

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd. |
| Centre ID: | OSV-0005163 |
| Centre county: | Tipperary |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Daughters of Charity Disability Support Services Ltd. |
| Provider Nominee: | Breda Noonan |
| Lead inspector: | Kieran Murphy |
| Support inspector(s): | Julie Hennessy; |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 6 |
| 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: |
| 17 August 2015 10:00 | 17 August 2015 17:00 |
| 18 August 2015 09:00 | 18 August 2015 15:30 |

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

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| 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 report sets out the findings of an announced inspection of Group N St. Anne's Residential Services following an application by the provider to register the centre. St Anne's provides residential care to people with an intellectual disability in the Tipperary and Offaly area. This was the centre's second inspection with the previous inspection being in May 2015. The centre consisted of a two storey house located in a village setting, with four men and two women sharing the house.

Of the 18 outcomes inspected six were at the level of major non-compliance. These were governance, risk management, care planning, notification of serious adverse

events, safeguarding/safety and management of records.

There had been a change in relation to governance since the last inspection with the appointment of a senior clinical nurse manager who had been given responsibility for this centre and three other designated centres. The person in charge reported directly to this senior clinical nurse manager. However, overall inspectors were not satisfied that there were effective governance arrangements in place as the provider nominee had responsibility for 15 centres and the person in charge had responsibility for four centres. This was apparent from the number of actions from the previous inspection which had still not been completed.

Following the inspection an immediate action plan was issued to St Anne's service as, since the last inspection, the service had still not made a decision regarding the best location to support the needs of one particular resident. Following the issuing of the immediate action plan the service undertook a review of the layout of the centre. St Anne's service committed to providing an additional bedroom downstairs to accommodate this resident. This had been one of the recommendations by an occupational therapist in July 2015.

Inspectors found that a positive approach to behaviour that challenges was demonstrated. However, as on the previous inspection by the Authority in May 2015, the systems in place, including input from the multi disciplinary team and specialist behaviour support were not sufficient to support staff to manage behaviours that challenge in this centre. As on the previous inspection improvement was required in how staff were recording incidents of challenging behaviour.

As on the last inspection the identification of hazards and management of risks required improvement; risk assessments were incomplete for a number of identifiable hazards.

Inspectors found that the process for managing residents' finances was not transparent. Other areas for improvement included:

- Person centred care including goal setting
- healthcare planning
- communication
- admission practices
- notification of incidents
- education and training
- medication management
- statement of purpose
- staffing.

Inspection findings including non-compliances are discussed in the body of the report and in the action plan at the end of the 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 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):

No actions were required from the previous inspection.

Findings:

The inspectors found that the arrangements in place in relation to protecting residents' rights were not satisfactory.

The process for managing residents' finances was not transparent. Inspectors reviewed documentation and receipts related to residents' finances. In one record there was reference to the transfer of money out of one resident's day to day expenses marked as an "IOU St Anne's ". The person in charge said that the "IOU" related to St Anne's service paying for items while the resident was waiting for money to be put into their own account. However, there was no evidence available to inspectors to verify this. For the same resident there was a charge for incontinence pads from the resident's own money. The person in charge explained that the service reimbursed residents for incontinence pads. Again, there was no evidence available to inspectors to verify this. St Anne's service had identified in an audit that one resident had paid for car parking while attending a hospital appointment. This money was to be reimbursed to the resident but this had not occurred up to the date of inspection.

Staff members were observed to treat residents with dignity and respect. Residents were consulted with in relation a range of topics including planning meals and activities. However, staff described that most residents were called into the office to receive their medications. Inspectors found that this practice was not person-centred.

Each resident had their own bedroom which was ensuite with shower, toilet and wash hand basin. All bedrooms were well presented with many personal items including pictures of family and friends.

There was a complaints policy and a complaints log was in place. Where a complaint had been made, the outcome of the complaint was recorded and also whether the complainant was satisfied. The person in charge had liaised with a speech and language therapist to give residents the skills and knowledge on how to make a complaint.

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):

No actions were required from the previous inspection.

Findings:

There was a policy on communication available. Inspectors observed communication boards in use which included pictures of which staff were on duty in the house boards and a picture of the menu for the day.

In the sample of healthcare files seen by inspectors each resident had a communication assessment completed as part of their personal plan. This outlined how the resident communicated verbally, non-verbally and whether the resident used gestures. There was evidence that if required residents were seen by the speech and language therapist. One resident had a picture timetable in place to aid with communication as recommended by the speech and language therapist. Staff were observed to be using this picture timetable as appropriate. Staff were also observed using object cues as appropriate, for example showing the resident a chair and asking them if they wanted to sit down.

Each resident had an acute hospital communication booklet which was available in case a resident had to be admitted to hospital.

Television and stereo systems were provided in the main living areas and in many of the residents' bedrooms.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

There were opportunities for residents to engage with their families and to maintain links with the wider community.

Residents' files included contact details for close family members and friends and other people important to each resident. Residents' families were involved in the personal planning process and in discussions about residents' health needs and plans for the future, as appropriate.

There was evidence of regular contact between residents and their families and friends. Residents said that they visited and were visited by friends and relations, including for overnight and weekend stays in their family home. Friendships were supported and encouraged by staff.

Residents were part of the local community and described how they enjoyed regular trips to the local café, pharmacy, shop, library, post office and to the hairdresser. Facilities in neighbouring areas were accessed, including the swimming pool, cinema or angling club. The person in charge described how the local post office had donated a garden shed to the centre for their use.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of resident contracts of care and found that they had

been signed either by the resident or their representative. The sample contracts seen by the inspectors included:

- Introduction
- Personal effects
- staffing arrangements
- provision for family contact
- policies
- assessment/care planning
- medication management
- suggestions
- comments/complaints
- insurance

The contract also outlined the residential charges for accommodation of the resident.

The admission practices and policies did not take account of the need to protect residents from abuse by other service users. This was particularly relevant as inspectors saw records that indicated that residents were being hit by other residents.

Judgment:

Non Compliant - Moderate

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:

Following the inspection an immediate action plan was issued to St Anne's service as the service had still not made a decision regarding the best location to support one particular resident. This had been identified in the previous inspection by the Authority in May 2015. In response St Anne's service committed to providing an additional bedroom downstairs to accommodate this resident.

At the last inspection, a major non-compliance had been identified where a resident's

needs had increased and an assessment of that resident's needs had not been completed. In addition at that time it had not been demonstrated that the designated centre met the same resident's needs. In particular a psychologist's report, dated November 2014, made a number of recommendations, including that this resident's placement be reviewed due to their increasing needs. On the current inspection while the outstanding assessments had been completed, there was no specific plan in place to find a more suitable and safe environment for that resident. The resident was accommodated in an upstairs bedroom and this was unsuitable for a number of reasons. An occupational therapy assessment from July 2015 confirmed that the safety of the resident on the stairs could not be guaranteed. While hand-rails had been fitted to the staircase and a carpet fitted since the previous inspection, the risk of falling on the stairs remained high. In addition, the resident was unable to go to her bedroom for a rest when tired due to the location of the bedroom being upstairs.

Progress had been made since the previous inspection in relation to residents' personal plans. Each resident now had an up-to-date personal plan. A specific tool was used to document each resident's assessment of their health, personal and social care needs, abilities and wishes. Outstanding assessments identified at the previous inspection had been completed, including in relation to intimate care and behaviour that challenges.

As part of the review of personal plans residents and family were invited to participate. The review process considered whether goals had been met for the previous year. Inspectors reviewed residents' goals from 2014 and found that the majority of goals had been achieved for all six residents. Challenges to achieving goals were documented. However, further improvement was required to personal plans in particular in relation to the setting of residents' personal goals. For example, the supports needed for residents to achieve their goals were not specified and it was not clear how goals contributed to improving residents' quality of life.

There was evidence of some multi-disciplinary input into the reviews of personal plans. However, the range of multi-disciplinary input was limited, meaning that all of the professional input required was not available at relevant multidisciplinary team or review meetings to make the necessary recommendations to the plan.

Judgment:

Non Compliant - Major

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):

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

Findings:

The centre consisted of a two storey house located in a village setting, with four men and two women sharing the house.

The ground floor had a living room, a dining room, a kitchen, two bedrooms and a bathroom. The remaining four bedrooms and one bathroom were upstairs. The premises were bright, clean and well decorated. One resident outlined to inspectors that she "loved living here".

Since the last inspection handrails had been provided on the stairs and on the ground floor to assist residents. This was following a recommendation made in April 2013 by an occupational therapist. At the last inspection there was also a large food storage freezer in the dining room which the registered provider acknowledged was not a suitable place to put a freezer. This had since been removed. In addition a number of items with potential cut hazards had been removed from the garden.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

As was found on the previous inspection in May 2015 improvements were still required in relation to how hazards were being assessed and also in relation to some fire safety arrangements.

Since the last inspection the St Anne's service risk management policy had been supplemented by a local procedure on risk management. This local procedure included the measures to control the specific hazards of abuse, unexplained absence of a resident, injury, aggression and self harm.

However, as on the last inspection the identification of hazards and management of risks required improvement. Risk assessments were incomplete for a number of identifiable hazards. A window in an upstairs bedroom did not have a window restrictor and this had not been considered as a potential hazard despite the resident in that room

being confused and disorientated. The falls risk assessment for a resident, who had two recent falls, did not reflect the increased likelihood of falling. The overall falls risk rating for this resident had been reduced since those falls occurred despite no new control measures being implemented in that time.

Inspectors observed unsafe manual handling practices, specifically when assisting a resident to walk. One resident with mobility needs did not have a manual handling risk assessment completed. The design of the centre did not facilitate correct manual handling techniques as there was insufficient space to allow staff to support a resident on both sides when exiting from the kitchen via the patio doors. This issue had also been referenced in the occupational therapy report from July 2015.

Inspectors reviewed the incident reporting system from January 2015 to August 2015 and saw records for 13 incidents:

- 5 medication management
- 4 resident falls
- 2 incidents of residents hitting other residents
- 1 incident of violence and aggression
- 1 incident of a resident striking against an object.

The person in charge was undertaking a review of all incidents on a three monthly basis. All incidents were also being recorded on a risk management database.

As on the last inspection improvement was required to the personal evacuation plans as they did not adequately account for the mobility and cognitive understanding of each resident. In particular for one resident the occupational therapist had recorded in July 2015 that there were "concerns regarding the resident's ability to cooperate with egressing the building safely in the event of a fire even with the assistance of staff". The personal evacuation plan for this resident hadn't been amended following this review.

The inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- Servicing of fire alarm system and alarm panel July 2015
- fire extinguisher servicing and inspection October 2014
- servicing of emergency lighting July 2015.

However, the doors in the centre were not fire doors, as necessary to prevent the movement of fire and smoke through the building. In addition the occupational therapist in her report in July 2015 had identified the doors throughout the premises as a hazard to residents as they were "fast closing" with the potential for injuring residents. This had not been risk assessed by St Anne's service.

Since the last inspection a local infection control procedure had been introduced and there was evidence that this procedure was being followed. The centre was visibly clean with a cleaning schedule identifying areas to be cleaned and cleaning frequencies. An infection control audit was completed in August 2015 and found a good level of cleanliness. Any actions recommended in that audit had been implemented.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Practices and the documentation of the management of behaviours that challenge required improvement.

While residents had access to the multi disciplinary team in relation to managing their own behaviours, the multi disciplinary team input into the behaviour support plans was limited. Inspectors reviewed behaviour support plans for residents with behaviour that may challenge and found that they did not provide adequate guidance for staff. For example, one such plan did not outline reasons or possible reasons for specific behaviours. In another resident's care plan it was recorded that staff were to "record hourly checks as per night time routine". However, there was no clear rationale recorded as to why hourly checks were to be completed for this resident at night. In addition, the night time routine procedure did not mention hourly checks at all.

With respect to behaviours that challenge staff were able to articulate antecedents or the event or activity that immediately preceded a resident's behaviour. Staff also knew how to respond to specific signs in a positive way, such as using distraction or diversion. Charts that tracked 'antecedents, behaviour and consequences' to a particular behaviour (known as 'ABC charts') were maintained as required. However, where changes in residents' behaviours required monitoring, this was not always completed. For example an incident report form had not been completed for an incident that was logged in a resident's daily notes. As a result, complete and accurate information would not have been available during future consultations by the resident's psychiatrist. This had also been a finding on the previous inspection in May 2015.

Staff training records indicated that mandatory training in relation to behaviour that challenges was up-to-date. However, staff knowledge in relation to restrictive procedures was not sufficient. For example, a night monitor had been put in place in one resident's bedroom to alert staff if the resident was out of bed. The provider

nominee stated that staff had not recognised this as a restriction.

The provider and person in charge stated that there hadn't been any allegation in relation to protection of vulnerable adults in the previous five years. Inspectors spoke with residents who confirmed that they were happy and felt safe in the centre. Inspectors spoke with a number of staff on duty and they articulated what to do in the event of an allegation or suspicion of abuse.

Relevant policies were in place, including in relation to the protection of vulnerable adults, restrictive practices, behaviours that challenge, the provision of personal intimate care and residents' personal finances and possessions.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The person in charge is required to notify the Chief Inspector within three working days of serious adverse incidents. When inspectors reviewed the incident report forms in the centre there had been one incident where a resident had been seen by a doctor after hitting his head. This is defined under the Regulations as an adverse event, but it had not been notified to the Authority.

Judgment:

Non Compliant - Major

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):

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

Findings:

Overall, inspectors found that residents participated in employment, training and skills development as appropriate. However, a formal assessment was required of each resident's training, educational and personal development goals.

All residents had access to a day service. Where a resident required an individualised service, this had been developed and was provided from the centre. Residents were supported to undertake employment where applicable. One resident described this employment to inspectors and how much she enjoyed her work.

Residents were supported to explore new experiences, such as visiting an army barracks and participating in a Christmas production. Residents described interests they enjoyed within the centre to inspectors, including music sessions, gardening, ball games in the garden, art and watching movies. Residents participated in activities and pursued interests outside of the centre, including attending dance classes, painting, going for walks or drives, attending matches or fishing.

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):

No actions were required from the previous inspection.

Findings:

In the sample of resident healthcare file seen by inspectors each resident had access to a general practitioner (GP).

There was evidence that residents were supported to attend appointments in acute general hospitals and had been referred to consultant specialists if required. However, there was little evidence of letters, updates or reports from the hospital or consultant specialists following these reviews. It was the St Anne's service care staff who were recording the results of the reviews by the consultant specialists. For example, in one resident's healthcare file following a healthcare review by a consultant, staff were recording increases in medication for the treatment of Alzheimer's disease. In addition this separate recording by care staff of healthcare reviews was not always being used to

plan the healthcare needs of the resident.

While evidence based assessment tools were being used to identify and monitor residents' healthcare needs, it wasn't always clear why these tools were being used. For example, one resident's fluid intake/output was recorded on a chart since August 2015. The reason for the use of the fluid intake/output chart had not been recorded in a care plan. In addition, inspectors saw a "post-it" note on the front of this resident's healthcare file reminding staff to complete the fluid intake/output chart.

In line with their needs, residents had ongoing access to allied healthcare professionals including psychology, clinical nurse specialists in dementia, speech and language therapy and occupational therapy.

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):

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

Findings:

As was found on the previous inspection, the systems in place for the management of medication required improvement.

The inspectors found that the practice of transcription of medications had progressed as the prescription was now being checked by a second nurse. However, inspectors saw that this system of checking was not robust as the transcribed medication prescription records did not always outline the correct dose to be administered. For example, in one resident's prescription sheet it had been written that the dose of one particular medication was "1". However, the medication dosage as dispensed by the pharmacist was "70 mg".

In the sample prescription sheets reviewed it was not clear that a record of each drug and medication was dated by the general practitioner. In other prescriptions the route by which the drug was to be administered was not clear. These were therefore not complete prescriptions.

Some medication needed to be stored in a medication fridge. Since the last inspection the temperatures on the medication fridge were now being recorded daily and therefore the stability of the stored medication could be guaranteed.

Medication was dispensed from the pharmacy in a monitored dosage system which packaged the medication for each resident for the correct time each day. The monitored dosage system also contained the name, address and date of birth of the resident. Since the last inspection the date of birth on the medication dosage system now matched the date of birth on the prescription sheet. Since the last inspection all medication that had been discontinued was being returned to the pharmacy in accordance with the medication management policy.

Medication management training was facilitated regularly which was necessary as only one staff member was a registered nurse.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The Statement of Purpose included a summary of the statement of the aims, objectives and ethos of the designated centre. However, the statement as to the facilities was not accurate as it identified two houses when the centre only consisted of one house. In addition the total staffing complement in the statement of purpose was incorrect.

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:

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

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

Findings:

Overall inspectors were not satisfied that there were effective governance arrangements in place as the provider nominee had responsibility for 15 centres and the person in charge had responsibility for four centres. In particular there were a number of outstanding items from the inspection by the Authority in May 2015 which had not yet been implemented. This included:

- the service had still not made a decision regarding the best location to support one particular resident
- person centred planning
- risk management
- fire safety
- management of behaviour that challenges

Since the last inspection in relation to governance there had been a recent appointment of a senior clinical nurse manager who had been given responsibility for this centre and three other designated centres. The senior clinical nurse manager was a registered nurse in intellectual disability. The person in charge reported directly to this senior clinical nurse manager. While the person in charge said that there were regular meetings with the senior clinical nurse manager, records of these meetings were not made available to inspectors.

The nominee on behalf of the Daughters of Charity Services was a registered general nurse and a registered nurse in intellectual disability. She had been appointed in February 2015 as services manager in this service in North Tipperary/Offaly and had previously worked as services manager in the Limerick region. The provider nominee had responsibility for 15 centres across a wide area. The area manager was the nominated person in charge and had a General National Vocational Qualification (GNVQ) level 2 in health and social care from Britain. He had over ten years experience of working with people with a disability in Britain and had been the area manager with the Daughters of Charity service since 2006. He outlined to inspectors that he had been accepted on a diploma course in social care in National University of Ireland, Galway. However, he was also appointed as person in charge for a number of other centres across a broad geographical area.

The inspectors outlined concerns that these management arrangements across a number of centres could not ensure effective governance, operational management and administration of the designated centres concerned.

Since the last inspection St Anne's service had arranged an unannounced visit to the centre to monitor the quality and safety of care provided. Inspectors found that this review was comprehensive.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

There had not been any period where the person in charge was absent for 28 days or more since the last inspection. The person in charge and the nominated registered provider were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge with the senior clinical nurse manager having responsibility for management of the centre. Inspectors were satisfied that she had the requisite skills and experience to deputise when necessary.

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):

No actions were required from the previous inspection.

Findings:

The inspectors formed the opinion that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The centre was maintained to a good standard inside and out. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests appeared to be

dealt with promptly.

At the previous inspection, the provider had failed to demonstrate that staff numbers met the assessed needs of residents in the centre. Since then, a review of staffing in the centre had been completed. A staff nurse had been employed, as had an additional care staff member and both had commenced working in the centre. An additional staff member was available in the centre at night-time. Staffing levels had increased to meet the needs of a resident.

St Anne's service was currently funding a number of staff to achieve a formal recognised qualification relevant to the role of care assistant.

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):

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

Findings:

Inspectors spoke with staff who said that the increased staffing levels had made a positive difference on the support they were able to give residents and their ability to facilitate residents' interests and activities both within and external to the centre. There were now three staff members on duty in the morning and afternoon and two staff members on duty at night-time (one 'waking' and one 'sleepover' staff). These increased staffing levels were maintained at the weekend. At the last inspection it was found that activities for residents at the weekends were limited. Since then activity timetables had been updated for each resident to include what they did during weekdays in addition to their day service. Weekend activities had also been reviewed. However, staff described how opportunities available to some residents might at times be determined by other factors, such as the availability of transport and the needs of other residents.

There was a training plan in place and the annual staff appraisal system facilitated the identification of staff training needs. Inspectors spoke with staff who confirmed the training they had received and records of training were reviewed. However, not all mandatory training had been provided. One new staff member required training in food

safety and a training date had yet to be provided for same.

The provider nominee acknowledged a previously identified area for development in that a number of care staff did not possess a formal recognised qualification relevant to the role of care assistant, such as the Further Education and Training Awards Council (FETAC) certificate in healthcare support or equivalent. A funded plan was in place to address this gap. The provider nominee said that all care staff who did not possess this qualification had applied to complete the course. Staff had completed other training or instruction relevant to their roles and responsibilities including in relation to hand hygiene, safe moving and handling and fire safety. Training provided was responsive to residents' needs, for example, all staff had recently received training in relation to caring for persons living with dementia.

The house manager described a system in place for new staff. Inspectors spoke with new staff who confirmed that they had received induction and this information was viewed in staff files. Areas covered included centre policies, observation skills, incident reporting and the specific care needs of individual residents. There were no volunteers in the centre at the time of inspection.

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):

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

Findings:

At the last inspection it was found that appointment cards for outpatient review by consultant specialists were filed loosely in the communication diary and this filing method could not guarantee the confidentiality of residents' personal information. On this inspection an appointment card for a hospital appointment was seen filed loosely in one resident's healthcare file. There was no reference to this appointment in the resident's care plan or in any other documentation in the centre. Inspectors were not

satisfied that the record keeping was robust enough to ensure that hospital appointments would be kept.

While progress had been made in relation to introducing a new personal file and personal plan for residents, further improvement was required to ensure ease of access and retrieval. In addition, 'protocols' were on file for individual residents in relation to their daily routines. It was not clear why this information had not been included instead of in existing care plans.

In relation to policies and procedures, progress had been made since the previous inspection. An infection control procedure and risk management procedure had been developed. A policy in relation to access to education, training and development of residents had been developed. However, this policy did not meet the requirements of the Regulations. For example, it did not consider how residents' education, training and development needs would be assessed nor did it consider how residents' continuity of education, training and employment would be maintained when in transition between services. The complaints policy required review as it does not demonstrate a risk-based approach to the management of anonymous complaints.

Staff files were held centrally and were reviewed by an inspector in Dublin. One staff file did not contain any previous employment history and the references were only from voluntary placements rather than a previous employer.

While there was a copy of the residents' guide available in the reception areas the terms and conditions of residency were not complete as how residents were discharged from the centre was not clear.

A directory of residents was maintained and was made available to the inspectors. Not all parts of this record were complete.

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:

Kieran Murphy

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|--|
| Centre name: | A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd. |
| Centre ID: | OSV-0005163 |
| Date of Inspection: | 17 August 2015 |
| Date of response: | 18 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:

Staff described that residents were called into the office to receive their medications. Inspectors found that this practice was not person-centred

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:

The nominee provider has discussed this with the staff team in the house and the house manager and explained that this practice is to cease with immediate effect. A memo has been circulated to all areas regarding the immediate stopping of this practice by the nominee provider.

Proposed Timescale: 10/09/2015

Theme: Individualised Supports and Care

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

The process for managing residents finances was not transparent.

2. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The Nominee Provider and the Director of Finance will provide training to all staff on the appropriate management of finance. This will include training around management and recording of expenditure and the need to ensure all receipts are signed by 2 people one of which will be the service user where they have the capacity to do so. The practice of "IOUs" has been discontinued with immediate effect after inspection. All staff in the centre and managers have been informed of this.

Proposed Timescale: 10/09/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The admission practices and policies did not take account of the need to protect residents from abuse by other service users.

3. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The Nominee Provider has referred this to the Assistant Chief Executive Officer who is Chair of the Admissions Discharge and Transfer Committee, to have Protection of service users from peer abuse included in the Service Admission Discharge and Transfer Policy.

Proposed Timescale: 30/10/2015

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:

The supports needed for residents to achieve their goals were not specified and it was not clear how goals contributed to improving residents' quality of life.

4. Action Required:

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

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

The link Clinical Nurse Manager 3 and the Person in Charge will work with the house manager and staff team to ensure consistency within the personal plans, that they are up to date, person focussed, with clear goals. The supports needed by each service user to assist them to achieve their goals will be identified and specified in the plan. The service user will be involved in the entire process. The goals will have set time frames, named responsible person, review dates, monitoring of goals by the Person in Charge. The goals will be broken into measurable steps which will indicate progress of each goal. The outcome of each goal will be documented following consultation with the service user to establish that the goal has contributed to improving the quality of life of the resident. The Clinical Nurse Manager 3 and the Person in Charge will complete six monthly audits of all plans.

Proposed Timescale: 16/10/2015

Theme: Effective Services

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

The range of multi-disciplinary input was limited, meaning that not all of the professional input required was available at relevant multidisciplinary team meetings or review meetings to make the necessary recommendations to the plan.

5. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The organisation is currently in the recruitment process for Multi Disciplinary Team members. All service users in the centre requiring multi disciplinary team support will have this made available to them and when not available within the organisation it will be sourced through external therapists and paid for by the organisation. Where a service user is supported by a General Practitioner or Multi Disciplinary Team, any recommendations made will be reported in the assessment and plan of care. During the recruitment process to ensure service user needs are being met, multi disciplinary support is being sourced from other parts of the organisation.

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:

It was not demonstrated that the designated centre met the assessed needs of all residents particularly if care needs had changed.

6. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

An immediate action plan was put in place after the inspection; works on alterations to the centre have commenced to ensure that the needs of all service users in the centre are met. These alterations will provide an additional downstairs bedroom with access to a bathroom to facilitate one service users changing needs.

Proposed Timescale: 26/09/2015

Theme: Effective Services

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

It was not demonstrated that arrangements were in place to meet the assessed needs of all residents. A review of a resident's placement had not been satisfactorily progressed since the previous inspection.

7. 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:

An immediate action plan was put in place after the inspection; works on alterations to the centre have commenced to ensure that the needs of all service users in the centre are met.

The changing care needs of this service user have also been highlighted at the service admission Discharge and Transfer meeting, alternative accommodation/service will be sought if the service users care needs cannot be met in the centre when alterations are complete.

Proposed Timescale: 26/09/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The identification of hazards and management of risks required improvement:

- Inspectors observed unsafe manual handling practices
- Potential hazard relating to a fall from an upstairs bedroom had not been considered
- incomplete falls risk assessments
- potential injury to residents from "fast closing" doors.

8. Action Required:

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

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

The Provider Nominee has requested the Clinical Nurse Manager 3 from another part of the Service with expertise in Risk Assessments to provide input to the Person in Charge and Staff of the Centre on completing risk assessments, ensuring they have a review date with a named responsible person.

The service is developing a Falls Risk Assessment, this is being piloted at present, this draft tool will be used in this centre until the finalised document is circulated, the person at risk of fall will have this assessment completed immediately.

The nominee provider has requested the manual handling instructors to review present practices in the centre and provide input and recommend implementation of safe practices.

The nominee provider will link with the maintenance manager to ensure that all fast closing doors will be fitted with slow release devices.

Risk assessments will be completed regarding the risk of any service user falling from an upstairs window. Where this is a risk appropriate control measures will be put in place.

Proposed Timescale: 09/10/2015

Theme: Effective Services

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

The doors in the centre were not fire doors, as necessary to prevent the movement of fire and smoke through the building.

9. 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:

The Provider Nominee and the Director of Logistics will review all doors in the centre, and ensure changes are made and doors are replaced as necessary to meet the regulations.

Proposed Timescale: 30/10/2015

Theme: Effective Services

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

The personal evacuation plans did not adequately account for the mobility and cognitive understanding of each resident.

10. Action Required:

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

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

The Person in charge will review the needs of the service user with the staff team and develop an evacuation plan for the individual needs. If the supports of multi disciplinary team are required they will be sought.

Proposed Timescale: 30/09/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff were not accurately recording incidents of challenging behaviour

11. 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 clinical nurse manager 3 and the person in charge will deliver in house training to the person in charge and the staff team on the process of recording incidents of challenging behaviour accurately.

Proposed Timescale: 16/10/2015

Theme: Safe Services

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

Behaviour support plans for residents with behaviour that challenges did not provide adequate guidance for staff.

12. 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 nominee provider has met with the clinical nurse manager 3 of this service who has expertise in the area of supporting people with behaviours that challenge, she will provide guidance and support to the staff team and the person in charge in the development and implementation of behaviour support plans in this centre. The nominee provider has met with the principal psychologist who will deploy clinical support to the centre to ensure that they are involved in the review of behaviour support plans. Review dates will be outlined for each behaviour support plan. This process will include the person in charge and staff in the centre.

Proposed Timescale: 30/10/2015

Theme: Safe Services

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

Staff knowledge in relation to restrictive procedures was not sufficient

13. 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 Provider Nominee with the Clinical Nurse Manager 3 will deliver training to the Person in Charge and House Team on Restrictive Practice Policy. Restrictive Practices that are in place will be reviewed, dated and documented with a named responsible

person. Any restrictive practice in place will be team agreed and ensuring that it will be the least restrictive. The Clinical Nurse Manager 3 will carry out quarterly audits and will be an agenda item at staff meetings to provide shared learning.

Proposed Timescale: 16/10/2015

Theme: Safe Services

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

Behaviour support plans did not demonstrate that every effort had been made to identify the cause of residents' behaviour.

14. 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:

The nominee provider has met with the clinical nurse manager 3 of this service who has expertise in the area of supporting people with behaviours that challenge, she will provide guidance and support to the staff team and the person in charge in the development and implementation of behaviour support plans in this centre. The nominee provider has met with the principal psychologist who will deploy clinical support to the centre to ensure that they are involved in the review of behaviour support plans. Review dates will be outlined for each behaviour support plan. This process will include the person in charge and staff in the centre. The person in charge will refer service users to the speech and language therapist where communication needs or difficulties may be a contributing factor to a person presenting with challenging behaviour.

Proposed Timescale: 16/10/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Serious adverse events were not being reported to the Authority as required by the regulations

15. Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

The Provider Nominee has instructed the Person in Charge that they are responsible for ensuring all adverse incidents are reported to the Authority within 3 working days. Where the person in charge is unsure the nominee provider has advised that they contact the clinical nurse manager 3 or the nominee provider for advice.

Proposed Timescale: 10/09/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Residents did not have a formal assessment of their training, educational and personal development goals.

16. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The person in charge with the residential and day service staff teams and the service users will complete an assessment of each service user's education and training and development needs. This assessment is currently being developed by a working group in the organisation. This will be an integral part of each person's personal plan.

Proposed Timescale: 10/11/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Care plans were not being used to plan the healthcare needs of the resident.

17. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The Clinical Nurse Manager 3 and the Person in Charge with the house team will review Care Plans and ensure the service user is an integral part of this process. There will be Multidisciplinary supports available where necessary and if not available within the organisation these will be sourced externally and paid for by the organisation. There will

be an assessment and plan of care reflecting the health care needs and care delivery of each service user clearly documented in their care plan and with set review dates, with named responsible persons for actions outlined

Proposed Timescale: 09/10/2015

Theme: Health and Development

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

"Post-it" notes rather than care plans were being used to direct care.

18. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The nominee provider has instructed all managers across the service and in this centre to remove all post it notes from the centre. A memo has been circulated to this effect. Managers have been informed at the managers meeting that the use of post it notes to record any information is poor practice and is to be discontinued with immediate effect. All written information relating to any service user will be appropriately placed within their care plan, where it is accessible for all staff involved in care delivery.

Proposed Timescale: 10/09/2015

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:

Transcribed medication prescription records did not always outline the correct dose to be administered.

19. 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:

The Person in charge, with the Medication Management Co-ordinator, will review the Kardex of the Service Users in the Centre and ensure that all transcriptions are accurate and contain the relevant details as prescribed by the Clinicians, with particular emphasis on reviewing the dosages are correct. Those will be signed by 2 Nurses at all times as per Service Policy.

Proposed Timescale: 18/09/2015

Theme: Health and Development

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

It was not clear that a record of each drug and medication was dated by the general practitioner. In other prescriptions the route by which the drug was to be administered was not clear. These were therefore not complete prescriptions.

20. 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:

The Person in charge, with the Medication Management Co-ordinator, will review the Kardex of the Service Users in the Centre. Where the prescriptions are not dated by the general practitioner or the route is not documented this will be corrected immediately.

Proposed Timescale: 25/09/2015

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 as to the facilities was incorrect as it identified two houses when the centre only consisted of one house. In addition the total staffing complement in the statement of purpose was incorrect.

21. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The clinical nurse manager 3 and the person in charge will review and amend the statement of purpose which will contain accurate information relating to staffing and the facilities. This revised statement of purpose will be submitted to the authority.

Proposed Timescale: 25/09/2015

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:

Inspectors were not satisfied that there were effective governance arrangements in place as the provider nominee had responsibility for 15 centres and the person in charge had responsibility for four centres.

22. 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:

The Nominee Provider with the Director of Human Resources and the Director of Nursing have reviewed the number of Persons in Charge their expertise and areas of responsibility. Following this review it was agreed to recruit one further Person in Charge with a health care background This will now increase the number of Persons in Charge and will reduce the number of centres for each Person in Charge.

Two clinical nurse manager 3s were appointed to the service in June 2015. These managers work closely with the nominee provider and the persons in charge which is supporting the overall governance of the service and the centre. Where both post holders are new to the service they are bringing expertise that will enhance standards and practices. There is a designated clinical nurse manager 3 to the centre, to lead and support and audit clinical practice.

Two weeks prior to this inspection a full time nurse was recruited to enhance the care delivery to service users in the centre.

Proposed Timescale: 30/10/2015

Theme: Leadership, Governance and Management

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

Items from a previous inspection report undertaken by the Authority in May 2015 had not been addressed

23. 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:

An immediate action plan was put in place after the inspection; works on alterations to the centre have commenced to ensure that the needs of one service user in the centre

are met.

The clinical nurse manager 3 with the person in charge is continuing to support the staff team to improve the quality of the service user's person centred plans. These will all have the goals reviewed and broken into steps to assist achievement, with set review dates and a named responsible person to ensure action. 16/10/2015

The Provider Nominee has requested the Clinical Nurse Manager 3 from another part of the Service with expertise in Risk Assessments to provide input to the Person in Charge and Staff of the Centre on completing risk assessments, ensuring they have a review date with a named responsible person. 09/10/2015

The fire officer will review the fire evacuation practices and plans in the centre with the person in charge and the staff team. Any changes that need to be made will be implemented and clearly documented.

The nominee provider has met with the clinical nurse manager 3 of this service who has expertise in the area of supporting people with behaviours that challenge, she will provide guidance and support to the staff team and the person in charge in the development and implementation of behaviour support plans in this centre.30/10/2015

Proposed Timescale: 30/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Opportunities available to some residents were at times be determined by other factors, such as the availability of transport and the needs of other residents.

24. 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 person in charge will review the opportunities to all service users to access community facilities and involvement in the community. Where this is restricted due to the needs of a peer or transport or resource issues this will be reviewed and plans put in place to address these constraints. Additional staffing requirements have been identified and recruitment is in progress to support the individual and changing needs of each service user in the centre.

Proposed Timescale: 13/11/2015

Theme: Responsive Workforce

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

The person in charge had not ensured that all mandatory training required by the Regulations had been provided to staff. One new staff member required training in food safety and a training date had yet to be provided for same.

25. 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:

Food safety training will be delivered to this staff member. Review dates will be scheduled as necessary to ensure all staff training remains in date.

Proposed Timescale: 25/09/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy in relation to access to education, training and development of residents did not meet the requirements of the Regulations. The complaints policy required review as it does not demonstrate a risk-based approach to the management of anonymous complaints.

26. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The nominee provider will consult with the quality and risk officer regarding the education policy and reviewing same.

The nominee provider has discussed the complaints policy and the management of anonymous complaints with the quality and risk officer. The quality and risk officer will meet again with the national advocacy unit for further advice on the area of a risk based approach to the management of anonymous complaints. The complaints policy will be then revised to reflect this.

Proposed Timescale: 30/10/2015

Theme: Use of Information

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

A directory of residents was maintained and was made available to the inspectors. Not all parts of this record were complete.

27. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The person in charge will review the Directory of Residents and ensure that all areas are complete accurately.

Proposed Timescale: 25/09/2015

Theme: Use of Information

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

One staff file did not contain any previous employment history and the references were only from voluntary placements rather than a previous employer.

28. Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The nominee provider has discussed this with the Director of Human Resources who will ensure that all staff files are up to date and contain the necessary information and documentation as required under the regulations.

Proposed Timescale: 25/09/2015

Theme: Use of Information

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

Further improvement was required to the streamlining of documentation to ensure ease of retrieval and to ensure that key information would not be missed. In addition, 'protocols' were on file for individual residents in relation to their daily routines. It was not clear why this information had not been included instead of in existing care plans.

29. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for

inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The House manager and the person in charge will review each of the resident's files in the designate centre, ensuring that all relevant information is available and accessible. Information where appropriate will be archived. When this review and streamlining of the files is completed an audit of the files will be completed by the clinical nurse manager 3 and actions with responsible persons detailed from the audit.

Proposed Timescale: 30/10/2015

Theme: Use of Information

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

Inspectors were not satisfied that the record keeping was robust enough to ensure that hospital appointments would be kept.

30. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The nominee provider has directed the person in charge and the staff team that all hospital appointments will now be recorded in the service users care plan. The nominee provider has circulated a memo regarding same to all areas and managers.

Proposed Timescale: 11/09/2015