

**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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003062
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 March 2015 09:30 To: 26 March 2015 17:50

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this community based residential centre by the Health Information and Quality Authority (the Authority). The inspection was unannounced and purpose of the inspection was to assess the level of compliance with the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

The designated centre is operated by the Daughters of Charity Services ltd a provider of services to people with disabilities. This inspection was of a community based residential centre based within the north side of Dublin city.

Eleven outcomes were reviewed as part of this inspection. Three outcomes were found to be in major non compliance with the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. These major non compliances related to the areas of health and safety and risk, medication management and a lack of continuity amongst the workforce. Immediate actions relating to medication management and fire safety were issued on the day of the inspection and the concerns raised were addressed

promptly by the person in charge and nominee provide.

In addition three outcomes were deemed to be moderately non compliant namely; governance and management, social care needs and the statement of purpose. The remaining six outcomes were found to be compliant with the Regulations including, safe and suitable premises, rights dignity and consultation, health care, safeguarding and safety and the notification of incidents.

Action plans at the end of the report reflect the outcomes not met in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Outcome 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:

The inspector found that residents' rights, dignity and consultation were supported by the provider and staff. Residents were also consulted in how the centre was planned and run. There was evidence that any complaint or issue raised by residents or their representative were listened to and acted upon and that this feedback was used to improve the quality of service delivered.

In general, there was a commitment by the provider, person in charge and staff to promote the rights of residents. There was a complaints policy in place which had been recently revised and this policy along with information on an independent advocacy service was provided in an accessible format for all residents. One resident had sought access to an independent advocate and this request had been appropriately responded to.

Residents were consulted with on the day to day running of the centre. There were weekly house meetings where residents made decisions and asked for specific supports, such as assistance in accessing the community, their involvement in menu planning and food preparation and in daily activities. Residents were also found to be strong self-advocates. Some residents sought to speak with the inspectors, and they spoke of being able to exercise their rights highlighting they could make informed decisions about the management of their care.

Policies/procedures relating to the management of residents finances were in place and were providing clear guidance to staff. Some residents were encouraged and supported to be involved in the management of their own monies, others whose monies were managed for them, were safeguarded by robust practices. There was a policy in place

relating to residents personal possessions, and there was a list of each residents personal possessions contained within their care planning folder.

Judgment:

Compliant

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:

In general inspectors found that the wellbeing and welfare provided to the residents was to a high standard. Each resident was actively involved in the writing up of their personal plan and in outlining their own social goals. The Inspector reviewed a number of the personal plans, including some plans that were reviewed with the resident concerned. However, annual review as required by regulations were not taking place and were only recorded as taking place every two years. In addition, some plans had not been fully implemented. For example, one goal documented for a resident was to 'go out for dinner'. This was recorded as taking place on either one or two occasions a month over the previous six months. There was no review in place to determine if this was satisfactory for this resident.

Personal plans were provided in an accessible format for residents, with the use of many pictures and photographs. They also provided a social history of each resident with an opening section entitled 'my story'. They also documented known likes and dislikes of each resident, as well as future 'hopes and dreams'. One resident was also been supported to develop her personal plan on her tablet computer.

In general many goals set were found to be activity based rather than focused upon developmental goals. Training was ongoing for staff in relation to effective person centred planning. It was also noteworthy that residents kept a pet dog in the centre, and it was clear that the residents cared for and found her to be a valuable support to them.

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 location, design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. It was clean, tidy, suitably decorated and well maintained. Inspectors observed that residents were very much at home in the centre.

The centre itself was a two storey house located in a suburb of North Dublin, with good access to public transport. The premises had suitable heating, lighting and ventilation. The communal space on the ground floor included a large bright airy kitchen/dining area with ample cooking facilities, and patio doors to a patio area at the back of the house. A utility room was located next to the kitchen where residents could do their own laundry if they wished. There was a large comfortably furnished living room located at the front of the house, and upstairs there was a smaller TV room.

The accommodation on the ground floor consisted of six bedrooms, one of which was used as a staff bedroom and office. There were three bathrooms on the ground floor, one of which contained an assisted shower facility. Upstairs there were a further three bedrooms, and one bathroom that contained a bath. There was also a small office located upstairs.

Each of the eight residents currently residing in the centre had their own bedroom, and the bedrooms observed by inspectors were personalised and contained ample storage and suitable furnishings. Efforts had been made to ensure residents' bedrooms were suitable to the needs of each individual resident, and for one resident a double bed had been provided to reduce the risk of falls.

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:

Overall it was found that the health and safety of residents, visitors and staff was promoted. However, the competence and ability of staff to evacuate the premises was unclear as some residents had been 'unresponsive' to recent fire drills, so staff had been unable to evacuate the premises. In addition, not all staff were familiar with the issues in relation to residents refusing to evacuate.

The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. There was also a fire door with automatic closure in the middle of the main downstairs hallway which meant the centre could be compartmentalised. A general fire evacuation plan identifying an adequate number of exits was posted at prominent positions throughout the centre. All residents had individual emergency evacuation plans in place. The inspector read the records of the last six evacuation drills that had taken place. These included day and night time drills recognising the fact that staff worked alone sleeping over in the house at night time.

These drills had taken place between August 2014 and February 2015. In all cases between 2 and 4 residents were recorded as 'not responding to the drill'.

Recommendations were then recoded as 'drills to be carried out more regularly' however, there was no reference as to why the residents did not respond or as to what would be done to mitigate the risk.

In addition, staff spoken with gave varying accounts of why the residents had not responded. The staff member who was due to work a sleepover the night of the inspection was not aware residents were not responsive to the drills and had not been involved in a fire evacuation in that centre. An immediate action was issued to the provider in relation to this non compliance and it was addressed immediately by bringing in a permanent staff member to work a waking night-shift with the member of relief staff who was working on sleepover.

The inspector read the centre specific safety statement with relevant health and safety policies and procedures including risk assessments. The risk management policy, was found to be implemented throughout the centre and covered matters as set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from incidences. Individual risk assessments had been carried out for all residents to ensure that any risks were identified and proportionally managed. There was evidence that they were regularly being updated by staff following ongoing review. Some staff had also been provided with training in risk management.

Overall it was found that there was a rights based approach to risk management encouraged where residents choices in relation to completing tasks with an element of risk were respected. Examples of this included travelling independently on public transport, self-administration of medication, managing of personal finances and independent community access.

There was a policy on and control measures in place to manage any outbreak of infection. Daily cleaning records were maintained and were observed by the inspector.

The centre had access to vehicles to provide transport to residents. Driving licenses were viewed on an annual basis with a copy maintained on file to ensure all staff were suitably qualified to drive the vehicles.

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:

There were adequate measures in place to protect residents being harmed or suffering abuse, which included a policy for prevention of abuse and procedures for dealing with allegations of abuse. Staff had all received training on the protection of vulnerable adults. Staff members were observed to be respectful to residents at all times. Intimate care plans were in place for residents who required support with personal care.

All staff spoken to by inspectors were knowledgeable on recognising signs of abuse, and the appropriate reporting procedures. There were no incidents, allegations or suspicions of abuse recorded in the centre at the time of inspection. Staff confirmed that there were no restrictive practices in operation within the centre at the time of inspection, and the person in charge stated that if restrictive practices were considered necessary they must be discussed at multidisciplinary team meetings and regularly reviewed.

Inspectors observed that all staff demonstrated a consent based approach to all

interactions offering choices to residents in relation to daily living tasks and activities.

Judgment:

Compliant

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:

A record of all incidents occurring in the designated centre was maintained and where required, notified to the chief inspector. A low level of incidents and accidents was confirmed and noted by the inspector.

A system was in place to maintain any record of incidents and accidents occurring in the centre and was maintained by staff and monitored by the person in charge.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Overall the inspector found that residents were supported on an individual basis to achieve and enjoy best possible health.

The inspector reviewed a number of residents' health care plans, records and documentation and found that residents had good and frequent access to allied health professionals. The inspector noted access to a General Practitioner (GP), psychology,

social work, occupational therapy, chiropody, ophthalmology, dental and access to a clinical nurse specialist in specific care areas such as dementia care.

Specific issues had been comprehensively provided for such as diabetes, mental health, epilepsy, asthma, skin conditions and hypothyroidism. Specific health screening for age and gender related issues had also been documented such as bone density scans and mammograms. Health promotion in areas such as mental wellness and healthy eating were also a feature of the plans.

Residents were responsible for choosing the weekly menu in the centre. The inspector reviewed the menu and the food was seen to be varied and nutritious. The inspectors observed residents enjoying meals in the centre and residents were also seen to be helping themselves to refreshments and snacks. Meal time was witnessed as a positive social experience. It was also noted that staff ate their meals with residents and this helped to provide support to residents where required in a discreet and sensitive manner.

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:

Inspectors found that there were written operational policies in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents. However, not all staff had received the necessary training to facilitate the safe administration of prescribed medicines to residents.

In addition staff members scheduled to work on sleepover were not all trained to administer a specific medication, that had been prescribed for one resident who suffered from epileptic seizures. An immediate action was issued to the person in charge as a result of this non compliance and this was appropriately addressed by rostering permanent staff member(s) who were trained to administer all prescribed medications. Inspectors also observed further practices that were not consistent with the safe administration of medicines to residents as described below:

Medicines that required refrigeration were not being appropriately stored within the centre. Inspectors found that one of a resident's medicines was being stored in the

fridge in the kitchen, and the person in charge explained that the centre had plans to provide a second fridge to securely store medicines. All other residents' medicines were found to be appropriately stored in individual storage boxes within a locked cupboard. Three residents were responsible for their own medication, following appropriate assessment and staff told inspectors that their medication was securely stored within their own bedrooms.

Inspectors reviewed a sample of medication prescription and administration sheets (called medication prescription and administration records, MPARS, within the centre). In some instances the medicines were not prescribed generically, and had been prescribed by proprietary brand names. However, the medicines being administered to residents were generic brands and this discrepancy between the names of the prescribed and administered medicines has the potential to cause confusion, and lead to medication errors. Inspectors also noted that the allergies section on one resident's MPARS had not been completed to indicate any allergies, or lack thereof.

Inspectors also observed that the date of opening had not been marked on a prescribed cream, to indicate its subsequent expiry date.

The person in charge outlined the procedures in the centre for monitoring safe medication management practices, including the procedure for dealing with medication errors. All medication errors were recorded on incident forms and reported to the nurse on call to ensure all appropriate action was taken.

Drug inventory forms were maintained for all medicines, and weekly audits were conducted to assess the administration of medicines to residents, including those residents who were self-administering.

Judgment:

Non Compliant - Major

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose had recently been updated, and clearly set out a statement of the aims, objectives and ethos of the centre. It also stated the facilities and services which are to be provided for residents, but did not contain all the information as

required 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.

Inspectors reviewed the recently updated statement of purpose and found that the information provided on the admissions process was not sufficiently detailed, as it did not provide any information on the use of respite accommodation within the centre.

The statement of purpose had not been made available to residents and their representatives.

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:

Overall it was found that while there were ongoing efforts to monitor the quality and safety of care and support provided in the centre, the systems in place were not ensuring follow up actions were being appropriately addressed.

The nominee provider, or persons nominated on her behalf were carrying out regular visits to determine compliance with the Regulations and Standards. Three reports relating to separate visits was read by the inspector. However, these reports did not follow up on actions identified from their previous visits. For example a visit in December 2014 identified a need to review residents personal plan's, a follow up visit in February 2015 took place with the report not referring to personal plans however, inspectors found that personal plans still required review. Other examples where no follow up had taken place and the need for improvement had been identified included the areas of medication management and social care needs.

Other ongoing issues as identified throughout this report relating to a lack of continuity in staffing and rostering of staff were issues known to the person in charge and the provider. These were discussed in detail with both persons during the inspection, and

the provider reassured the inspectors that a plan was at an advanced stage for the recruitment of staff. In addition the person in charge and the provider responded promptly and appropriately to the immediate actions as detailed under Outcomes 12; medication management and Outcome 7; health and safety and risk management.

The person in charge was deemed to be suitably qualified and experienced and provided leadership and support to her staff team. Residents could clearly identify with her, and were very relaxed and comfortable in her company. Staff members spoken with stated they felt well supported both formally and informally and had their views and opinions listened to. Regular staff meetings were taking place and staff were provided with one-to-one supervision meetings with the person in charge.

Judgment:

Non Compliant - Moderate

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:

Overall it was found that there were not enough staff employed in the centre to meet the assessed needs of the residents. There was an over reliance on relief and agency workers some of whom were unfamiliar to the residents. Some of those workers unfamiliar to the centre and its residents were agency staff, and were working alone at times.

In addition, it was found that there was an insufficient number of staff available in the morning time, specifically between 07:00 and 10:00, to meet the needs of the residents. One resident was assessed as requiring constant supervision, with five in total requiring varying levels of support to meet their personal care needs in the morning times. There was only one member of staff on duty during this time. Therefore, these needs could not be adequately met and the provision of constant supervision for one resident could not be met.

The rota identified a second staff member who was due to start work at 08:00, on all days. However, staff members reported that this shift had been changed to a 10:00am start, but this was not reflected the actual and proposed rota.

Staff had access to mandatory training and education to meet the needs of residents. However, relief and agency staff were not adequately trained in centre specific issues such as fire evacuation and in the administration of rescue medication during prolonged seizure activity. These non compliances have been actioned under their relevant outcomes within this report.

The staff files which are held in the main office of the organisation were not checked on this inspection, and will be checked as part of an forthcoming registration inspection planned for this centre.

Judgment:

Non Compliant - Major

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:

Michael Keating
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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003062
Date of Inspection:	26 March 2015
Date of response:	25 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 and social care needs of each resident was not being reviewed or documented on an annual basis.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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

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:

The Personal and Social Care needs of each service user will be reviewed annually.

Proposed Timescale: 27/06/2015

Theme: Effective Services

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

The reviews that were taking place were not assessing the effectiveness of the residents' personal plan.

Action Required:

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

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

Individual PCP goals will be reviewed by keyworker and documented in their care plan.

Proposed Timescale: 27/06/2015

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:

Not all staff were suitably trained and knowledgeable in the fire evacuation procedures in the centre; particularly pertaining to evacuation of the centre while working alone.

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:

At the start of each shift new staff or staff that have not worked in the centre for some time will be instructed on the evacuation plan for the centre.

Proposed Timescale: 22/03/2015

Theme: Effective Services

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

The record of recent fire drills had identified issues with residents refusing to evacuate premises and these issues were not being dealt with.

Action Required:

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

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

A fire drill has taken place to assess why some service users were not evacuating. Staff to provide further assistance in future. Fire safety has been discussed with the service users and relevant documentation completed.

Proposed Timescale: 22/04/2015

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:

Not all staff had been appropriately trained in the administration of prescribed medication for residents in the centre.

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:

One staff on each shift is trained in medication administration and administration of Midazolam. All regular staff and relief staff will have Midazolam training completed by 30/5/15.

Proposed Timescale: 30/05/2015

Theme: Health and Development

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

Inspectors found one of a resident's medicines was being stored in the kitchen fridge.

Action Required:

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

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

A small fridge will be purchased for the storage of medicines. This will be stored in a locked press.

Proposed Timescale: 15/05/2015

Theme: Health and Development

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

In some instances the medicines were not prescribed generically, and had been prescribed by proprietary brand names. However, the medicines being administered to residents were generic brands and this discrepancy between the names of prescribed and administered medicines has the potential to cause confusion, and lead to medication errors.

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:

All MPARS will be reviewed by the prescribing doctor to ensure that the medication is prescribed generically and recorded correctly.

Proposed Timescale: 30/05/2015

Theme: Health and Development

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

Inspectors found the following documentation practices to be deficient in relation to medication management:

- one cream prescribed for a resident had no date of opening marked on the product to indicate its subsequent date of expiry.
- the allergies section on one resident's prescription and administration sheet had not been completed.

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:

All creams are clearly dated when opened. Allergy section on MPARS has been amended.

Proposed Timescale: 23/04/2015

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 does not include information regarding the criteria used for respite and emergency admissions to the centre.

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 has been revised and now contains information on the criteria for respite and emergency admissions to the centre.

Proposed Timescale: 23/04/2015

Theme: Leadership, Governance and Management

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

A copy of the updated statement of purpose had not been made available to residents and their representatives.

Action Required:

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

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

A copy of the updated Statement of Purpose is now available to all residents. All families will be written to and informed that a copy is available in the centre.

Proposed Timescale: 01/05/2015

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:

The management systems in place were not providing adequate assurance that the service provided was safe, consistent and effectively monitored as there was limited evidence of follow up actions relating to areas of concern identified by management.

Action Required:

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

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

All future visits will review and report on actions identified on house visit and clearly identify new actions.

Proposed Timescale: 01/06/2015

Theme: Leadership, Governance and Management

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

While unannounced visits to the centre were taking place by the nominee provider there was no clear plan in place to address concerns raised within the written reports generated from these visits.

Action Required:

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

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

All future unannounced visits will check completion of previous action plans. The PIC will be asked to submit an update on current action plans to nominee provider.

Proposed Timescale: 01/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The assessed needs of residents were not being appropriately met specifically between the hours of 07:00 and 10:00 as one staff member was assisting five residents with personal care supports and could not be providing constant supervision to one residents as per her assessed need while tending to personal care supports of others.

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:

Staff are now in place from 8.00am -20.00hrs daily and from 7.00am on a Wednesday morning. The shift commences at 9.00am on Saturday and Sunday morning. A letter has been written to the Provider requesting sanction for additional posts to cover shifts.

Proposed Timescale: 01/04/2015

Theme: Responsive Workforce

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

A continuity of care and support was not been provided due to an over reliance on relief and agency staff working in the centre.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

A letter has been written to the Provider requesting approval for posts to cover the additional staffing. One social care worker has been recruited and will be put in place by the end of May.

Proposed Timescale: 30/05/2015

Theme: Responsive Workforce

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

The planned and actual staff rota stated that two staff were on duty from 08:00. This was found to not be the case.

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 planned and actual rosters have been reviewed and now correspond.

Proposed Timescale: 30/04/2015