to promote residents full capabilities in their personal care plan or assisting to communicate.

There was evidence of family links in personal plans. Families were contacted in advance of the review of an individual resident's personal plan and invited to attend the review meeting. Input from family members in relation to individual residents' wishes and preferences was documented in personal plans.

Judgment:
Non Compliant - Minor

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:

Inspectors read the policy on admission which was detailed. Referrals for new admission are through the Health Service Executive (HSE) services and are reviewed by the manager of the disability service and agreed by the admissions committee. Work was in progress to ensure each resident had an agreed written contract which included details of the services to be provided for that resident and the fees to be charged. A copy of the contract of care was retained in each file examined and a copy was sent to the nominated next of kin. The person in charge was awaiting the return of copies of signed contracts from each resident's nominated next of kin.

The contracts of care viewed included the terms and conditions and an undertaking to pay an extra charge in respect of any additional service not included in the overall fee. These services were outlined in the contracts of care and included for example, hair dressing, beautician, cinema, and theatre.

Judgment:
Non Compliant - Minor

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 inspectors met with a number of residents and reviewed their personal plans. Residents' preferences and wishes regarding their daily routines were recorded in detail. Resident's files contained information that outlined their health, intimate and personal care needs along with their family contacts and relationships. Risk assessments were completed to inform care planning and detailed interventions in relation to identified needs. These included behavioural challenges, supports and medical issues. Where the risk assessments identify the need for plan of care or a nursing intervention, three monthly evaluations as required by the centre's procedure did not always take place. One resident with a plan of care for eating and drinking did not have the plan dated and there was no evidence of regular evaluation. Similarly a care plan for pain management was not reviewed in a six month period.

An inspector reviewed the care file of a resident recently admitted to the service. The resident following a stay at an acute hospital was unable to transfer back to his own accommodation due to changes in his health status. His file contained details of his previous risk assessments and plans of care. However, a comprehensive assessment of his personal, health and social care needs was not carried out prior to admission or subsequently after admission to the service. A date was scheduled for a multi disciplinary review. However, a personal plan to outline the required supports to meet the resident's needs and maximise his potential and well-being was not developed within required time frames. The resident had not attended his day service since admission to the centre. An exploration of necessary support to achieve this goal was not actively pursued.

Each resident had a plan outlining their personal goals for the year. The personal plans are newly introduced and are in their first year of implementation. There was evidence of appropriate multidisciplinary involvement in resident's personal plans which were guided by clinician's assessment of need, staff knowledge, behaviours and assessed risk factors. Staff members were named to take forward objectives in the plan within agreed time-scales. There was evidence of personal goals being reviewed. Where goals had not been achieved new dates were set to achieve goals. However, the reason why goals were not reached was not documented in all cases.

A review of the personal plans for residents identified the need for improvement in the promotion of individualised goal setting for residents taking account of their preferences, to support and enhance their life experiences. Some personal plans have goals for social care, for example an outing every six weeks. However, the objectives are limited as the goals are not clearly outlined with associated resources. In some cases, the supports required to meet such goals were not specified; short-and longer-term aspirations were not always clearly defined.

The content of the personal plans indicated that further monitoring of practice was needed to fully ensure staff are supported to implement social as well as health care plans for residents suitable to the complexity of the resident needs.

Some residents attended the day service located on the campus. A smaller number of residents travelled to other local day services suitable to meet their individual needs.

Residents that did not attend a day service have considerable care needs due to the level of their disability or medical complications associated with older age. It was observed by the inspectors these residents led a very passive lifestyle and there were limited options for meaningful engagement throughout their day. While some residents had a reflexology treatment it was generally on a weekly basis only. There was limited evidence of these residents partaking in outings or having involvement in therapeutic services. There was limited scope due to staff deployment and resources for engagement on a routine basis in suitable age appropriate activity programs.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The campus consists of seven units providing accommodation for a maximum of 47 residents. Four units are located within the main three storey building and three units are located on the campus grounds adjacent to the main building. Three units accommodate males only, two units accommodate four men and one house accommodates five men. The four other units accommodate both males and females with occupancy ranging from seven residents to maximum of 11 residents. Residents are accommodated within units most suited to where their needs can be met best, for example the level of disability, elderly residents and those with behaviours that challenge. Residents have a good range of assistive equipment.

The design and layout of the designated centre does not meet the individual and collective needs of all residents in a comfortable and homely way. The building is institutional in style and despite some modifications retains a number of dormitory like

aspects of living which detract from person centred care. There are ten double bedrooms and one dormitory style bedroom accommodating three residents. The remaining 24 residents are accommodated in single bedrooms. Each resident had a minimum of a double wardrobe and bedside locker as storage space for their belongings; others had chest-of drawers and additional shelving.

The communal areas in some units were not located close to resident's bedroom accommodation and they did not have the option to return to their bedrooms during the day. In one unit the residents' dining room and day sitting rooms were on the ground floor and residents did not return to their bedroom until night time as staff were deployed on the ground floor to meet their needs. In another unit while the bedrooms were on the same floor as the day communal areas they were separated by a long corridor. Residents could not move easily between the two areas and did not have good access to their bedrooms during the day. Some routines for showering were dictated by the number and location of bathrooms. While there were adequate numbers of showers/baths, some of these were dormitory in the style of layout. Some bathroom facilities contained either two or three wash hand basins or two or more toilets enclosed with a cubicle. Residents' privacy was not ensured as some cubicles were not partitioned all the way to the ceiling.

All parts of the building were maintained visually in a very clean condition. The standard of décor between the units varied. One unit, where the more elderly residents are accommodated was refurbished and the décor is of a very high standard and bedrooms are very well personalised, comfortable and homely. Decorative maintenance in one bungalow accommodating five male residents required attention. The paintwork was not in a clean condition in all areas and a panel on the side of the bath was missing. The windows were stained. Lamp shades were missing from a number of bedrooms.

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 inspectors reviewed the systems in place for health and safety and found that some improvements were required. The inspectors read the emergency plan which was detailed. However, arrangements for the interim accommodation of residents should this be required was not specified. A generator was available for use and emergency contact phone numbers were readily accessible to staff.

Documented procedures to guide staff responses to events such as aggression, violence or the unauthorised absence of a resident were in place. In one of the units the inspectors read the report of an incident of challenging behaviour in which an injury was sustained by a staff member. There was a detailed investigation and exploration of measures to minimise the likelihood of a repeat incident. However, from midnight there is only one staff member on duty. Staff have not been issued with emergency alarms for use at night time to summon assistance if required while lone working.

Inspectors reviewed the fire safety register and training records. Certificates were evidenced for annual servicing of fire safety equipment and emergency lighting. Fire exits were identifiable with over-door illuminated signage and these exits were unobstructed. However, in one unit visited, keys were required to open an emergency exit door. These key were located on a key ring with other keys. There was no break glass unit located on the wall adjacent to the exit door to ensure the key was readily accessible in an emergency.

Staff participation in fire drill practices had commenced. The outcomes of the fire drills were being used to develop a personal evacuation plan for each resident. However, at the time of inspection the equipment required to safely evacuate each resident was not identified and each resident did not have a personal evacuation plan in place. All staff were not trained in fire safety evacuation procedures. The inspectors viewed documents indicating only 46% of care assistants and 55% of nurses were trained in fire safety evacuation within the past 12 months. In some instances some staff had missed their fire training for consecutive years. Due to the low numbers of staff trained in fire safety, at night time when staffing levels are at their minimum, the possibility of no member of staff being trained in fire evacuation being rostered in some of the units was evident. The inspector raised this with nurse management at the time of inspection.

Due to the dependency of residents hoists were required by staff to assist with moving and handling some residents in a safe manner. Each resident had a moving and handling assessment completed to identify their needs. There was input from occupational therapy in the moving and handling assessments. However, the type of hoist or sling size was not detailed in all cases.

The inspector viewed evidence confirming not all staff had up to date training in the safe moving and handling of residents. Only 38% of nurses and 20% of care assistant had up to date refresher training in safe moving and handling of residents.

Details on accidents and incidents were maintained centrally. A review of the accident and incident log indicated that these were reviewed by the nurse management team to identify individual and collective trends and possible contributing factors. Action was identified to minimise the risk of repeat incidents of a similar nature with referrals to allied health services or the provision of assistance equipment.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspectors reviewed policies and procedures for the prevention, detection and response to allegations of adult protection and found that they were satisfactory and included a designated person to oversee any allegations of this nature. There were procedural guidelines on the provision of personal and intimate care to residents. However, some intimate care plans were not reviewed annually in the sample of files examined. The provider used the 'Trust in Care' policy to guide practice. Records demonstrated that all current staff in designated centre had not received refresher training in adult protection. Some staff were last trained in 2009, which is not in line with the centre's policy.

Inspectors found that the system for management of residents' money was transparent and accountable. All monies given to or for residents' use were dated and the expenditure was recorded and receipted by the finance office on site. There were policies and procedures to guide practice where the provider acts as agent for residents 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 on promoting a restraint free environment.

Each resident identified with behaviours that challenged had a behavioural support plan in place. The plans were developed in conjunction with staff and the behaviour support therapist. The care plans were well personalised to identify triggers and outlined preventative and reactive strategies on the interventions to take to ensure the safety of the resident. Records, observation and interviews indicated some challenging or self harming behaviours occurred. There were behavioural support plans available which outlined potential risk factors and symptoms which indicated stress. Staff were also able to state what interventions they found most helpful. Psychotropic medications used were pertinent to specific behaviours and seen to be closely monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values. The inspectors noted from reviewing staff training records that training in the management of behaviour that is challenging including de-escalation and intervention techniques had not been provided to all staff.

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:

A local general practitioner (GP) service was responsible for the health care of all residents. The person in charge had established and agreed a rota with the GP to visit on a certain day each week to see residents in their care for routine checks and was available as required on other days. The records reviewed demonstrated that there was regular access to this service and out-of-hours service when required. There was evidence from documents, interviews and observation that a range of allied health services are available and accessed. This included occupational therapy, dietician services, psychiatric and behavioural support.

Healthcare related treatments and interventions were detailed and staff in conversation with inspectors were familiar with prescribed treatment plans. Generally there was a cohesive approach to the monitoring of health care, evidence of timely response and correlation between the annual health checks and the supporting documentation completed by staff. There was evidence of good access to allied health professionals and health screening to include the dentist, the diabetic clinic and dexta scans to check for osteoporosis.

There was a policy and guidelines for the monitoring and documentation of nutritional intake. There was evidence of input from dietetic services. Nutritional risk assessments were completed. Staff were completing training in undertaking nutritional risk assessments to assist judgements on when to make a referral to the dietician and documenting residents' nutritional intake. Some nutritional care plans required reviewed to ensure clarity of the records. In some files examined intentional weight loss was planned. However, the documentation did not clearly identify this was the planned care pathway.

Residents' meals were prepared in the catering department and delivered to the units each day. Staff were familiar with residents' food preferences. The planned menu was rotated every four weeks. The inspector reviewed the menu and discussed options available to residents with the chef. There was a choice for residents on a pureed/liquidised diet. However, there were limited choices for residents in the evening time when the kitchen closed. The variety of the stock of food in the kitchenettes on the

units was limited. There was a reliance on canned foods and cereals for late evening meals. There were limited cooking facilities to offer savoury snacks as a microwave only was available for cooking.

Judgment:
Non Compliant - Minor

Outcome 12. Medication Management

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

Theme:
Health and Development

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

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

Findings:

There was a policy on the management and prescribing of medication which was compliant with guidelines and the legal framework. However, the policy requires review to ensure it is specific to the centre. The procedure for ordering medication in practice was not reflective of the policy.

Medicines were being stored safely and securely. Staff were knowledgeable on the different medications and their functions. The inspector reviewed a sample of drugs charts. The prescription sheets reviewed did not ensure clarity and minimise the risk of medication error. The specific information was not always detailed in the correct column. In a sample of charts reviewed the route by which the medication is to be administered was detailed in the column titled frequency of administration. Each drug prescribed was not individually signed. A single signature alongside a bracket was noted on prescription sheets reviewed.

The times on the administration sheets recorded the medications being administered between 8:00 am and 9:00 am. However, the inspectors observed medications being administered until 10:00 am. Nurses kept a register of controlled drugs. However, controlled drugs were checked on a weekly basis and not at the change of each shift and signed by two nurses in line with best practice.

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):

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

Findings:

A written statement of purpose was available and it broadly reflected the day-to-day operation of the centre, the services and facilities provided. The statement of purpose submitted required minor review to ensure more clarity in certain aspects. The areas requiring review are outlined below:

- A description either in narrative form or a floor plan of all the rooms in the designated centre including their size in metres square and primary function was not integrated into the statement of purpose to form part of a complete document.
- The staffing complement does not require each staff members name to be identified.
- The deputising arrangements in the absence of the person in charge were not included
- There was limited detail on the arrangements for consultation with residents.
- There was limited information provided on the range of social activities, opportunity for participation in hobbies and leisure interests while in the centre outlined in the statement of purpose.

Judgment:

Non Compliant - Minor

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person notified to the Authority as the person in charge was experienced, qualified and demonstrated good knowledge of the regulations and Authority's standards during the inspection and in previous meetings with the inspector. The inspectors found that clear lines of authority and accountability were present. The inspectors were satisfied that the person in charge is appropriately engaged with the governance, operational management and administration of the designated centre and meets regulatory requirements in this regard.

The clinical nurse managers were mainly engaged in office based administration which does not reflect their responsibility for their defined units as described in the statement of purpose. On the rosters they are not allocated specific hours of duty within the unit to which they are assigned supervisory responsibility for the delivery of clinical care. The role of the night duty clinical nurse manager requires review. This position was office based and mainly involved in staff rostering. While a nursing staff member moved between units at night to administer medication due to limited staff resources to meet residents' needs. This is discussed in more detail under 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):

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

Findings:

Arrangement to deputise in the absence of the person in charge was in place in line with the established staff reporting structures. The person in charge was aware of the responsibility required by the regulations to inform the Authority of the absence of the person.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector examined staff rosters, reviewed residents physical care and psychosocial needs and interviewed staff to discuss their roles, responsibilities and working arrangements and found that the deployment of nursing staff was not adequate to meet residents' needs. As discussed under Outcome 14 Governance and Management, the clinical nurse manager's role was office based and they are not included on the rota for the units of assigned responsibility as described in the statement of purpose.

The inspectors found inconsistencies in the deployment of staff in terms of where the need was most required. The rationale underpinning the staff deployment model was not apparent. In one unit accommodating five male residents there was one nurse and one care assistant rostered during the day. Four of the residents attended a day service most days of the week. In the adjacent unit seven residents are accommodated with complex care needs and high levels of dependency. Four residents require the use of a hoist for moving and handling. One resident requires intensive nurse care with complex medical needs and skin integrity issues. There is only one nurse assigned to this unit during the day and two care assistant until 17:00. One care assistant leaves the unit for approximately an hour and half in the morning and in the afternoon to assist other residents on the bus journey to their day services. At night there was a nurse rostered to the unit. There was one staff member in the unit until from 20:00 till 21:30 hrs. When the care assistant commenced duty the nurse was required to leave the unit to administer medication to residents in the two adjacent units. The inspectors found the resources allocated to this unit very limited to adequately meet care and welfare needs. Although staff knew residents well and endeavoured to interact socially while attending to physical care needs the unit was routine based with limited opportunity for social or recreational activity.

The number of care assistants was inadequate and their deployment model considering the layout of the building did not facilitate person-centred outcomes. There was evidence in one unit residents did not have the choice to return to their bedrooms throughout the evening at their leisure until a care assistant was available at 21:30 hrs to assist residents to their bedroom accommodation which was located on the first floor as described in Outcome 6, Safe and Suitable Premises.

A discussed in Outcome 1, Residents Rights, Dignity and Consultation, the opportunity for adequate sensory stimulation and support to maximise quality of life for some of the residents was impacted upon by the limited availability of care staff and the need for close supervision of highly dependent residents. There was a staff replacement policy available which outlined an essential baseline for the safe delivery of services. The policy included the provision of one care assistant for social and leisure activities. However, this resource was depleted due to cover of holidays and sick absences. As discussed in Outcome 5, Social Care Needs, some residents' personal plans have goals for social care, for example an outing every six weeks. However, the objectives are limited as the goals are not supported with associated resources.

The inspector viewed the staff duty rota. The rota showed the staff complement on duty over each 24-hour period. The person in charge at all times was denoted on the rota. However, the rota was not outlined in the 24 hour clock format and night duty was indicated as 'N' only and it was difficult to establish when shifts commenced and finished. The staff roster detailed their position but not each staff member's full name in all cases.

The inspector reviewed a selection of staff files. The files were noted to contain all documents as required under schedule 2 of the regulations.

Judgment:
Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

Findings:
As discussed in detail under Outcome 11, Healthcare Needs, some nutritional care plans required reviewed to ensure clarity of the records. In some files examined intentional weight loss was planned. However, the documentation did not clearly identify this was the planned care pathway. Matters pertaining to issues raised by staff were recorded in the residents' complaint log.

| |
|---|
| Judgment: Non Compliant - Minor |
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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:

PJ Wynne
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 Health Service Executive |
| Centre ID: | OSV-0003364 |
| Date of Inspection: | 13 October 2014 |
| Date of response: | 17 December 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:

Residents that did not attend a day service led a very passive lifestyle and there were limited options for meaningful engagement throughout their day. While some residents had a reflexology treatment it was generally on a weekly basis only. There was limited evidence of these residents partaking in outings or having involvement in therapeutic services. There was limited scope for engagement on a routine basis in suitable age

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

appropriate activity programs.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

Opportunities will be provided for residents to participate in activities in accordance with their interests, capacities and developmental needs. Trainer from Sports Inclusion Officer Sligo Partnership commencing in Service in January 2015.

Proposed Timescale: 28/03/2015

Theme: Individualised Supports and Care

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

The independent appeals process if the complainant was not satisfied with the outcome of their complaint was not clear. Three separate individuals were named to whom a complainant could appeal a decision following investigation by the person in charge.

Action Required:

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

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

Complaints procedure will be reviewed to reflect that one individual is named for whom a complainant could appeal a decision following investigation by the person in charge.

Proposed Timescale: 17/12/2014

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Personal plans were not made available in an accessible, understandable format for all residents. There was no use of assistive technology, aids or appliance to promote residents full capabilities in their personal care plan or assisting to communicate.

Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

Residents will be facilitated to access assistive technology and aids and appliances to where appropriate to promote their full capabilities. Referrals will be made to Speech and Language Therapists, and Occupational Manager of HSE Assistive Technology Unit Therapists to advise on appropriate aids and appliances for individual residents.

Proposed Timescale: 02/03/2015

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:

The person in charge was awaiting the return of copies of signed contracts from each resident's nominated next of kin.

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:

Individual service agreements will be signed by each resident's nominated next of kin and will include the support, care and welfare of the resident and details of the services to be provided for that resident and the fees to be charged.

Proposed Timescale: 17/12/2014

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:

Three monthly evaluations as required by the centre's procedure did not always take place. One resident with a plan of care for eating and drinking did not have the plan dated and there was no evidence of regular evaluation. A care plan for pain management was not reviewed in a six month period.

Action Required:

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

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

All residents' personal plans will be reviewed annually or more frequently if there is a change in needs or circumstances.

Proposed Timescale: 17/12/2014

Theme: Effective Services

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

A comprehensive assessment of personal, health and social care needs of a resident was not carried out prior to admission or subsequently after admission to the service.

Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

A comprehensive assessment of personal, health and social care needs of the resident identified is now completed after their admission to the service

Proposed Timescale: 17/12/2014

Theme: Effective Services

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

A personal plan to outline the required supports to meet a resident's needs and maximise his potential and wellbeing was not developed within required timeframes after admission. The resident had not attended his day service since admission to the centre.

Action Required:

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

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

A personal plan for the resident identified is now in place which reflects the resident's assessed needs.

Proposed Timescale: 17/12/2014

Theme: Effective Services

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

A review of the personal plans for residents identified the need for improvement in the promotion of individualised goal setting for residents taking account of their preferences, to support and enhance their life experiences. Some personal plans have goals for social care, for example an outing every six weeks. In some cases, the supports required to meet such goals were not specified; short-and longer-term aspirations were not always clearly defined.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Personal plans for residents will be improved to reflect the promotion of individualised goal setting for residents taking account of their preferences, to support and enhance their life experiences. Supports required to meet such goals will be specified; short-and longer-term aspirations will be clearly defined.

Proposed Timescale: 27/03/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The design and layout of the designated centre does not meet the individual and collective needs of all residents in a comfortable and homely way.

The communal areas in some units were not located close to resident's bedroom accommodation and they did not have the option to return to their bedrooms during the day.

In another unit while the bedrooms were on the same floor as the day communal areas they were separated by a long corridor. Residents could not move easily between the two areas and did not have good access to their bedrooms during the day.

Some bathroom facilities contained either two or three wash hand basins or two or more toilets enclosed with a cubicle. Residents' privacy was not ensured as some cubicles were not partitioned all the way to the ceiling.

Action Required:

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

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

A local implementation group has being set up to progress A Time To Move on from Congregated Setting: a Strategy for Community Inclusion. TOR for this group is attached. Families and representatives from various groups including Sligo and Leitrim County Council and Sligo Cooperation are members of this local implementation group. A transition planning group has devised a specific transition plan for residents. Residents and families are consulted and involved in this process. It is envisaged that residents will be relocated into the community over a 5 years period.

Proposed Timescale: Ongoing over a 5 year period

Theme: Effective Services

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

Decorative maintenance in one bungalow accommodating five male residents required attention. The paintwork was not in a clean condition in all areas and a panel on the side of the bath was missing. The windows were stained. Lamp shades were missing from a number of bedrooms.

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:

Decorative and maintenance work will be prioritised.

Proposed Timescale: 02/03/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Arrangements for the interim accommodation of residents should this be required was not specified in the emergency plan.

Action Required:

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

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

Arrangements for the interim accommodation of residents will be specified in the emergency plan.

Proposed Timescale: 17/12/2014

Theme: Effective Services

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

Staff have not been issued with emergency alarms for use at night time to summon assistance if required while lone working.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Service is in the process of researching emergency alarms for use of staff at night time to summon assistance if required while lone working.

Proposed Timescale: 19/01/2015

Theme: Effective Services

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

There was input from occupational therapy in the moving and handling assessments. However, the type of hoist or sling size was not detailed in all cases.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

All moving and handling assessments will include the type of hoist or sling size

Proposed Timescale: 17/12/2014

Theme: Effective Services

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

In one unit visited, keys were required to open an emergency exit door. These key were located on a key ring with other keys. There was no break glass unit located on the wall adjacent to the exit door to ensure the key was readily accessible in an emergency.

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:

A break glass unit will be located on the wall adjacent to the exit door to ensure the key will be readily accessible in an emergency.

Proposed Timescale: 30/01/2015

Theme: Effective Services

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

At the time of inspection the equipment required to safely evacuate each resident was not identified and each resident did not have a personal evacuation plan in place.

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:

The equipment required to safely evacuate each resident will be identified Each resident will have a personal evacuation plan in place.

Proposed Timescale: 30/01/2015

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:

The inspectors noted from reviewing staff training records that training in the management of behaviour that is challenging including de-escalation and intervention techniques had not been provided to all staff.

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:

Training in the management of behaviour that is challenging including de-escalation and intervention techniques is ongoing in the service for all staff who require training.

Proposed Timescale: 30/03/2015

Theme: Safe Services

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

Records demonstrated that all current staff in designated centre had not received refresher training in adult protection. Some staff were last trained in 2009, which is not in line with the centre's policy.

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:

All staff will receive refresher training in relation to safeguarding residents and the prevention, detection and response to abuse.

Proposed Timescale: 30/03/2015

Theme: Safe Services

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

Some intimate care plans were not reviewed annually in the sample of files examined.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

All intimate care plans will be reviewed annually

Proposed Timescale: 30/03/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There were limited choices for residents in the evening time when the kitchen closed. The variety of the stock of food in the kitchenettes on the units was limited. There was a reliance on canned foods and cereals for late evening meals. There were limited

cooking facilities to offer savoury snacks as a microwave only was available for cooking.

Action Required:

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

Each resident will be provided with adequate quantities of food and drink which offers choice in the evening times.

Proposed Timescale: 17/12/2014

Outcome 12. Medication Management

Theme: Health and Development

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

The policy requires review to ensure it is specific to the centre. The procedure for ordering medication in practice was not reflective of the 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:

The medication policy will be reviewed to ensure it is specific to the centre. The procedure for ordering medication in practice will be documented in the policy.

Proposed Timescale: 27/02/2015

Theme: Health and Development

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

The prescription sheets reviewed did not ensure clarity and minimise the risk of medication error. The specific information was not always detailed in the correct column. In a sample of charts reviewed the route by which the medication is to be administered was detailed in the column titled frequency of administration.

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:

The Person in Charge has advised the GP of the above regulatory requirements relating to the prescription of medication.

Proposed Timescale: 17/12/2014

Theme: Health and Development

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

Each drug prescribed was not individually signed. A single signature alongside a bracket was noted on prescription sheets reviewed.

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:

The Person in Charge has advised the Consultant Psychiatrist of the above regulatory requirements relating to ensuring that each drug prescribed is individually signed

Proposed Timescale: 17/12/2014

Theme: Health and Development

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

The times on the administration sheets recorded the medications being administered between 8:00 am and 9:00 am. However, the inspectors observed medications being administered until 10:00 am.

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:

The times on the administration sheets will be changed to 10am

Proposed Timescale: 30/03/2015

Theme: Health and Development

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

Controlled drugs were checked on a weekly basis and not at the change of each shift and signed by two nurses in line with best practice

Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

Controlled drugs are checked at the change of each shift and signed by two nurses in line with best practice

Proposed Timescale: 17/12/2014

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 required minor review to ensure more clarity in certain aspects. The areas requiring review include

A description either in narrative form or a floor plan of all the rooms in the designated centre including their size in metres square and primary function was not integrated into the statement of purpose to form part of a complete document.

The staffing complement does not require each staff members name to be identified.

The deputising arrangements in the absence of the person in charge were not included

There was limited detail on the arrangements for consultation with residents.

There was limited information provided on the range of social activities, opportunity for participation in hobbies and leisure interests while in the centre outlined in the statement of purpose.

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 will be review to ensure more clarity in the areas identified above.

Proposed Timescale: 31/12/2014

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:

The roles of the clinical nurse managers were mainly engaged in office based administration which does not reflect their responsibility for their defined units as described in the statement of purpose. On the rosters they are not allocated specific hours of duty within the unit to which they are assigned supervisory responsibility for the delivery of clinical care. The role of the night duty clinical nurse manger requires review.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

Clinical Nurse Managers will be allocated specific hours of duty within the unit to which they are assigned supervisory responsibility for the delivery of clinical care. The role of the night duty clinical nurse manger will be reviewed.

Proposed Timescale: 27/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The deployment of nursing staff was not adequate to meet residents' needs. The inspectors found inconsistencies in the deployment of staff in terms of where the need was most required. The rationale underpinning the staff deployment model was not apparent.

Action Required:

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

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

The deployment of nursing staff in the service will be reviewed to ensure the numbers of staff is adequate to meet residents' needs.

Proposed Timescale: 30/03/2015

Theme: Responsive Workforce

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

The number of care assistants was inadequate and their deployment model considering the layout of the building did not facilitate person centred outcomes.

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:

A review of all staffing is being undertaken. This will inform the number of care assistants required to adequately facilitate person centred outcomes

Proposed Timescale: 08/01/2015

Theme: Responsive Workforce

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

The rota was not outlined in the 24 hour clock format and night duty was indicated as 'N' only and it was difficult to establish when shifts commenced and finished. The staff roster detailed their position but not each staff member's full name in all cases.

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:

The rota will be outlined in the 24 hour clock clearly identifying staff on duty at any time during the day and night.

Proposed Timescale: 17/12/2014

Theme: Responsive Workforce

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

All staff were not trained in fire safety evacuation procedures. The inspectors viewed documents indicating only 46% of care assistants and 55% of nurses were trained in fire safety evacuation within the past 12 months. In some instances some staff had missed their fire training for consecutive years.

Action Required:

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

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

There is six fire training sessions scheduled before the end of January 2015 and further training scheduled throughout 2015

Proposed Timescale: 31/01/2015

Theme: Responsive Workforce

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

The inspector viewed evidence confirming not all staff had up to date training in the safe moving and handling of residents. Only 38% of nurses and 20% of care assistant had up to date refresher training in safe moving and handling of residents.

Action Required:

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

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

The service will ensure that all staff will have up to date refresher training in safe moving and handling of residents. A schedule of training for 2015 has being developed

Proposed Timescale: 06/06/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some nutritional care plans required reviewed to ensure clarity of the records. Matters pertaining to issues raised by staff were recorded in the residents' complaint log.

Action Required:

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

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

All nutritional care plans will be reviewed to ensure clarity of the records. Complaints log will contain complaints relating to residents only.

Proposed Timescale: 17/12/2014