Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002572
Centre county:	Meath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Dervila Eyres
Lead inspector:	Ciara McShane
Support inspector(s):	Paul Pearson
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
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:	To:
28 April 2015 09:20	28 April 2015 17:10

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the centre's second inspection. It was unannounced and took place over one day with two inspectors. The purpose of the inspection was to follow up on an inspection completed in August.

The inspectors found improvements had occurred. Improvements were identified in relation to health and social care needs. Care plans reviewed by the inspectors were found to be sufficiently detailed to guide staff in providing care. For example an epilepsy management care plan had been revised and updated since the previous inspection.

Training for staff had occurred since the last inspection. From a review of training records it was evident that all staff working at the centre had up-to-date training on safeguarding of vulnerable adults, manual handling and fire safety. Staff spoken with were also knowledgeable of same.

Systems were found to be in place to manage health, safety and risk. However, improvements were required. The centre had a recently revised safety statement which was found to centre specific. All risks in the centre had not been mitigated and a system was required to ensure that staff were alerted to seizure activity at night in

between their half hour checks. There was also evidence that staff had completed fire drills but had yet to simulate night-time fire drills.

Governance and management in the centre continued to require improvement to come into compliance as detailed in Outcome 14. These findings are further outlined in the body of the report and at the action plan at the end.

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

Findings:
The inspectors found improvements had occurred regarding the privacy and dignity of residents.

All resident's bedrooms, at the time of inspection, were found to be dressed with blinds and/or curtains. Those bedrooms in particular that were visible at the front of the house had the windows appropriately dressed so that the privacy and dignity of residents was maintained.

The inspectors found that personal information pertaining to residents was not displayed inappropriately throughout the centre. Information pertaining to residents was found to be secured in two staff offices both of which were secure.

The inspectors saw that residents were consulted with regarding the service and how the centre was run. Minutes of residents meetings were reviewed by the inspector and found to be respectful, participative and relevant to the resident's needs and wishes.

The complaints policy was available in an accessible format for residents and was visible in the kitchen of the designated centre. The inspector reviewed the complaints log to which there were none logged. The inspectors observed meaningful and respectful interactions with residents. Residents communicated with inspectors their satisfaction with staff at the centre.

Improvements regarding the bathrooms had taken place to ensure that residents would not have to access bathrooms through a room of another resident. However, these

works were, at the time of inspection, ongoing but incomplete. This action therefore remains outstanding.

Judgment:
Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
From a review of sample personal plans it was evident that contracts had been developed for residents. The inspectors reviewed a sample of these and found that were it was not possible for the resident to sign them they were signed by their representative. The contracts detailed aspects of service provision, outlined the cost of this service provision and any supplementary costs that residents may incur that were not covered under their weekly service fee. However, the contract failed to fully elaborate on service provision for example social outings and holidays. It was therefore unclear what the financial arrangements were in all social circumstances.

Judgment:
Non Compliant - Minor

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspectors reviewed a sample of resident's personal plans and found that some of the actions from the recent inspection had been addressed.

The personal plans reviewed by the inspectors were found to be up-to-date and had been, for the most part, reviewed at a minimum annually or more frequently where changes had occurred. One mobility care plan reviewed for a resident did not have their most up-to-date occupational therapy guidelines incorporated into it. It was therefore unclear from reading the resident's mobility care plan what their additional occupational therapy needs were and how these were met.

It was evident that allied health professionals were reviewing residents regularly, this was evident throughout care plans but also seen in the reports generated by the allied health professionals which were maintained in the resident's personal plan. The inspectors saw evidence of input from allied health professionals including speech and language therapy, dietetics and physiotherapy. A number of residents whose personal plans were reviewed had a personalised physiotherapy plan in place.

Residents had identified goals which they aspired to which were documented in their plans. The goals were found to be meaningful. However, it was unclear what steps were been taken to assist the resident in realising their goals and how these were being worked towards. Progress notes were maintained for goals however it was also not evident from a review of these regarding progress to meet their goals.

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

Findings:
The designated centre was comprised of one unit. The centre had revised their capacity

downwards since the most recent inspection from eight to seven residents. At the time of the inspection the unit had seven residents and was at full capacity. It had been painted since the recent inspection, appeared clean and bright in additional to being homely and reflective of the residents living there. Pictures and photographs of the residents were visible throughout the unit. Resident's bedrooms were decorated to reflect their own tastes, hobbies and interests. As outlined in Outcome 1 since the most recent inspection work had commenced on the bathrooms. At the time of inspection two of the three main bathrooms were repaired. The shower facilities had been revised and the surrounds of the shower area upgraded. In addition new shower trolleys had also been purchased. The third bathroom was being worked on at the time of inspection. The bath which was originally present had been removed and plumbing for an additional shower had been installed. In the interim residents were availing of the two working showers.

Residents at the centre had high needs regarding their mobility and physical care. Many of the residents (six) required transfers with the use of hoist for activities of daily living such as showering. At the time of the inspection some residents, due to the inadequate layout of the bathrooms, were transferred to a shower trolley in their bedrooms and then wheeled into the bathroom area. The bathroom therefore did not meet the needs of the residents. The bedrooms and adjoining bathrooms were also not equipped with appropriate equipment that would ensure ease of transfer for residents. The doors leading to the bathrooms were cumbersome and heavy and found not to be easily accessible.

In addition the residents, due to the nature of their assessed needs, required support of two staff and assistive equipment. The inspectors reviews resident's bedrooms and found one to be of inadequate size to meet the needs of the residents. Staff told the inspector with two staff assisting them in addition to the equipment it was insufficient in size. The inspectors observed the room was limited in available floor space as it was mostly filled with seating, their bed and bedroom furniture such as a wardrobe.

The inspectors observed staff having difficulty assisting residents in their wheelchair from one of the units; this door was not automated.

In addition the fuse board located in the kitchen and a wardrobe door required repair, both of which had previously been identified on a maintenance requisition.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The inspectors found some actions from the recent inspection had been completed, however improvements regarding health, safety and risk management were required.

The inspectors reviewed practices and procedures regarding infection control. Colour coding was in use for both food stuff and for cleaning purposes. Personal protective equipment was available for staff to use such as aprons and gloves. The inspectors reviewed policies regarding the guidelines for the management of clinical waste and for the prevention, detection and control of influenza like illness ad outbreak. Both these documents had recently been reviewed. The procedure used to sort and separate clean and soiled laundry required a review as highlighted on the previous inspection. Both clean and soiled laundry was stored in a bathroom which was found to be insufficient and not in line with best practice regarding infection control. Hand gels which were for anti-bacterial wash were found to be empty in a number of areas.

The inspectors observed adequate practices, for the most part, relating to fire safety. Staff had sufficient training which was in date and staff spoken with competently explained the evacuation procedure. Fire equipment was found to be within its service period for example the fires extinguishers had been service August 2014 and the emergency lighting had recently been serviced March 2015. Fire drills had occurred at the centre however staff had not partaken in a fire drill that simulated night-time arrangements. Staffing levels at night time were lower than that of the daytime. Weekly fire checks and checks that emergency lighting were not consistently checked.

The safety statement in the centre was out of date and required a review. However, the provider nominee stated that it was complete but not yet circulated. Post inspection the inspector received and reviewed a copy of same and found it to be sufficient. Emergency planning arrangements were found to be in place as to where contingency plans depending on the nature of the emergency. Risks within the centre had also been identified and for the most part controls were in place to mitigate it. The inspectors saw a number of risks, outlined in the maintenance book, that were not resolved at the time of inspection. These had been escalated to management but were not addressed. For example the fuse board had no cover and it was making a noise, this was logged in February 2015. The boiler house was found to be open and unlocked with combustible material stored within.

The inspectors saw that a resident had epilepsy and frequently had seizures. The arrangements for night time, as told to the inspectors, was to check the resident every

half hour. However the inspectors were not assured that staff would be alerted to seizure activity in between the half hourly checks. A system was required to ensure that staff were alerted to all possible seizure activity for this resident.
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Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The actions from the most recent inspection were found to be complete. Staff received training on safeguarding of vulnerable adults and certificates for same were reviewed by the inspectors. Staff spoken with were knowledgeable regarding the indicators of abuse and who they would report concerns to should they suspect or witness incidents of abuse. The policy was found to be adequately detailed and outlined the indicators of abuse in addition to the types. The inspectors also saw that staff had signed off on the policy relating to the safeguarding of vulnerable adults to indicate they had read and understood it.

The action relating to the recording of restrictive practices was also complete. A template had been developed where staff recorded the use of a restraint such as a lap-belt for a resident who utilised was wheelchair. The use of the lap-belt and guidelines for use of it correlated with the resident's care plan and the risk assessment which was completed. The inspectors also saw documented periods of time where the restraints were removed which was appropriate to the documented needs of the resident.

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

Findings:
The inspectors found that actions from the previous inspection were complete. For example there was, at the time of inspection, a detailed care plan for a resident who had Percutaneous endoscopic gastrostomy (PEG) requirements. The plan was found to be sufficiently detailed to comprehensively guide staff ensuring appropriate care provision for the identified need. The inspectors saw that guidelines had also now been outlined regarding a potential blockage. The inspectors reviewed additional care plans for residents such as an epilepsy care plan and found it was adequately detailed to guide staff.

Resident's needs were assessed and recorded in their personal plans. The inspectors saw evidenced based tools were in use at the time of inspection such as those used to assess risk of poor skin integrity and resident's weight. The inspectors saw outlined in resident's plans multidisciplinary input from professionals such as dietician and speech and language therapy.

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

Findings:
The inspectors reviewed the practices and procedures for medication management. For the most part these were found to be adequate. However, improvements were identified to ensure all practice relating to appropriate medication management were adhered to.

The centre had a medication management policy dated February 2015. The inspector reviewed the policy and found it described safe practices of medication management and met the requirements of the Regulations. The person in charge had recently made changes to the ordering and receipt of medication to ensure there was no overstock stored unnecessarily in the house. As seen by the inspectors this was a positive change as medication levels in the house were adequate. Mediation audits were regularly completed by the assistant director of nursing and the person in charge. In addition the nursing staff routinely completed a medication count once a week. Records of the aforementioned were maintained at the centre.

Improvements were required for the returning of out of use and medication. The inspector found medication that was no longer in use however not returned to the pharmacy. The inspector also saw eye drops that had been opened, the date of which not identified. The eye drops were dispensed more than one month ago and directions to dispose after one month of opening was outlined on the product.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors found there were some systems and arrangements in place to govern and manage the centre however, improvements were identified.

Some management systems were in place such as medication audits, a training needs analysis, which was near completion at the time of inspection and staff meetings were held at regular intervals. However there was no formal audit schedule to ensure that all quality indicators such as incidents and accidents were reviewed on a regular basis which in turn would inform the annual quality of safety and care review. This review had not been completed at the time of the inspection as required by Regulation 23. However there was evidence of an unannounced visit to the centre which had been carried out by persons participating in management. Although this audit was detailed and collected data on outcomes it failed to collate the data in a manner that would

identify learning in order to improve the quality and safety of care.

Since the previous inspection improvements had been made regarding the lines of accountability. The person in charge was now supported by an assistant director of nursing and a director of nursing. However, as told by the person in charge, should the person in charge be absent for a long period of time there was no clinical nurse manager available to oversee the centre in the interim. A senior staff nurse would be appointed to assume responsibility. There were no formal on-call arrangements in place at the time of inspection should staff require out of hours assistance.

Maintenance issues, where areas of risk, had also been highlighted (as outlined in outcome 7) had been escalated to management however these had not been mitigated. Further improvements were required to ensure there was full oversight and accountability of the centre with appropriate systems and staffing grades in place.

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

Findings:
The actions from the previous inspection were complete. From a review of staff files it was evidenced that staff had received up-to-date training in:

- Safeguarding of vulnerable adults
- Care of the PEG
- Manual handling training
- Fire safety.

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:

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Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002572
Date of Inspection:	28 April 2015
Date of response:	02 June 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The bathrooms, at the time of the inspection, did not afford all residents with privacy and dignity.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector and acknowledges the importance of privacy and dignity of residents.

Works ongoing in Coill Darach bathrooms at the time of inspection are now complete and bathrooms are now operational.

Proposed Timescale: 02/06/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contract failed to elaborate on events such as social outings and holidays and arrangements for same.

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

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector.

The contract has been amended to include a section to meet the requirements of HIQA Regulations.
The amended contract has been reissued to all Service Users and families on 20/05/2015.

Proposed Timescale: 20/05/2015

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:
All care plans had not been updated subsequent to recommendations made by allied health professionals.

Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector.

The PIC is assured that all PCPs have been updated following recommendations.

Proposed Timescale: 05/05/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Although residents had their goals and aspirations outlined in their personal plans it was unclear how these were being, progressed, met or worked towards.

Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector.

The PIC has introduced an action plan template in easy read format which clearly identifies the progress in achieving goals.
Same is now a standard aspect of the PCP process.

Proposed Timescale: 20/05/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report the layout and design of the building was not adequate to meet the aims and objectives of the service and the needs of the residents living there. This related in particular to the size of the bedrooms and the layout and design of the bathrooms.

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

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector.

The Service Provider and Person in Charge held a preliminary meeting with an Architect on 20/05/2015. The outcome of this meeting has commissioned the architect to draft plans to reflect assessed need of service users.
The draft plans will be submitted to the Regulatory Body for consideration by September 2015. The Registered Provider will escalate approved plans through senior management in the Social Care Division for consideration for major capital investment.

Proposed Timescale: 30/09/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Maintenance work was required to the fuse board and a wardrobe in a resident's bedroom.

Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector.

Works are now complete on the fuse board and wardrobe.

Proposed Timescale: 21/05/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre was home to residents with physical disabilities however no part of it was automated to assist with ease of entry or egress.

Action Required:
Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector.

The Registered Provider accepts the findings of the Inspector.

The Provider and Person in Charge had a preliminary meeting with an Architect on 20/05/2015. The Architect has been requested as part of the brief to include automated systems in draft plans. The Registered Provider will escalate approved plans through senior management in the Social Care Division for consideration for major capital investment.

Proposed Timescale: 30/09/2015

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:
All risks in the centre had not been identified.

Risks that had been previously identified were not mitigated at the time of inspection.

A system was required to ensure that a resident's seizure activity at night was captured and staff alerted to same.

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:
The Registered Provider accepts the findings of the Inspector.

1. The Person in Charge has ordered an epilepsy monitoring mat and is awaiting delivery of same. In The interim staff continue to monitor Service User at least at half hourly intervals during the night.

2. A Clinical Management On Call Governance System has been introduced with immediate effect from 01st May with clear guidelines to support same. The rota ensures 24/7 access to senior management for Residential areas lending enhanced governance, quality and mitigation of risk to service delivery.

3. The Registered Provider has held a Quality & Risk meeting and has agreed with this department to provide an aggregated report for Coill Darach quarterly which will be reviewed and responded to by PIC, Risk Adviser and Registered Provider

4. The Registered Provider has submitted a proposal seeking finance to ensure Risks that had been previously identified are mitigated in an appropriate and timely manner. Control Measures are in place in the interim

Proposed Timescale: 20/05/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report improvements were required regarding infection control. For example:

- The storage and sorting of clean and soiled laundry was inadequate
- A number of hand gels were empty

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:
The Registered Provider accepts the findings of the Inspector in respect of laundry and hand gels. However we consider there to be a factual inaccuracy in relation to no centre specific Infection Control Policy as per comment on factual inaccuracy template

The Person in charge had an Infection Control Pack in place.
This includes
• Community Infection Control Guidelines
• Outbreak Management Guidelines
• Standard Operating Procedures for the unit

The Person In Charge has reviewed the standard operating procedures for managing laundry and may now assure the Inspector that control measures are in place to ensure adequate and safe managing of laundry. Laundry facilities also formed part of the discussion and request for draft plans with the architect.

The Person In Charge has included replacement of hand gels in the daily cleaning schedule. An extra control measure is in place for weekly checking and replacing as necessary of hand gels. Allocated day for completion of this task is noted in the diary each week.

Proposed Timescale: 29/04/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Weekly fire checks and emergency lightened were not consistently reviewed.

Action Required:
Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector

The Person in Charge has reviewed the arrangement for completing weekly fire checks. This task is noted in the diary to year end to be completed each Friday.
A monthly Fire Audit will be completed by the Person in charge and stored in Audit Folder onsite.

Proposed Timescale: 29/04/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate arrangements for night time evacuation had not been tested or reviewed.

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:
The Registered Provider accepts the findings of the Inspector

Fire Evacuation was carried out on the 15/05/2015 and a simulated night time fire evacuation was carried out on 17/05/2015.

Documentation completed including those participating in the evacuation and any issues arising and available for inspection in Fire box

Proposed Timescale: 02/06/2015

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:
As outlined in the body of the report improvements were required regarding out of date medications and those no longer in use.

Action Required:
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector

The Person in charge has introduced a sealed box marked for Pharmacy returns .All medication no longer in use or expired will be removed from circulation and placed in this box and returned to Pharmacy every Tuesday. Medication Policy has been reviewed to reflect same.

Proposed Timescale: 02/06/2015

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:
As outlined in the body of the report improvements were required regarding management systems such as further auditing of quality indicators that informed learning and improved the quality of care.

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 Audit tools will be amended to include actions required and person responsible for implementation of actions required. An Audit schedule is drafted for development with PICs
Feedback and learning from Audits will be an agenda item for all staff meetings.

A Clinical Management On Call Governance System has been introduced with immediate effect from 01st May with clear guidelines to support same. The rota ensures 24/7 access to senior management for Residential areas lending enhanced governance, quality and mitigation of risk to service delivery.
September 2015 for Audit Completion
On Call Completed

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A review of the quality and safety of care was not completed.

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 Registered Provider accepts the findings of the Inspector

The Registered Provider in conjunction with the Person in charge has developed an audit tool which is currently in draft form.
A Quality and Safety Audit will be complete by the Registered Provider by 15/07/2015

Proposed Timescale: 15/07/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A review of the quality and safety of care was not completed with input from residents and/or their representatives.

Action Required:
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector

The Registered Provider in conjunction with the Person in charge has developed an audit tool which is currently in draft form.
A Quality and Safety Audit will be completed by the Registered Provider by 15/07/2015 and the Registered Provider plans to feedback to all service users and families to discuss the outcome of the audit on completion of same.
Currently the Registered Provider and PIC use PCP meetings with clients, families, advocates and mdt professionals to seek feedback and input from all persons. The service also seeks feedback through easy read client questionnaires and daily feedback through direct communications, outcomes and complaints/compliments log.

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A review of the quality and safety of care was not completed or a copy made available to residents.

Action Required:
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector

The Registered Provider in conjunction with the Person in charge has developed an audit tool which is currently in draft form.
A Quality and Safety Audit will be completed by the Registered Provider by 15/07/2015 and the Registered Provider plans to feedback to all service users and families to discuss the outcome of the audit on completion of same.
A copy of the completed audit and record of feedback with clients and families will be available onsite

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although an unannounced visit took place and a report in place to reflect same. It failed to identify a plan to address any identified deficits.

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:
The Registered Provider in conjunction with the Person in charge has developed an audit tool which is currently in draft form and includes actions required and person responsible for implementation of actions required. The audit also requires the Registered Provider to prepare a written report outlining a summary and action plan which is reflected in the Audit Tool.

The Registered Provider has introduced a number of actions following audit and gap analysis (acknowledges copy of same was not available on site in Coill Darach at time of inspection) including, training, enhanced clinical governance and management, 24/7 On Call Clinical Management Rota, Comprehensive PCP and Easy Read developments

among others and is committed to ongoing development of quality person centred service provision
Proposed Timescale: 30/09/2015