

**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 Health Service Executive
Centre ID:	OSV-0003368
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Marie Matthews
Support inspector(s):	Thelma O'Neill
Type of inspection	Announced
Number of residents on the date of inspection:	108
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 February 2015 10:00	10 February 2015 19:30
11 February 2015 10:30	11 February 2015 18:30

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

Outcome 05: Social Care Needs
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

Given the level of non compliances, and their impact on the safety, quality of life for residents and failure of the provider to protect the rights of residents, the Authority undertook a series of inspections and regulatory engagements with the provider. The centre is a large congregated setting run by the Health Services Executive (HSE) It is located approximately 5 km from the town of Sligo on an extensive site and provides residential accommodation for 108 residents with intellectual disabilities.

This inspection concentrated on residents in two units within the campus which each provide residential accommodation and support services for 6 adults with what has been described as severe to profound intellectual disability and associated mobility issues. The residents have complex care and support needs including in relation to dementia, and visual impairment.

Inspectors met with some of the residents, staff members and the management team during this inspection. They observed practices and reviewed documentation including care plans, medical records, accident and incident reports, and policies, procedures and staff files.

On previous inspections, the Authority had identified serious non compliances relating to governance, staffing levels, fire safety, a lack of social activities and risk

management. On this inspection, inspectors found the provider had not adequately addressed these areas of concern.

As on the previous inspections, inspectors found that the governance and management of the centre was not ensuring safe or positive outcomes for residents and the lines of accountability for decision making and responsibility for delivery of services to residents was not working well in practice.

Inspectors found that there was an institutional approach to the provision of support and care, Staff levels were still inadequate, and staff appeared to be allocated to the units on the basis of completing basic daily tasks such as getting residents up and dressed and assisting with meals and personal care. There were no structured activities provided to occupy residents since the closure of a day service on the campus. As there was insufficient staff to supervise residents, staff were implementing the restrictive practice of locking doors in the centre. The staff that inspectors did meet interacted with residents in a warm and friendly manner and displayed an understanding of individual residents' needs, wishes and preferences.

Inspectors found evidence that residents' health needs were generally well met, with multidisciplinary involvement and access to the general practitioner when ill. There was an increased risk of medication error because several residents' medication charts contained excessive prescriptions and as a result were illegible.

Resident had their own bedrooms which were decorated to their preferences but the overall layout and appearance of the units was institutional in nature.

Non-compliances were also identified in relation to other areas including risk management, fire training, and organisation policies, which are discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors were concerned at the inadequate support for residents to engage in meaningful activities and to engage in social interaction. Personal plans were available but these had a health focus and did not provide adequate information on residents' specific social, emotional, participation needs, preferences and preferred routine and they were not made available in an accessible format to the residents.

While there were occasional social and therapeutic activities for residents, there were no regular person centred structured social activities programmes provided for residents in one of the units. Inspectors were told that a day service previously provided to the residents in one unit had closed when staff had left and were not replaced. Inspectors found that there were little or no consistent therapeutic activities provided to occupy residents, particularly those that displayed behaviours that challenge.

Residents were observed sitting in chairs in the sitting room or along the corridor for long periods with little interaction. Some residents were brought for short walks by staff along a communal corridor which linked the units. Inspectors observed very little positive distractions such as music therapy or arts and crafts, to occupy residents' time and help minimise boredom and reduce the instance of challenging behaviour such as self injury. Individual aspirations and preferences were not fully realised due to risk averse practices. For example, residents only had access to a limited area in the centre due to fears of the staff that they would abscond. All doors leading from the unit were locked and as a result residents could not move freely around the unit or access a safe outdoors area.

Inspectors were told that there was only one accessible vehicle available for social trips or residents' medical appointments. This mini-bus was shared with 5 other units in the centre and had to be booked in advance. Inspectors were told that residents were brought on regular bus trips however in conversation with staff on duty it was clear that residents did not generally get off the bus at their destination as there were not sufficient staff to support them. Occasionally some residents were supported by staff to walk to a nearby hotel but some residents had not left the complex for a number of months.

An activity matrix was used to record the activities residents did take part in but inspectors found that this did not correspond with the information recorded in the residents' daily nursing notes. It did not give any indication of the duration of the activity or the level of engagement in the activity. Inspectors also identified that the activities attended by residents were not always linked to preferred activities identified in their social assessments.

Inspectors found that residents' bedrooms were personalised. There was evidence of involvement of health professionals such as speech and language therapists and occupational therapists in residents' care and support. There was also evidence that personal plans were reviewed at least annually and that, where appropriate, family members were invited to participate in this. However, personal plans however had a health focus and did not provide adequate information on residents' specific social, emotional, participation needs, preferences and preferred routines.

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 management of fire precautions had been an area of significant non compliance in the previous reports. At the last inspection, the provider had been required to have a competent person to undertake a review of the centre's fire safety arrangements. The provider had retained the services of an independent consultant who had produced an action plan for the centre. A copy of the fire consultant's report was requested and given to inspectors prior to leaving the centre. The consultant had identified a number of risks and prioritised the recommended actions based on the level of risk. The consultant had

not identified any actions that needed to be taken immediately, and had given a time-frame of 3 to 6 months for completing actions related to more serious risks. Inspectors were advised that for the report had been escalated within the HSE for a response.

Fire safety training records were reviewed and inspectors saw that not all staff had completed fire training. Inspectors saw that a fire training programme had been put in place following the previous inspection but some staff on the unit had missed this training. Inspectors saw that further training dates were scheduled to accommodate all these staff.

On previous inspections a fire register was not available in individual units on the campus but the area manager told inspectors each unit now had its own fire register and records of all training and checks would be recorded in the register. The inspector reviewed the register and found that that emergency lighting and fire fighting equipment was serviced annually. There was evidence of weekly and monthly fire safety checks recorded in the centre's fire register. All fire exits were observed to be unobstructed.

Residents had their own Personal Evacuation Plan (PEEP) which was kept in their personal plan. A summary version of the PEEPs was also displayed in the unit for easy access in case of emergency. The mobility and cognitive understanding of residents was documented in the evacuation procedure. However, inspectors saw that staff were directed in the fire procedures to assist residents to leave through the adjoining chapel rather than by the nearest exit. Also, the fire evacuations instructions which were displayed on walls near dining room were small (A4 size) and not in a form easily accessible to all residents.

An organisational risk management policy was available. However, the policy was a generic, national document and was not adapted to provide direction on local procedures and practice to assist staff to manage risk. For example, the policy did not accurately reflect the practices in place in relation to the risk of residents absconding. The policy did not address all the risks specified in the regulations such as the management of the risk of self harm and absconding. There were separate policies available on risk management and on managing challenging behaviour however these were not referenced in the risk policy reviewed.

Individual risk assessments had been completed for clinical risks such as resident's risk of falls or the risks associated with challenging behaviour. However, inconsistencies were identified in arrangements to manage risk for residents. For example, duplicate risk assessments were available for one resident's risk of falling and the risk score was different on each. In addition, the risk assessments reviewed did not always identify the resident they applied to.

Systems were in place to record accidents and incidents and these were monitored by an Incident Management Group. Forms were returned to the residents' files following review but a log of the incidents occurring was not available at unit level to determine patterns of incidents and to inform risk management practices. This was also identified as a deficit on previous inspections.

Inspectors noted that two staff working in the units had sustained manual handling injuries at work. Training records reviewed indicated that staff did not have up to date training in manual handling.

Inadequate staffing levels also increased the risk to consistency and continuity of care for residents. This is discussed further under Outcome 17: Workforce.

The units were maintained in a clean condition by household staff on duty. However, the provider had not identified or put control measures in place for the risk of infection due to the kitchen opening directly into a room used for laundry and cleaning equipment.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

National and local policies were available to guide staff in responding to suspicions or allegations of abuse. The local policy contained the procedure to follow in the event of a suspicion of abuse and a form to refer the matter to the designate person. Staff interviewed were clear on the requirement to report any incidents however not all staff knew they were required to report to incident to the designated person. An allegation of abuse by a staff member had been reported to the Authority prior to the inspection. Inspectors reviewed this issue and found that the provider had taken steps to protect the residents in accordance with the centres policy on protection.

There was a policy to guide staff in the management of restrictive practices and restraint measures, but staff were not implementing the policy. This infringed on the rights of residents. Risk assessments were completed prior to the decision to use a restrictive practice/restraint, but these were not being reviewed by an appropriate health professional such as a qualified psychologist. Inspectors found that staff were inconsistent in the way they assessed the use of restrictive practices and some practices had not been properly assessed.

There was no evidence that alternative, less restrictive options were tried before implementing a restrictive practice. For example, all doors from the two units were locked including doors leading to the chapel and the dining room. This restrictive practice was in place because two residents had been assessed as 'at risk of absconion' as there were not sufficient staff allocated to the unit to supervise these residents. This restriction impacted negatively on all of the residents regardless of their assessed needs. In another instance, a resident had a restraint in place to prevent self harm at night but the decision to use this restraint was not in accordance with evidence based practice or the centre's policy. There was no evidence that other less restrictive options had been considered beforehand and there was no input by a multi disciplinary team. This restriction had also not been reviewed since implementation.

Inspectors also observed that staff had not received training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

There was a comprehensive nursing assessment completed for each resident and a nursing report summarising each resident's key health concerns. Risk assessments were completed for residents with epilepsy, those at risk from falls and for the risk of absconding. There was evidence of a multi-disciplinary input into residents care. Residents were appropriately referred to and assessed by a dietician, a speech and language therapist (SALT) and a psychiatrist employed by the organisation. An occupational therapist was available to residents on referral by the GP through the Health Services Executive (HSE). Care plans reviewed confirmed that the healthcare recommendations made by specialists were implemented and reflected in residents' care plans.

A General Practitioner was contracted to work in the campus two days each week and there was evidence that residents were reviewed by the GP when they were ill.

A dual system was in use for recording care and inspectors identified that this practice posed a risk to residents as valuable information could be lost as a result. The nurse on

duty during the day recorded significant events for each resident in a 'night report book. Inspectors observed that information such as residents' seizure activity was being recorded in this report book, however they had not been recorded in the residents' nursing notes.

Residents' meals were prepared in a kitchen which provides food for all 108 residents in the campus. Meals were brought to the unit kitchen in insulated containers and then transferred to heated trolleys. A seven day food menu was available which indicated a choice each day, however, this menu was not rotated to provide sufficient choice and variety for residents. Most residents required a pureed diet, and inspectors found that staff were unsure what they were giving residents to eat.

Although a small kitchen was available on the unit, it was not equipped with a cooker or other food preparation equipment and was not used for preparing meals for the residents in the units. Consequently residents had no input into shopping or preparing their meals.

Most residents required a pureed diet. Individual mealtime information was available for each resident from the Speech and Language Therapist which identified the consistency and the preferred texture for each resident based on their assessed need. Inspectors saw that meals were provided in consistencies appropriate to residents and presented in individual portions. .

Judgment:

Non Compliant - Moderate

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 processes in place for handling, storing prescribing and administering medication were not always observed to be in accordance with evidence based practice and required review.

Medications were stored securely in a locked cupboard in a designated medication area and the medication keys were held by the staff on duty. Medication prescriptions were written by the General Practitioner on a medication chart for each resident, however, inspectors observed that some medication charts contained an excessive number of

prescriptions and as a result were illegible. Staff on duty told inspectors they found it difficult to read individual prescriptions. Additionally, the name of the prescribing General Practitioner was not recorded on the medication chart and there was not always a photograph to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error.

Staff used requisition sheets to check the medication delivered with the medication ordered but these forms were not consistently recorded.

Inspectors reviewed one resident's medication against their prescription and saw that they were prescribed 20mg of mesacanne once a day. The label of the medication box containing 10mg tablets however stated 'take one tablet twice daily. Medication administration charts were not always completed using the 24 hour clock.

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):

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

Findings:

Inspectors found that the management and oversight of the centre was inadequate. The provider was failing to protect the rights of residents. There were no systems in place to ensure that the service provided to residents was safe, appropriate to residents' needs, consistent and effectively monitored. Inspectors found many examples of failings in relation to the management of the centre. There was no evidence of any unannounced visits by the provider or any written reports on the safety and quality of the care and support provided to residents. The provider had also not ensured that all staff had completed mandatory training in fire safety, manual handling or the protection of vulnerable people. Several staff also had not up to date training in the management of challenging behaviour.

The inspectors reviewed the centres Statement of Purpose prior to the inspection which inaccurately described the CNM2 as the person in charge. Inspectors were told that the

governance arrangements were under review and had not been fully agreed. As discussed in previous outcomes, inspectors identified that staffing levels and the arrangements for the deployment of staff were insufficient. The current staff deployment model and allocation of duties was not ensuring the best outcomes for residents.

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):

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

Findings:

Inspectors remained concerned about the staffing levels in the centre. The inspector found that the level and deployment of staff in these units, and the allocation of staff duties was limiting residents' opportunities to participate in activities appropriate to their interests and preferences. The day service once provided to residents was closed due to an embargo on recruitment of staff and the provision of unit based activities was inadequate and was completely dependent on the availability of staff. There was a high instance of staff illness and agency staff were regularly used to provide cover for these absences rather than as an additional support for residents.

Some residents required the assistance of two staff for personal care. Risks were identified by inspectors when other residents were left unattended while staff attended to these residents. There was usually one nurse and one care assistant on duty in each unit during the day and this reduced to one care assistant in each unit at night, despite the fact that residents had significant health care needs and required nursing care during the day. Staff told the inspector that usual practice was for a nurse to come from another unit on the campus to administer medication at night time. Two residents in the unit had PEG feeds in place and medication was administered through this system. All twelve residents required night time medication. Inspectors identified risks associated with this practice. The staff were unfamiliar to residents in the unit. Inspectors found that progress notes recorded by night time staff were recorded in a night report book rather than in the resident's daily progress notes in their file. These notes were not always accurately transferred transcribed to the residents file and there was a risk that

critical information would be omitted.

The staff who did work in the units demonstrated a good knowledge and understanding of each resident's needs, wishes and preferences and inspectors observed good staff interactions with residents who appeared comfortable in the company of staff. Staff had a good knowledge of residents needs and advocated for residents to ensure medical appointments were appropriately followed up and residents received appropriate health care.

Inspectors reviewed staff files during the inspection however they were found to be incomplete and did not contain all of the information required in regulations to indicate that they are fit to work in a centre for vulnerable people. For example, the provider had not obtained two references or Garda vetting for all staff, some of whom had been working at the centre for several years. Nursing staff did not have a current certificate of registration from their registration board.

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:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003368
Date of Inspection:	10 and 11 February 2015
Date of response:	07 May 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were no regular structured social activities programme provided for some residents. Residents were observed sitting in chairs in the sitting room or along the corridor for long periods with little interaction.

Action Required:

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

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Each resident will have a holistic assessment which will include their social preferences and participation needs and this will be achieved through the 'Listen to me' engagement process. Current social, recreational and diversional activities will be reviewed and a more structured regular activities will be put in place through the "Dream" programme.

Proposed Timescale: To commence with a day structure in place by April 13th and the "Listen to me" social assessment will be in place for all 12 residents by the June 30th

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Personal plans had a health focus and did not adequately assess residents' health, personal and social care needs and preferred routine.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Annual multi-disciplinary reviews will continue but will also include a review of the social, recreational, and diversional activities. Also included will be transition planning for residents to move to more appropriate community based accommodation . Each resident will have a holistic assessment which will include their social, preferences and participation needs and this will be achieved through the Listen to me Document engagement process.

Proposed Timescale: To commence April 1st and to be completed by June 30th

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Personal plans were not always available in an accessible format for residents

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
Personal plans will be made available in an accessible format to residents

Proposed Timescale: 30/06/2015

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:

The current systems to record and monitor accidents and incidents did not ensure appropriate analysis of accidents was available in each unit to ensure ongoing review of risk as a log of the incidents occurring was not available at unit level to determine patterns of incidents

Action Required:

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

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

An incident log will be maintained in the unit so that there is an ongoing review of incidents at unit level

Incident review group will continue to meet to provide governance on the assessment, management and ongoing review of risks

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

There was a risk to resident's safety and consistency and continuity of care due to inadequate staffing levels.

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:

Residents will receive continuity of care and support through elimination of agency staff

with replacement staff from the intern care assistant recruitment process. This will ensure more permanent staff on units. Night time schedules will be revised as part of this process

Proposed Timescale: Night time schedule revision will commence immediately. Placement of interns will commence from June 1st

Proposed Timescale: 01/06/2015

Theme: Effective Services

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

Training records showed that all staff did not have up to date training in manual handling.

Action Required:

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

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

Staff will have access to manual handling training including refresher courses. Staff will have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Proposed Timescale:

Manual Handling Training will be provided including refresher course and be completed by July 30th 2015

All mandatory training will be completed by July 30th

Professional development courses are available through a variety sources which staff can assess. This will be part of the staff supervision process. This will commence May 1st 2015

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

The risk management policy did not reflect local procedures and practice to assist staff to manage risk and did not address all the risks specified in the Regulations and their control measures, such as the risks associated with self harm and absconding.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The current risk management policy will be reviewed to include measures and actions in place to control aggression and violence. The policies on managing challenging behaviour, absconding and risk management will be referenced in this document.

Proposed Timescale: 30/05/2015

Theme: Effective Services

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

There were no control measures in relation to the kitchen which opened directly onto a room used for laundry/cleaning and this posed an infection control risk.

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:

structural changes will be made so as the laundry will not go through the kitchen area

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Fire evacuations instructions displayed on walls near the dining room were small and were not displayed in a form accessible to all residents. In one evacuation plan reviewed, staff were directed to assist the resident to leave through the adjoining chapel rather than by the nearest exit.

Action Required:

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

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

Emergency lighting are present and means of escape will be indicated on each resident's personal evacuation plan as the nearest exit. The fire evacuations instructions will be in an accessible format. The evacuation plan has been updated and amended indicating the nearest exit for evacuation purposes.

Proposed Timescale: 10/04/2015

Theme: Effective Services

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

All staff had not completed fire safety training

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff will have completed fire training by April 1st

Proposed Timescale: 30/04/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Restrictions and restraints had not been properly assessed and were based on inconsistent risk assessments. There was no evidence that alternative less restrictive options were tried first before implementing a restrictive practice. Restrictive practices were not adequately reviewed by an appropriate health professional such as a psychologist.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The policy on restrictive practices will be reviewed in accordance with national guidelines.

The application of any restrictive practice will be applied in accordance with national policy and evidence base practice

Behavioural support assessments will be signed off by the appropriate health professional

The provider has commenced a recruitment process for a suitably qualified psychologist and a consultant psychiatrist is available to the centre.

Proposed Timescale: The policy review will be completed by May 30th The recruitment process will be completed by June 1st

Proposed Timescale: 01/06/2015

Theme: Safe Services

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

Staff had not received training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Action Required:

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

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

The staff team of the designated centre will receive appropriate training in the management of behaviours that challenge including de-escalation and intervention techniques

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

All staff did not have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Action Required:

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

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

The staff team of the centre will receive appropriate training and refresher in the management of behaviours that challenge.

Proposed Timescale: 30/06/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents were not supported as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

Action Required:

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

Residents will be supported, as far as is reasonable practicable, to buy, prepare and cook their own meals if the so wish

Proposed Timescale: 30/04/2015

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:

The medication charts contained excessive number prescriptions and as a result many were illegible. The name of the prescribing General Practitioner was not recorded on the medication charts and there was not always a photograph to ensure the correct identity of the resident receiving the medication.

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:

Current medication management will be reviewed

Appropriate practices will be in place for all aspects of medication management this will include appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administering of medications to ensure that storage and disposal of out of date or unused controlled drugs will be in accordance with the relevant provisions in the misuse of drug regulations of 1988 as amended.

Proposed Timescale: 30/04/2015

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 governance arrangements were not ensuring safe outcomes for residents.

Management of staffing levels and staff deployment required review to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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:

Current management structure is under review

Model of staff deployment is under review so as to ensure the service provided is safe, appropriate to residents needs, consistent and effectively monitored

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

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

There was no evidence that the provider had carried out an annual review of the quality and safety of care and support in the designated centre to ensure care and support was in accordance with standards.

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:

An annual review of quality and safety of care and support in the designated centre and that such care and support will be in accordance with the standards.

Proposed Timescale: 30/05/2015

Theme: Leadership, Governance and Management

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

There was no evidence that the provider carried out any unannounced visits of the units or prepared a written report on the safety and quality of care and support provided in the centre as required in the regulations.

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:

Ongoing unannounced visits will be carried out to comply with the regulations

Proposed Timescale: 13/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The level and deployment of staff and allocation of staff duties was limiting resident's opportunities to participate in activities, appropriate to their interests and preferences.

Nursing staff from other units in the campus left their own units to administer medication to residents in these two units and were unfamiliar to residents in the unit.

Action Required:

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

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

The number, qualifications and skill mix of staff will be addressed so it is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre through the current recruitment process.

The number of agency support hours will be replaced on a phased basis with appropriately trained staff through the internship panel.

Nurses leaving at night to administer medication in other units is currently under review

Proposed Timescale: 01/06/2015

Theme: Responsive Workforce

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

Documents to indicate the suitability of staff to work in a centre for vulnerable people, as required and specified in Schedule 2 had not been obtained for all staff.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
Staff files and information and documents as specified in Schedule 2 will be updated

Proposed Timescale: 30/06/2015

Theme: Responsive Workforce

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

All staff had not completed training in fire safety, adult protection, manual handling and behaviour that challenges.

Action Required:

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

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

A staff training plan is in place which indicates current training completed, date required for updates, date of forthcoming training in the areas of Manual handling, adult protection, fire safety and behaviour that challenge

Proposed Timescale: This will be in place by May 1st and the training ongoing

Proposed Timescale: 01/05/2015