

**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-0002635
Centre county:	Wexford
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gorman Coogan
Lead inspector:	Noelene Dowling
Support inspector(s):	Louisa Power;
Type of inspection	Announced
Number of residents on the date of inspection:	12
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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 July 2015 09:30	08 July 2015 20:00
09 July 2015 08:30	09 July 2015 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection and first registration inspection of this centre which forms part of Stewarts Care Ltd. The entire service was the subject of monitoring inspection in 2014. Since that inspection the service had been reconfigured into five different designated centres. This centre is designed to provide care for adult residents of severe and profound intellectual and physical disability. All documentation required for the purpose of registration was available.

This inspection was announced and took place over two days. All 18 of the outcomes required demonstrating compliance with the legislation and regulations were

inspected against. As part of the inspection the inspectors met with residents and staff members. Inspectors spoke with relatives. Inspectors observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, policies procedures and staff files.

Staff were observed to be respectful, attentive and very knowledgeable on the resident needs.

There were effective and suitable governance arrangements in place.

Good practice in health care and access to allied health care services was evident.

Good practice in complaints management and systems for the protection of vulnerable adults were also apparent.

Some improvements were required in the following areas:

updated mandatory training in fire and manual handling.

privacy and dignity of residents was impacted upon by the four bedded rooms and showering bathing arrangements

reviews of residents personal were not adequate

personal plans were not consistently implemented

systems for implementation and review of restrictive practices

access to meaningful activities, day care and recreation

staffing levels were not satisfactory.

The findings were significantly influenced by insufficient staffing levels which impact on the quality and ultimately the safety of care.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

It was apparent to and observed by inspectors that residents that staff made efforts to ensure residents had choice in daily routines such as meal times, getting up and daily activities. Residents were supported to develop interests outside the centre such as attending day care services. Staff knew the individual preferences of residents for example, the food they preferred and their preferred choice of clothing and personal possessions. Staff were observed asking residents what they wanted and giving them choice. One resident from this centre participates in the resident's representative meeting.

There was evidence that the resident needs and expressed wishes informed changes to practice. The records seen by inspectors in written format included the impact of staff shortages, access to day care and refurbishment of the day room.

The provider had finalised the arrangements for an external advocate to be made available to the residents and this will be accessed via representation by individual residents, families or staff on residents' behalf. Families had been informed that this was available to them. Staff as key workers, advocate on resident's behalf for access to activities and equipment or resources. However, it was not apparent how the majority of residents' would be represented at the residents meetings given their level of dependency and communication needs.

The manner in which residents were addressed by staff was seen by inspectors to be appropriate, respectful and familiar. The majority of the bedrooms were very personalised with photos and mementoes, books, toys, music systems, televisions and

other equipment. There was evidence that staff maintained resident's dignity and privacy when carrying out personal care. Residents religious and spiritual needs were facilitated.

However, dignity and quality of life is compromised by the use of two four bedded rooms which although of a suitable size do not provide sufficient privacy. They are also unsuitable as individual residents behaviours were seen to disturb other resident sleep and quiet time. Curtain screening in the bedrooms also need to be installed as some screens were removed when the overhead hoists were installed. The person in charge stated she has ordered this.

Privacy and dignity is also impacted by the fact that the shower and bathroom do not have doors installed and both are interconnected with only curtain screening as dividers. This means free access from the day room or the toilets or the adjoining shower when a resident is receiving personal care.

Gender issues were respected in the provision of personal care. Valuables held on behalf of residents for safe keeping were recorded and the signatures of two staff were evident. Residents clothing is laundered on the premises and records of belongings were maintained. There was no current evidence that clothing was not being returned correctly. There was ample space in all bedrooms to hold clothing and other personal belongings.

Inspectors reviewed the complaint policy which contained all of the requirements of the regulations including an appeals process. A review of the complaint log indicated that the provider has responded appropriately to complaints and did seek the views of the complaint on the outcome. The policy is not available in easy read or accessible format in the centre however.

Activities took account of the residents stated or known preferences for example, staff knows by the residents actions whether they wish to go out on an outing. In some instances there is opportunity to participate in interesting activities and outings but this is significantly impacted upon by staffing levels. This is actioned under outcome 5 Social Care Needs and Outcome 17 Workforce.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector's observed details in personal plans outlining resident's communication needs and there were very comprehensive communication passports available in the event of a resident requiring care in another service. It was apparent to the inspectors that by virtue of long standing relationships staff were very familiar with the resident's communication and what it meant. Inspectors observed that staff responded to resident's communication as outlined in the personal plans. For example, they recognised the signs of pain and took the appropriate action in response to this.

Residents had access to televisions and staff were aware of their favourite television programs and music. However, no pictorial images to aid communication were used with the exception of place-mats which held residents pictures for use with their meals. There was evidence of referral to speech and language therapy and any subsequent interventions were implemented by staff. Some residents use basic sign language and a number of staff were familiar with this. Communication logs were used between the day and residential services.

The personal plans were not synopsised in any suitable pictorial format for the residents regardless of cognitive ability. In part this was due to the fact that there are risks that other residents could access such items and inadvertently self harm. None the less in the inspectors view this could be further explored. This outcome was further impacted upon by the fact that on a number of occasions it was observed that some staff were not sufficiently familiar with the residents and could not decipher the resident's needs. Community links were maintained. For example residents went to outside activities, attended religious services, and attended local hairdressers and shops.

Judgment:

Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors saw evidence from records reviewed and from speaking with some family members that family relationships were supported and encouraged. Visits to the centre took place and visits home were also supported by staff. There was evidence that families were quickly informed of any incidents or changes in health status and they were included in the personal plans developed for the residents.

Records of these visits and communication were evident. Where it was feasible taking the resident's needs into account friends could visit and residents also had access to contacts outside of the centre.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:
Effective Services

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

Findings:

The policy on admission was detailed. However the policy did not take account of how the admission procedure would ensure that residents were protected from all forms of abuse. The provider agreed to address this. In practice residents admitted to the centre are known to the service prior to admission by virtue of their attendance at the day care services. From a review of a recent admission, the process was managed well with a number of visits and an effective review of the residents' needs and the capacity of the centre to meet these.

By virtue of their care needs and assessment it was observed that admissions and the care practices were congruent with the statement of purpose. Inspectors were satisfied that transition plans were being put in place for some residents to move to the temporary accommodation when this is required to complete the fire safety upgrade in the premise. These included plans to ensure residents who currently share rooms will continue to do so to lessen the anxiety when the move takes place. There was detailed information available in the event of transfer to acute care.

A contract had been devised which outlined the services and facilities to be provided to residents. This document also referenced some additional costs which could be levied for example, for holidays or furnishings and fittings. However, the detail of the additional costs was ambiguous. The provider based the costs on the schedule for long stay care residents.

The provider's policy on costs and charges stated that they will provide basic furnishings and fittings. Where significant additional costs are involved there were systems in place to ensure the costs were justified and this requires the inclusion of the resident's families or their representative.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

There were a number of centre-specific policies in relation to the social care and welfare of residents including policies on meaningful activation and assessing and management of individual social care needs. Inspectors reviewed a sample selection of individual personal plans and medical records. There was evidence of good pre-admission assessment and a range of assessment tools being used. There was also evidence of ongoing monitoring of residents needs including communication needs, medical care needs, family supports and social activation.

There was evidence of appropriate multidisciplinary involvement in residents care with good access to services such as physiotherapy, occupational therapy, psychiatric and mental health services. It was evident that these informed the resident's day-to-day care and staff was very familiar with the outcome of any assessment or review undertaken. There were two documents used as planning tools. One was the short-term support plan which detailed basic day-to-day-care, health needs and behavioural supports. These were detailed and outlined individual needs such as sensory support including aromatherapy, the use of tactile objects such as comfort blankets and management of specific risk for residents such as the risk of burns from unsupervised access to hot water.

The long term plan was primarily concerned with activities identified for the resident to support social and community involvement over the year.

The systems for the annual review of the resident plan were not satisfactory. While a documented annual review took place this was not comprehensive and was not informed by the assessments and interventions of the multidisciplinary teams. Records of the annual reviews demonstrated that family members and or representatives attended with the person in charge and the director of nursing. However, the resident's health, social, activation or behavioural support needs were not discussed. This negated the function of the review and the subsequent planning process.

Resident's daily routines were clearly identified and primary care and health care needs

could be seen to be well managed. However, there was a significant deficit in the social aspect of the plans and in the implementation of them. For a number of residents the goals had not been implemented therefore there was no positive outcome for the resident. The deficits included access to day care and to other recreational activities.

It was evident from the plans that a large number of activities identified did not take place primarily due to staffing shortages. In some instances these were very simple plans such as going to the local fair ground or on a brief day out or for drives. There was no clarity on the plans as to who was responsible for implementing them or overseeing if they required to be revised more frequently than annually.

Staffing levels depleted the numbers available to, for example, take a resident for a walk and undertake some meaningful activities with the remainder of the residents in the unit. Some of the residents had access to the day care service a number of time per week and this service is comprehensive and very well staffed as a number of staff from the centre attend with the residents. However a significant number of residents' activation was unit based such as soft play or foot massage.

Staff are required to undertake these as well as their primary care and multi-task duties. It was observed by inspector that the staff remaining in the centre was not in position to provide this activation effectively and provide the level of care needed for the residents.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The premises is a bungalow which accommodates 12 residents in two four bedded rooms, two double bedroom and two single bedrooms. Suitable furnishings were provided and rooms were nicely decorated with personal items.

There are two large communal day rooms, a kitchen and dining room, three single toilets and two showers and one hydro-bath. There is a large easily accessible, safe, soft play garden area outside which contains seating, suitable play equipment, and a covered veranda for shelter. Residents were observed using this room during the inspection.

There is a suitably equipped relaxation room in the unit which individual residents were also observed to be using. The house is located in a quiet residential area in close proximity to the local community and all services. It is not identified in any way to differentiate it from its neighbouring houses. There is suitable car parking to the front.

There are a sufficient number of suitably adapted bathrooms, showers and toilets for residents use in the centre. However, the design and layout of the showers and bathroom significantly compromised resident privacy. Additional screening is also required as the installation of the overhead hoist had impacted on the availability of screening. These matters and the four bedded rooms are also actioned under Outcome 1 Residents Right Dignity and Consultation.

Overall the premises were very clean and well maintained with flooring, lighting and heating systems satisfactory. Apart from light meals, snacks and breakfast all catering is done in a central location but the kitchens are equipped with sufficient equipment for storage and preparation of food. Food safety procedures were implemented in the unit in regard to the food which is transported from the central location.

Assistive equipment was required for a number of residents including hoists and specialised chairs. Records demonstrated that such equipment was serviced regularly and two overhead hoists had recently been installed. A maintenance log was available and issues were identified and managed promptly. Vehicles used to transport residents had evidence of road worthiness and insurance. However, there was limited storage space in the centre for the equipment and portable hoists had to be stored in the bedrooms when not in use.

There were satisfactory arrangements for the management of clinical and other waste.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Systems for review of safety and risk were evident with some improvements required. There was a signed and current health and safety statement available. A number of safety audits of the premises and work practices had been undertaken by the person in charge. The risk management policy had been amended to comply with the regulations including the process for learning from and review of untoward events. It did not comply with article 26 (1) entirely as it did not satisfactorily identify the risk of residents absconding.

However, there was a detailed policy on the preventative measures and actions to be taken in such an event. Safety procedures to prevent unauthorized persons entering the units such as locking the external doors were also in place. Given the vulnerability of the residents this action was deemed appropriate.

There were relevant additional policies in place including a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff. Staff had been issued with emergency alarms for use in emergencies.

The policy on infection control was detailed and staff articulated good practice in relation to this. Specific infection risks were identified and appropriate actions taken to prevent the spread of health care associated infection. Staff were observed taking appropriate precautions and using protective equipment including gloves, aprons and sanitizers.

Some improvements were required in the development and ongoing monitoring of a centre specific risk register. Risks identified in the organisational register included environmental and clinical and corporate risks with controls identified to manage them. The local risk register contained information on identified risks such as fire, lone working, and choking episodes but did not contain other pertinent information such as clinical risks and the strategies to manage them.

Inspectors reviewed the fire safety register and saw that fire drills had been carried out at a minimum twice yearly. These drills included evacuation procedures. Staff were able to articulate the procedures to undertake in the event of fire. Fire safety management equipment including the fire alarm, emergency lighting and extinguishers had been serviced quarterly and annually as required. The HSE fire service has identified upgrading works which are required in a number of the premises and this will place in January 2015 for this centre.

In a number of instances the residents required significant physical support for evacuation. Personal evacuation plans had been compiled for each resident. These were very detailed but not easily retrievable in an emergency as they also contained significant other non essential information. The provider agreed to remedy this in a timely manner.

There was a risk assessment and management plan for each individual resident available. These were found to be pertinent to the residents assessed needs including manual handling.

Details on accidents and incidents were maintained. A review of the accident and incident log indicated that these were monitored and in some but not all cases appropriate and prompt remedial action was taken. For instance, a thorough investigation took place following an incident where medication went missing and robust preventative actions were taken. In another incident the action taken for the administration of the incorrect medication were not robust.

While detailed audits of accident and incidents were undertaken frequently the information was not collated in a manner which would support good review and learning. For example, trends or time frames were not identified which would inform

changes to practices and ensure there was a system for learning and review.

Some areas of risk had not been considered .This included :

- the use of the gas stove in the kitchen ,
- no suitable fire extinguisher located in easy reach of the laundry room
- some uneven surfaces in the garden.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspectors reviewed the policies and procedures for the prevention, detection and response to allegations of adult abuse which is currently the HSE Trust in Care policy. Staff had had briefings on the revised policy for the protection of vulnerable adults and adults with a disability issued in 2014. The policies were satisfactory and there was a designated person assigned to oversee any allegations of this nature. Records demonstrated that all current staff in the centre had received initial and up to date training in the prevention of and response to abuse.

Staff were able to articulate their understanding and responsibilities in relation to this and there was a designated line of accountability identified which was readily available and known by staff. Inspectors were informed by the provider nominee that there were no allegations of this nature made or being investigated at this time but also how the process would be managed should this occur. The person in charge was also familiar with the procedure.

A review of a sample of the records pertaining to resident's monies being withdrawn from the personal property accounts for specific purchases or as weekly pocket money indicated that the systems for recording this money and its usage were transparent. All monies given for residents use were dated and the expenditure was recorded and receipted for the finance office

Money paid in on behalf of residents in fee payments are recorded clearly and the records including savings on behalf of residents were transparent and available for the

resident or their representative to review if this was required.

Inspectors were satisfied that the system's for the support of behaviour that challenges and the use of restrictive practices supported residents with improvements required in the systems to direct/oversee the decision making process.

There was an up-to-date policy on the management of behaviour that is challenging and on the use of restrictive procedures which is in line with national policy and both policies were comprehensive in detail and guidance for staff. The policy on the use of restrictive practices clearly defined the exceptional circumstances in which such procedures should be used and defined practices which were forbidden to be used in the centre.

There is a psychiatric service engaged by the provider which was seen to be regularly involved in residents care and prompt referrals were made when behaviours of concern were noted. At this juncture behavioural psychological support was not easily available but the director of nursing stated that was currently being reviewed. A behavioural support specialist nurse was also available. However, due to staff shortages the latter is actually currently working full-time in another centre therefore the availability to offer assessment, training and ongoing support for staff is limited.

Records, observation and interviews indicated a number of residents present with some behaviours that challenge or self harming and compulsive behaviours. There were behavioural support plans evident which outlined triggers, potential risk factors and symptoms which indicated stress or anxiety and strategies for managing these.

Staff were able to state what interventions they found most helpful. For example, using a preferred blanket, giving reminders of the time, and other diversionary or preventative strategies to calm a resident.

Some restrictive practices were used which included limited use of medication, some restrictions on access to the kitchen at certain times, bed rails and the discreet use of all-in-one suits for reasons of self harm or infection control.

Restraint assessments were evident and the rationale for the use of the restrictive practice was detailed. There was no evidence that such practices were overused or implemented randomly without due process and assessment. There was evidence that families had been consulted in relation to the methods used. They were also used for the least amount of time and alternatives were considered.

Practice required review in some areas to ensure the systems were appropriate and met the resident needs and in themselves reduced the need for such interventions.

Incidents of behaviours that challenged were not consistently tracked to try to identify unusual triggers or support review by the clinicians.

Staff had received training in an approved method of managing behaviour which includes physical interventions when this is deemed absolutely necessary and as a last resort. However, a small number of staff was overdue for refresher training.

Where a plan indicated that the use of physical intervention was sanctioned there was no detail as to the type, duration or number of persons to be involved. The person in charge however stated that this method was not used for any resident and inspectors

did not find evidence that it was.

A half gate been placed on the dining room entrance to prevent some residents gaining access at a time known to place them at risk and in response to serious incidents. The rationale was clear and reasonable. However, the half door in itself crated further conflict as the residents could see into, but not gain access to this area.

The entrance which is also located at the dining area created a further point of conflict as residents who are not gaining access to outside activities at time had full access to this area when other residents were leaving. This again increased the level of challenging behaviours. The provider stated that they had been concerned that occasionally securing this area would be overly restrictive where in fact not doing so contributed to the behaviours.

Due to the needs of the residents there was a significant level of staff support required for supervision and monitoring. Reviews of rosters, resident records and interviews with staff indicated that on occasion the staffing was not maintained as it should be the shortages impacted on the resident's behaviour due to lack of activation. In one instance inspectors found that on six occasions in four weeks behaviours that challenged had coincided with a lack of planned activities and routines not been maintained. Implementation of such systems and consistent behaviour management supports require consistency of practice, staffing levels and overview by allied disciplines which were not apparent.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

A review of the accident and incident logs, resident's record and notifications forwarded to the Authority demonstrated the provider's compliance with the obligation to forward the required notifications to the Authority.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

Where appropriate to the residents' capacity and needs there was evidence of life skill development. Basic self-care skills and social skill development was supported by staff where the residents capacity allowed this. For example, one resident had been trained to operate his own motorised wheelchair, and some undertook small household tasks with staff support. Some residents attended day care services.

Personal plans provided detail as to the level of personal care support and also details as to personal tasks residents could support themselves with. Staff could be seen to make efforts to ensure there was social participation for residents, for example going to shopping centres or for meals out or to local matches when staffing levels permitted this. Two vehicles were available for residents.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Inspectors found evidence that residents' healthcare needs were very well supported. A local general practitioner (GP) service was responsible for the health care of residents and records and interviews indicate that there was frequent and prompt access to this service.

There was evidence from documents, interviews and observation that a range of allied

health services is available and accessed in accordance with the residents need and changing health status. These included occupational therapy, physiotherapy, psychiatric and psychological services. Healthcare related treatments and interventions were detailed and staff were aware of these. Such interventions were revised annually or more often as required.

Inspectors found that there was a cohesive approach to the monitoring of health care, evidence of timely response and a detailed health summary report was maintained by staff.

The documentation indicated that all aspects of the resident's health care and complexity of need was monitored and reviewed. Appropriate assessment tools for issue such as skin integrity, nutrition and falls were utilised and plans demonstrated adherence to treatments strategies. There were protocols in place for the management of epilepsy and staff were clear on these protocols. This included an alarm to alert staff at night to a resident having a seizure.

Families were kept informed of any external medical appointments and staff attended these with the residents.

Policy on end of life care had been developed. There was no resident who required this care at the time of this inspection. The policy allows for advanced planning although this has not as yet been implemented. There were some documents available which indicated that if it was the residents wish to remain the centre at this time this would be facilitated and that families would make any such decisions. However, there was little evidence of advance planning or treatment decisions being discussed. There was sufficient nursing staff available should this need for end of life care arise in the centre.

Residents' meals were prepared in a centralized location and delivered in heated trolleys to the units. The diverse needs of the residents were addressed in the dietary supports available. There was documentary evidence of advice from dieticians and speech and language therapist available and staff were knowledgeable on the residents' dietary needs. They were also aware of resident's preferences and inspectors saw staff showing the choice of meal to the resident to choose their preference. Although access to dietician services had recently been limited there was evidence that the GP monitored this and prescribed appropriate treatment or supplements and this did not impact on the residents well being.

Choices were available and inspectors saw that additional foods such as fruit, cheese, salad, and eggs were available as snacks with various fruit juices at other times. However, from observation and discussion with staff it was apparent that the choice available for residents who required puréed meals was very limited in the evening time.

Meals including puréed meals were observed to be served appropriately in an unhurried and sensitive manner to residents. Meals are staggered to avoid undue distress to residents and ensure staff can support them as needed. Assistive crockery was used where this was advised by the clinicians. Resident's weights were monitored regularly and more frequently if a concern was evident. Fluid intake was also monitored where this was required. Currently the residents did not prepare food but did have supervised access to the kitchen and this was appropriate to their assessed needs.

Judgment:
Substantially Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

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

Findings:

Current policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for controlled drugs were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication.

Medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. No residents were assessed as being suitable for self administration of medication at the time of this inspection. All medication was safely stored and there were systems for checking in and receipt of medication. Additional food supplements were used only if prescribed by the

There were documentary systems in place for medicine taken home and returned with residents. There was also evidence that families' members had contact with the pharmacist to ensure they were familiar with and consulted regarding the medication being administered.

There were two slight discrepancies noted with one medication being slightly out of date and the route for the administration was not consistently detailed on administration.

There was a protocol for the use of emergency medication for the management of seizures and staff were familiar with this. A number of medication audits had been and there was evidence that all medication was reviewed and its impact on the residents monitored. Actions following these are detailed Outcome 7 Health and Safety and Risk management.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose had been forwarded to the Authority as part of the application for registration. It was found to require some amendments to ensure it was centre-specific as opposed to organisational in focus. For example, the entire staff of the organisation as opposed to the staff available to this centre was listed and the process for the making of complaint was not sufficiently detailed.

Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with primarily severe and profound intellectual disabilities.

Day service was provided in other locations. However, in accordance with the statement of purpose one day care place was provided in the residential centre.

This was available during the day for six days a week and often at periods when the staff in the centre is at its lowest. No arrangements had been made to ensure this could be facilitated whether by virtue of facilities in the premises or staffing levels and how this could impact on the residents living there.

The statement of purpose does not define the arrangements to provide this service.

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):

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

Findings:

Governance was supported by a range of systems including corporate risk and development and there was clear governance and reporting structure in place.

The person appointed in February 2015 on behalf of the HSE to act as the provider

nominee was suitably qualified and equipped to carry out the role. The governance systems include a director of service/nursing and there was evidence of good reporting systems in place. The provider nominee had undertaken an unannounced visit to the centre to review specific issues and meet residents and staff. The person in charge also undertakes unannounced focused audits of areas of practice.

The provider met with the director of service on a weekly basis and there were detailed senior staff meetings held on a monthly basis with all centre managers. From the record of these meetings reviewed by inspectors the focus was on resident care, service development and risk management.

The person appointed recently to the position of person in charge of this centre is a qualified intellectual disability nurse with extensive nursing and management experience at CNM 11 level in this centre. She has also undertaken additional training and professional development with training in management and clinical governance.

As part of the registration process she demonstrated her knowledge of her regulatory responsibilities and overseeing the delivery of care and knowledgeable on the residents needs. There was an appropriate day and night time on-call system in place with a nurse at CNM11 available to each of the centres in the region at weekends to support staff.

Inspectors were satisfied that there was satisfactory oversight and supervision of care. Audits and spot checks have taken place on issues such as medication management; restraint practices, meals and restrictive practices. These require further development however and are actioned under Outcome 7 Health and Safety and Risk Management.

Aside from the residents support meeting there are however no other mechanisms evident currently for reviewing the quality and safety of care as required by the Regulations. The compilation of the audited data including accident and incidents and the provider unannounced visits will support compliance with the annual review of quality and safety of care.

Judgment:
Substantially Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:

Inspectors were informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. The provider had made suitable arrangements for periods of absence of the person in charge and was aware of the responsibility to report any such extended absence to the Authority.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

Sufficient resources for fundamental care such as food, health care, equipment maintenance and upkeep of the premises and vehicles used are available and utilised. However, there was evidence of insufficient staff to ensure that resident's wellbeing and access to activities could be maintained on a consistent basis in accordance with the statement of purpose. This is actioned under outcome 17 Workforce

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. She informed inspectors that a large proportion of her staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing.

There was an actual and planned roster available. From examination of rosters, review of residents schedules and interviews with staff inspectors formed the view that the staffing levels were not adequate. This impacted on the care available to residents, the availability of staff to provide activation to residents during the day and to implement personal plans. Staff stated that plans and activities other than primary care were dependent entirely on staffing.

All of the health care assistant staff multitasks. This means they are responsible for resident care, housekeeping and some catering duties. Staff also have responsibility for transporting and attending at the day service for the residents who attend. This leaves three staff in the unit for up to seven residents including one day care resident.

At weekends this is further depleted with four staff on duty from 10:00hrs until 17:00hrs and this is reduced to three staff. From 19:30hrs each evening there are two staff on duty to provide personal care, supervision and support to twelve residents a number of whom require full assistance with mobility and personal care.

A number of agency staff were utilised and the person in charge stated that efforts are made to ensure these staff are familiar with the residents by using a consistent group. However, it was apparent to the inspector that all of the staff did not have the detailed knowledge of the residents which the regular staff had.

This staff shortage was explained as being due to a range of factors including illness, annual leave and primarily by the moratorium within the HSE on staff recruitment. The provider informed inspectors that they are currently in the process of recruiting a significant number of staff which they hope will alleviate this.

No volunteers were being utilised at the time of this inspection. Examination of a sample of three personnel files showed good practice in recruitment procedures for staff with all the required documentation sourced and verified by the person in charge. Evidence of current registration with relevant bodies was available for all staff that required this.

Where agency staff were used the provider sought written confirmation that all the required documentation was in place and that mandatory training was up to date for these staff. However a small number of full-time staff did not have up-to-date fire training manual handling training and MAPA training (a system for the management of behaviour and physical intervention). Other training which had been provided included Cardio pulmonary resuscitation.

The health care assistant staff also had the required Fetac (Further Education and Training Awards Council) level five training. Given the nature of the residents' needs and dependencies in the inspectors' view updated training pertinent to the residents' needs of terms of specific intellectual disabilities and autism would be beneficial.

There is a system of ongoing formal supervision for staff and from a review of the documentation inspectors found that it focused on resident care as well as training needs and development for staff. The director of service stated that this is currently been reviewed and will be further developed. Since the start of 2015 the person in charge had commenced systems of monthly team meetings for all grades of staff which it is hoped will support continuity of care.
Staff were observed to be respectful, patient and supportive of the residents at all times during the process.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

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

Findings:

The inspectors found that the records required by regulation in relation to residents, including medical records, nursing and general records were up to date and comprehensive. The documents however were copious and it was difficult to ascertain the required information from the range available with numerous issues being duplicated. The person in charge stated that they had acquired new documentation and were in the process of trialling this to enable more succinct collation and recording of information.

All of the required policies were in place and appropriate with the exception of some minor changes to the risk management policy. Documents such as the residents guide and directory of residents were available. The inspectors saw that insurance was current and in line with HSE policy. Reports of other statutory bodies were also available.

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:

Noelene Dowling
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-0002635
Date of Inspection:	08 July 2015
Date of response:	22 September 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 showers and bathroom do not have doors installed and both are interconnected with only curtain screening as dividers. This means residents do not have privacy when receiving personal care.

1. Action Required:

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

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 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:

1. Plans to upgrade bathroom area to ensure privacy and dignity have been decided on, waiting start date for works to commence. Plans include the erection of doors and the removal of the divisional curtains.
2. 4 bedded bedrooms, additional screening to be added. Behaviour support plans for service users who cause disturbances to peers are in progress to ensure that service users respect each other's privacy and dignity. Positive Behaviour training is in progress with all staff which will influence behaviour programmes/plans. Regular review and evaluation of programmes will be carried out.

Proposed Timescale: 30/11/2015

Theme: Individualised Supports and Care

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

The use of two four bedded rooms do not provide sufficient privacy and residents behaviour impacts on other resident's when sleeping.

2. 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 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:

Quotation and plan for replacement of divisional rails following erection of ceiling hoist in progress

Proposed Timescale: 31/10/2015

Theme: Individualised Supports and Care

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

Access to suitable day care and individual recreational opportunities are restricted on a regular basis.

3. Action Required:

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

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

1. Adjustments to the rosters have been made which increase staffing after 1700 hrs and extra staffing has been provided on alternate Saturdays. This will enable the residents to avail of extra activation opportunities and outings and also enable them to meet their goals.
2. Ongoing recruitment initiatives are progressing and are expected to fill current staff vacancies on the roster. With a full staff compliment the staffing levels will be adequate to ensure that staff can facilitate the service users to regularly participate in activities in accordance with their interests, capacities and developmental needs.
3. Ongoing consultation with Service User and her family to commence relocation to Day Service provision, therefore all transport spaces will be available 5 days for the 12 residents
4. In the absence of a recognised Dependency Tool for people with A S/P ID, we have formulated a review group to undertake an assessment of need

Proposed Timescale:

1. 31/10/2015
2. 30/11/2015
3. 31/10/2015
4. 31/10/2015

Proposed Timescale: 30/11/2015

Theme: Individualised Supports and Care

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

No easy read or suitable version of the complaint procedure is available for the residents.

4. Action Required:

Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

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

Easy read / suitable format for our Service Users being devised for complaints process

Proposed Timescale: 30/09/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Not all staff were sufficiently familiar with the residents to interpret the meaning of their communication.

5. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

All identified roster gaps have been filled by WRIDS staff and a locum panel is being progressed from the recent recruitment campaigns to ensure minimal reliance on Agency for leave cover

Proposed Timescale: 22/09/2015

Theme: Individualised Supports and Care

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

No systems such as pictorial images were used to aid communication with residents.

6. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

Communication passports and picture boards are being introduced as SLT assessments are being completed. An appropriate and effective display / storage solution is being sought taking cognisance of the individuals needs in the centre

Proposed Timescale: 31/10/2015

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:

Details of potential additional costs were not clearly outlined in the contract.

7. 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:

Contract reviewed to reflect same

Proposed Timescale: 22/09/2015

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:

Residents annual reviews were not comprehensive and multidisciplinary.

8. 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 review format reviewed and 2015 reviews scheduled including Multi disciplinary input

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

The effectiveness of the residents personal plans were not reviewed annually or more often as required.

9. Action Required:

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

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

New plans being piloted and introduced for all Service Users, the PIC will ensure the review system is robust

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

The assessed needs of the residents for access to day care, activation and social care were not satisfactorily met.

10. Action Required:

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:

1. Adjustments to the rosters have been made which increase staffing after 1700 hrs and extra staffing has been provided on alternate Saturdays. This will enable the residents to avail of extra activation opportunities and outings and also enable them to meet their goals.
2. Ongoing recruitment initiatives are progressing and are expected to fill current staff vacancies on the roster. With a full staff complement the staffing levels will be adequate to ensure that staff can facilitate the service users to regularly participate in activities in accordance with their interests, capacities and developmental needs.
3. Ongoing consultation with Service User and her family to commence relocation to Day Service provision, therefore all transport spaces will be available 5 days for the 12 residents
4. In the absence of a recognised Dependency Tool for people with A S/P ID, we have formulated a review group to undertake an assessment of need

Proposed Timescale:

1. 31/10/2015
2. 30/11/2015
3. 31/10/2015
4. 31/10/2015

Proposed Timescale: 30/11/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Bath and shower rooms were not satisfactory to meet the needs of the residents.

11. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Plans to upgrade bathroom area to ensure privacy and dignity have been decided on, waiting start date for works to commence. Plans include the erection of doors and the removal of the divisional curtains.

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

The four bedded rooms are not suitable to meet the needs of the residents.

12. 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:

- 1.Replacement of divisional rails following erection of ceiling hoist in progress
- 2.A plan has been submitted under de congregation to down size the centre as part of National plan for de congregation, which will result in new builds being acquired and the transfer of some Service Users to live in smaller 4 bedded single room centres

Proposed Timescale: 31/10/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not comply with article 26 (1) entirely as it did not satisfactorily identify the procedures for the risk of residents absconding.

13. Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

- 1.WRIDS have reviewed their Risk Management policy to incorporate the above components of assessment, management and ongoing review of risk
- 2.The standing agenda for the WRIDS Management Team meeting will include Risk Management

Proposed Timescale: 22/10/2015

Theme: Effective Services

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

Systems for learning and review from accidents and incidents required improvements.

14. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management

policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

1. WRIDS have reviewed their Risk Management policy to incorporate the above components of assessment, management and ongoing review of risk.
2. Policy reviewed and amended to reflect all aspects as required under Regulation
3. Nurse Manager review meetings scheduled with Incident reflection and learning as part of the standing Agenda with feedback at unit meetings
4. New National Incident Management Forms commenced

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Some risks had not been identified : :

- the use of the gas stove in the kitchen
- falls risks from uneven surfaces in the garden.

15. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

1. Identified Risk assessments developed and circulated for risks in the following areas:

Absconding

Use of gas hob

Slope into garden area

Medication management

Use of combination lock on hall door

Self harm

Uneven garden surface area

Proposed Timescale: 22/09/2015

Theme: Effective Services

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

The risk register did not demonstrate consistent identification and evaluation of risk.

16. 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:

Risks reviewed and discussed with Risk Manager, documentation reviewed and will be forwarded to GM for inclusion on Octobers register review and update

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

There was no suitable fire extinguisher located in easy reach of the laundry room.

17. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Extinguisher put in place

Proposed Timescale: 22/09/2015

Theme: Effective Services

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

A number of staff had not had updated fire training.

18. 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:

Fire training scheduled

Proposed Timescale: 31/10/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

In some instances the physical environment, lack of interventions, and lack of staff support contributed to behaviours that challenged.

19. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive

procedure, for the shortest duration necessary, is used.

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

1. Positive Behaviour Support Training has commenced in September for all staff. Training will influence behaviour support plans for service users and following training ecological assessments and ABC analysis systems will be in place.
2. Hall door, which is the entrance to dining area and access to front door was identified as a trigger for behaviours that challenge therefore following discussion with management and having completed a risk assessment, controlled use of a combination lock on this door has been put in place. This will be subject to regular review.

Proposed Timescale: 30/10/2015

Theme: Safe Services

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

Documentation of behavioural support plans were not accurate in some instances and not adequately reviewed.

20. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

PIC will ensure all documentation is relevant, implemented and reviewed

Proposed Timescale: 22/09/2015

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:

The choice of food for residents who required this in a modified form was limited in the evening time.

21. Action Required:

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

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

PIC to review menu choices for modified diets with catering manager

Proposed Timescale: 16/09/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Some medications were out date and not stored separately to medications in use.

22. Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

- 1.PIC will ensure Medication management policy is adhered to
- 2.Out of date medication returned to pharmacy

Proposed Timescale: 22/09/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose requires review to ensure it is centre-specific and also to define how day care will be provided in the centre.

23. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

Statement reviewed to reflect centre specific practices

Proposed Timescale: 22/09/2015

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:

No annual service review has been undertaken which includes the views of resident or

relatives.

24. 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:

Provider Nominee is undertaking review currently

Proposed Timescale: 30/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was insufficient staff to ensure the delivery of residents care in accordance with their assessed needs and personal plan.

25. 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:

1. Dependency tool to establish appropriate staffing levels and skill mix being sought
2. Review of current rosters being undertaken to ensure effective use of current staff resources

Proposed Timescale: 31/10/2015

Theme: Responsive Workforce

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

Some staff were not familiar enough with the residents to ensure continuity of care.

26. 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:

All vacancies filled with WRIDS staff

Proposed Timescale: 22/09/2015

Theme: Responsive Workforce

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

A number of staff had not had updated mandatory training in fire safety and manual handling

27. 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:

Training scheduled to ensure all staff are upto date

Proposed Timescale: 31/10/2015