

**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 Brothers of Charity Services South East
Centre ID:	OSV-0003267
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services South East
Provider Nominee:	Johanna Cooney
Lead inspector:	Kieran Murphy
Support inspector(s):	Caroline Connelly;
Type of inspection	Announced
Number of residents on the date of inspection:	3
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

From: 27 January 2015 11:00 To: 27 January 2015 19:00

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

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was an inspection of a centre in the Tory services which is part of the Brothers of Charity South East. The Brothers of Charity Services South East provides a range of day, residential, and respite services in Waterford and South Tipperary. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the Health Service Executive (HSE).

The centre was a detached house on an estate in the local village and provided a home to three men with low support needs. Residents outlined that they were supported to attend day services from Monday to Friday, some accessing public transport to travel to work. Residents also said that they went to the local shops, pubs and the church and were happy with where they lived and worked. Inspectors observed staff interacting and speaking to residents in a friendly, respectful and sensitive way. Residents spoke very positively about staff saying they were caring and looked after them very well. Inspectors were satisfied that the staff available was appropriate to meet the needs of the three residents in the centre but expressed concern if the staff member needed to provide support to two other residents who lived independently in close proximity to the centre.

Inspectors found that residents had complex healthcare needs which were not being

addressed appropriately as part of the personal outcome measure process or as part of the person centred planning review. In relation to residents' rights inspectors saw that a restriction that imposed on one resident's life had been referred to the human rights committee. The referral had been made in September 2013 with a recommendation made by the committee in November 2013. The recommendation of the human rights committee had still not been acted upon 18 months later.

There were other areas where improvements were 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 and the National Standards for Residential Services for Children and Adults with Disabilities. The Action Plan at the end of the report identifies areas, including

- Personal care planning
- risk management
- emergency planning
- infection control
- fire safety
- prevention, detection and response to abuse
- management of finances
- human rights restrictions
- management of behaviours that challenged
- notification of serious events
- medication management
- governance
- staffing.

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 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors formed the view that the personal care planning process required improvement, particularly in relation to support plans for residents' health needs.

The healthcare file on site, called the residential record, was comprehensive and contained a photograph of the resident with a resident profile including name, contact list, general practitioner (GP) details. It also contained an intimate care plan, in easy to read format. The healthcare file also contained the individual personal plan with an individual rights assessment which contained issues like personal possessions, home life and competency assessment. Each resident had engaged in a process of identifying personal goals, called personal outcome measures. These focused on the personal and social care needs of the individual and included things like maintaining natural support networks and choice regarding where the person wanted to live and work. However, inspectors saw that in some individual's personal outcome measures the information may have been out of date, as for example referencing a person's former residence and outlining safety measures in place in that house.

There was a person centred planning review form which was updated every three months. This was completed by the staff and the resident and contained an update on the resident's personal goals. Examples of personal goals included safety awareness and enhanced community integration.

However, the residential record indicated complex healthcare needs which were not being addressed appropriately as part of the personal outcome measure process or as part of the person centred planning review. For example one resident was due for

referral and review by four separate consultant healthcare specialists but there wasn't a specific care plan in place for each, or any, of these identified healthcare needs.

There were planned supports in place where a resident had to be admitted to hospital or attend the Emergency Department. The person in charge outlined that a staff member would stay with the resident for the length of hospitalisation. As outlined more fully in Outcome 7 senior management on-call would provide cover in the house if such an emergency arose. Inspectors spoke with the nurse educator. She outlined that if a resident had to attend their GP or an out-patient appointment in a hospital she would accompany the resident. The nurse educator kept a medical appointment record for each hospital visit by the resident or review by a healthcare professional. This record was kept in the resident's healthcare file.

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 centre was a detached house on an estate in the local village, with ready access to local shops and the church. The house was bright, clean and well decorated. The house was set in adequate grounds with car parking facilities and the gardens to the rear were well kept and secure.

The communal accommodation comprised of a sitting room and a kitchen/dining room. There was a utility room and a downstairs toilet with wash hand basin. Laundry facilities were provided on site and were adequate.

There were four bedrooms, two single and two double, one of which was downstairs. There was an issue with one resident's ability to safely negotiate the stairs and this is discussed in more detail in Outcome 7. There was a third single bedroom upstairs with en suite facilities. Residents that showed inspectors their rooms stated that they were happy with their bedrooms and had personalised their rooms with photographs of family and friends and personal memorabilia.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There was a draft risk management policy which included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. All of these issues were also identified as part of separate policies. The person in charge outlined that the risk policy had not yet been approved at an executive level in the organisation.

Each resident had risk assessment and management plans for specific hazards relevant to their lives. These included issues like travelling on public transport independently and self-injury. Each identified hazard had been assessed in accordance with an outline of whether it was a low risk, medium risk or high risk. There were controls in place to manage the identified hazards. However, staff outlined that one resident had difficulty in going upstairs. It was explained that staff always stood behind the resident in case he fell backwards while going up the stairs. There wasn't a risk assessment available for this issue.

There was an incident reporting process. Inspectors reviewed the incident and accident report forms from 2014 and there were six incidents in total:

- two incidents of residents slipping/tripping
- three episodes of a particular resident choking on a piece of bread
- one incident of a resident taking an incorrect bus.

Inspectors were satisfied that all incidents were followed up appropriately with recommendations being put in place to prevent the accident happening again. Specific healthcare risk assessments had also been put in place for the hazards of partial airway obstruction and risk of falling.

There was a safety audit undertaken regularly with the most recent completed in January 2015. This reviewed safety issues relating to the premises, storage of medication, housekeeping, electrical safety, manual handling, first aid and equipment.

There was an emergency plan. However, the copy of provided to inspectors was undated. The emergency plan identified the arrangements in place to respond to emergencies like flooding, fire and loss of electricity. It also included when a senior manager would be notified of an emergency situation and their contact details. There

was a contingency plan for accommodation of residents in the event of total evacuation. In the sample healthcare files seen by the inspector each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation. The inspectors saw records of evacuation drills being carried out. One resident had a hearing impairment and it had been identified during a deep sleep evacuation that he had been slow to respond. The person in charge outlined that a vibrating pad was to be purchased. This was to be placed under the pillow which activated when the smoke alarm sounded.

There was a vehicle used to transport residents and records showed that this was serviced regularly, taxed and insured. There was also a vehicle emergency plan in the event of a breakdown.

The inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre including emergency lighting. There was a foam fire extinguisher in the hallway and this had been marked as serviced on January 2015. A carbon dioxide extinguisher was in the back hall and had been serviced in January 2014. A powder extinguisher was available in the kitchen, together with a fire blanket. There were records to indicate:

- daily inspection of means of escape routes
- monthly visual inspection of fire extinguishers
- monthly visual inspection of emergency lighting.

All staff had been trained in fire safety within the last year. One resident had a specific risk assessment in relation to staying unaccompanied in the house. The control measures in place did not specifically mention fire safety although the control measures did include a personal safety talk in accessible format, visual prompts not to open the front door and a large dial phone with speed-dials for staff.

There was a plan in place in relation to control and prevention of infection and the house was visibly clean. The plan outlined that mops were to be stored in the shed in the garden and there were separate mops for the kitchen and for use in the bathrooms. However, on the day of inspection the mops were observed to be drying on top of the waste bins in the garden.

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:

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

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

Findings:

There was a policy on human rights and a document on the procedures for the human rights committee. Neither of these documents had been updated since 2010. Inspectors saw that a restriction that imposed on one resident's life had been referred to the human rights committee. The referral had been made in September 2013 with a recommendation made by the committee in November 2013. The recommendation made in November 2013 was that the committee confirmed that legal advice should be sought on how the services should deal with the situation. A letter was sent to the resident in June 2014 from the person in charge, who was acting in her capacity as chair of the human rights committee. The person in charge confirmed to inspectors that the legal advice had still not been sought.

Policies and procedures were in place for the prevention, detection and response to abuse however these were dated 2009 and required review. There was a guidance statement for the welfare and protection of vulnerable adults, dated 2011. It outlined the procedures to be followed in relation to an allegation of abuse against a staff member, against a member of the religious order with responsibility for the service, against a volunteer and against another person with an intellectual disability. There was a senior social worker employed by the brothers of charity service who was the designated person to respond to any allegations of abuse for the services in Waterford.

The social work department gave training on allegations of abuse and records showed that all staff had attended governance statements and two staff had received training on intellectual disability and abuse. However, records confirmed that some staff had not received this training since 2009.

There was a policy in place regarding resident's personal property and possessions. There were guidelines in place to ensure residents' financial arrangements were safeguarded which included guidance on the completion of money management competency. Inspectors saw evidence of these completed in individual residents' files. The centre had also updated its policy and practice in relation to maintaining an asset register. Bank statements regarding finances were issued directly to residents. Inspectors saw residents' finances were subject to checks by staff. Inspectors saw that residents had easy access to personal monies and generally could spend it in accordance with their wishes. However, inspectors found that the systems in place to record and safeguard residents' finances were not sufficiently robust. The inspector viewed the records maintained and saw that all transactions made were only signed for by one staff member and never signed by the residents or relatives and/or double signed by staff. This could not guarantee transparency in the management of finances.

A money management competency assessment showed that one resident did not understand the value of money and inspectors formed the opinion that all transactions involving this resident should have a more secure system in place to protect all involved.

Written receipts were retained for some but not all purchases made on residents' behalf. Overall the inspectors formed the opinion that the system in place was not sufficiently robust to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping.

There was a policy on challenging behaviour which outlined that alternative options were considered before a restrictive practice was to be used. The person in charge had outlined that there were no episodes of challenging behaviour in the house. However, the inspectors viewed risk assessments for behaviours that challenged in some of the residents notes. In addition, there was evidence of assessment by a psychologist outlining behaviour management plans for identified issues. Staff had not received up to date training in the management of behaviours that challenged.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

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

Findings:

It is a requirement that all serious adverse incidents are reported to the Authority within three working days. This includes:

- Any serious injury to a resident which requires immediate medical or hospital treatment
- any unexplained absence of a resident from the designated centre
- any allegation, suspected or confirmed, of abuse of any resident

Inspectors found that separate events involving serious injury, unexplained absence and an allegation of abuse had occurred in the last 12 months but that the Authority had not been notified.

Judgment:
Non Compliant - Major

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:

Inspectors reviewed a sample of resident healthcare files and found that residents had complex healthcare needs. There were regular multidisciplinary team meetings to discuss residents healthcare needs. These meetings were attended by the residential team leader, person in charge, psychologist, psychiatrist and the nurse educator. The records of the multidisciplinary team meetings for the last three months indicated for example that one resident had been referred to three healthcare consultant specialists for separate healthcare requirements. While there wasn't a specific healthcare plan in place to manage each identified healthcare need, a health appointment record was recorded by the nurse educator for each medical visit by the resident or review by a healthcare professional.

There was evidence in the healthcare records that general practitioners (GPs) were reviewing residents' health needs as required also. There was regular blood testing for residents on particular medications to ensure that the levels were within recommended ranges. Each resident had an up to date annual medical check completed by their GP. This check was used as a method of reviewing care for the resident for the previous 12 months.

There was evidence of good access to specialist care in psychiatry with residents attending consultations on a regular basis. The psychology team was also available to residents with evidence of good coordination of care between the psychologist and psychiatrist as required. A record was maintained of all referrals to and treatment by allied health professionals. This included dentist, optician and chiropodist. The senior nurse educator was available to residents if required. As referenced elsewhere in this report there was good access to the organisation social work department.

There was evidence that residents' emotional needs were also being in relation to end of life and bereavement. One resident was due to attend a memorial service for a friend.

In relation to food and nutrition staff outlined that the evening meal was prepared by staff on the day before. During the inspection residents participated in setting the table and washing up afterwards. Residents said that they were happy with the food and the choices that they were offered. Any resident with specific nutrition issues or swallowing difficulties had been seen by a dietician and a speech and language therapist as required.

Judgment:

Compliant

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 were centre-specific medication management policies and procedures in place dated August 2013 which were viewed by the inspectors and found to be generally comprehensive. Inspectors saw that the residents own general practitioner (GP) prescribes residents' medication and this is obtained from the residents' local pharmacist.

Medication was supplied in a version of monitored dosage system. The inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

Some medications were transcribed by the nurse educator to a medication prescription sheet which was subsequently signed by the GP. However, the nurse did not also sign the prescription which was recommended best practice.

The medication policy required that non-nursing staff have training on safe medication administration and be assessed as competent by a nursing staff prior to any administration of medications to residents. Staff files indicated that while this medication training had been undertaken in 2010 it had expired in 2012. Staff had not received refresher training since then. There was no evidence of ongoing competency assessments or monitoring of medication management practices by nursing staff. There was also no evidence of any audit of medication practice. The staff told the inspectors that the pharmacist gives advice to the staff in relation to the medications if required.

Residents' medication were stored and secured in a locked cupboard and the keys were held by the staff on duty. Photographic identification was available on the prescription chart for each resident to ensure the correct identity of the resident receiving the medication. There were no residents that required medications that required crushing or controlled medications in the centre at the time of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge was employed full time and had a social care background with qualifications and experience of working in similar organisations in the UK. She was also appointed as person in charge for a number of other centres and a day service. She outlined that she didn't call out to this centre on a regular basis but she was available to talk to residents at any time as the residents attended the day service. The person in charge attended regular scheduled senior management team meetings with the regional team for the service. There was also a residential team leader who worked part-time in the centre

The provider had arranged for unannounced visits to the centre in the last six months to assess quality and safety. The inspector read a report of an unannounced inspection from October 2014 and it contained a review, with a detailed action plan to address any deficiencies identified. While there was not an annual review of the quality and safety of care completed at the time of the inspection, there was a draft governance annual review which covered a number of relevant areas relating to quality.

There were regular staff team meetings with the person in charge, the most recent being in November 2014. However, staff had not received any formal support or performance management in relation to their performance of their duties or personal development.

Judgment:

Non Compliant - Major

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:

Inspectors reviewed a sample of staff files and noted that all of the requirements of the regulations were available. However, one member of staff had been employed in the centre for over 20 years and did not have written references from previous employers. There was a large proportion of the staff which included the person in charge who had been employed in the service for a significant period of time and there was a high level of continuity of staffing. There was evidence that new staff received a comprehensive induction programme. Staff that worked alone stated they generally felt well supported and could contact the residential team leader or the person in charge at any time.

As discussed in previous outcomes based on a review of training records by inspectors, not all staff had received up-to-date mandatory training in challenging behaviours, medication management and adult protection. Training records confirmed that a number of staff had received training in moving and handling, fire training, relationships and sexuality, first aid, code of practice and medication management.

There was evidence that team meetings took place regularly and the minutes were kept of issues that were discussed. The inspectors viewed a sample of the minutes which showed that the topics discussed included all issues relevant to the centre and residents.

The person in charge outlined that a volunteer supported a resident. Inspectors viewed a volunteer role description, confidentiality agreement and induction programme for one volunteer.

Judgment:

Compliant

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:

Kieran Murphy
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 Brothers of Charity Services South East
Centre ID:	OSV-0003267
Date of Inspection:	27 January 2015
Date of response:	09 April 2015

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 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 personal care planning process required improvement, particularly in relation to support plans for residents health needs.

Action Required:

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

Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A Health Care Plan which collates information from nursing files will be compiled for the resident and added to their Personal Centred Plan.

Proposed Timescale: 31/05/2015

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:

The risk management policy was in draft format.

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 Revised Risk Management Policy was approved by Senior Management on February 11th, 2015.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

It was explained that staff always stood behind the resident in case he fell backwards while going up the stairs. There wasn't a risk assessment available for this issue.

Action Required:

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

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

Risk Assessment completed with Residential Staff Team on February 25th, 2015

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

There was an emergency plan. However, the copy of provided to inspectors was undated.

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:

An Emergency Evacuation Plan signed and dated January 28th, 2015 is now in the designated Centre.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

On the day of inspection the mops were observed to be drying on top of the waste bins in the garden.

Action Required:

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

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

Micro fibre mops are now in use. Storage has been reviewed to take account of the above

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Fire safety for residents in the house on their own.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably

practicable, residents, are aware of the procedure to be followed in the case of fire.

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

- All residents participate in quarterly fire drills.
- All residents have a Personal Emergency Evacuation Plan.
- Original Risk Assessment on residents staying alone in the house was reviewed and updated with the staff team to include fire on February 25th, 2015

Proposed Timescale: 31/03/2015

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:

Staff had not received up to date training in the management of behaviours that challenged.

Action Required:

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

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

Many staff have previously had training in behaviours that challenge. The staff will be facilitated to complete up to date training in the management of behaviours that challenge.

Proposed Timescale: 30/05/2015

Theme: Safe Services

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

A restriction that imposed on a resident's life had been referred to the human rights committee but had not been resolved.

Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

An update will be sought from the Human Rights Committee as whether advice has been received by them in relation to one specific restriction on one resident. There are no other restrictions in place on or for other residents.

Proposed Timescale: 30/05/2015

Theme: Safe Services

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

Policies and procedures were in place for the prevention, detection and response to abuse however these were dated 2009 and required review.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- The registered provider is currently undertaking a review of this policy and the revised policy will be circulated once complete.
- The review of this policy is complete and the revised Policy and Procedures have been circulated to designated Centres on March 4th, 2015.

Proposed Timescale: 31/03/2015

Theme: Safe Services

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

Staff had not received refresher training on prevention of abuse.

Action Required:

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

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

The registered provider has reviewed the Policy and refresher training for staff is currently being arranged.

Proposed Timescale: 30/05/2015

Theme: Safe Services

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

The system in place was not sufficiently robust to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

(i) Based on the Money Management Competency Assessment, residents will be encouraged to sign for receipt of monies.

(ii) In the particular instance cited by the Inspector, family member now signs for money on a weekly basis.

Proposed Timescale: 31/03/2015

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:

Events involving serious injury had occurred in the last 12 months but that the Authority had not been notified.

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:

- The injury was reported to the regulatory authority on the quarterly return forms. All future incidents of a similar nature will be reported as per regulation.

Proposed Timescale: 28/01/2015

Theme: Safe Services

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

Events involving unexplained absence had occurred in the last 12 months but that the Authority had not been notified.

Action Required:

Under Regulation 31 (1) (e) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any unexplained absence of a resident from the designated centre.

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

The Person in Charge does not consider that the individual getting an incorrect bus was an unexplained absence. Staff were immediately aware of the situation and at no time were unaware of the whereabouts of the individual

Proposed Timescale: 31/03/2015

Theme: Safe Services

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

Events involving an allegation of abuse had occurred in the last 12 months but that the Authority had not been notified.

Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The delay that occurred in reporting was human error and will not happen again. Any such allegations of abuse will be reported as per regulations

Proposed Timescale: 28/01/2015

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:

Some medications were transcribed to a new medication prescription sheet but not signed by the transcribing practitioner as is required by best practice guidelines.

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:

In line with best practice guidelines, the transcribing practitioner will sign if they transcribe in the future.

Proposed Timescale: 31/01/2015

Theme: Health and Development

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

Non-nursing staff did not have up to date training on medication 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:

Safe Administration of Medication refresher training for non-nursing staff is scheduled in April 2015. Staff in the designated Centre will be prioritised for training.

Proposed Timescale: 31/05/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was not an annual review of the quality and safety of care completed at the time of the inspection.

Action Required:

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

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

The Annual Review is in progress.

Proposed Timescale: 15/05/2015

Theme: Leadership, Governance and Management

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

Staff had not received any formal support or performance management in relation to their performance of their duties or personal development.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Staff support meetings are underway

Proposed Timescale: 15/05/2015