

**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 St John of God Community Services Limited
Centre ID:	OSV-0003025
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Clare Dempsey
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Paul Pearson;
Type of inspection	Unannounced
Number of residents on the date of inspection:	13
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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
27 August 2015 10:00	27 August 2015 16:30
28 August 2015 09:00	28 August 2015 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The designated centre accommodates 13 residents assessed as having a diagnosis of moderate to severe intellectual disability.

The purpose of the inspection was to determine the progress in respect of the matters arising from the previous inspection which was carried out on the 8 April 2015.

During the previous inspection it was found that the person in charge did not work full-time in the designated centre and subsequently moderate to major noncompliances were found in respect of residents' rights, social care needs, safe and suitable premises, health and safety, safeguarding, healthcare needs, governance and management and staffing.

A clinical nurse manager has been appointed to work full-time in the designated centre and this has led to improved management systems in the provision and delivery of services appropriate to meeting residents' needs. Inspectors were

informed that management of the service is recruiting for a new person in charge.

Staff members on duty, who communicated with the inspectors, confirmed their satisfaction with the leadership of the new manager and implementation of new systems and practices which so far in their opinions, have achieved better outcomes for residents.

There was evidence that residents were consulted with and participate in decisions about their care, however, a resident did not have access to an advocacy service to promote the resident's rights.

While there was a policy on, and procedures in place for admissions, including transfers, discharge and temporary absence of residents this was not implemented to achieve the best outcomes for residents.

Inspectors saw that arrangements were in place to assess residents' needs and these were set out in individual personal plans, however, in some instances the social care plan was not fully implemented.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences and inspectors saw that measures were in place to protect residents from being harmed. The designated centre had been refurbished and was homely and comfortable.

Health and safety matters arising from the previous inspection had not been fully actioned and a medication error had not been fully investigated.

There were adequate staff on duty during the inspection to meet the assessed needs of residents and staff informed the inspectors that since the last inspection residents had received continuity of care. In some areas staff did not have access to education and training to meet the needs of residents and inspectors did not see evidence of the formal staff supervision process which was highlighted in the action plan of the previous report.

The action plan of this report identifies the areas requiring to be addressed by the provider nominee (11 actions) and the person in charge (5 actions) in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities

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):

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

Findings:

Matters from the previous inspection were actioned as follows: –

- Inspectors saw that opportunities for residents to exercise their choice in the form of house meetings have been established and takes place on a 2 weekly basis. Minutes of the meetings are maintained. It was noted that the date of the meeting was omitted from one record. See outcome 18 for the action plan. There was evidence of residents' wishes being implemented, for example, some residents were involved in the decisions regarding redecorating and personalising their own private spaces. However, inspectors saw a notice which identified designated days for residents to have personal hygiene care/baths/showers.
- Management have initiated monthly meetings for residents' relatives.
- The 2 hatches from the kitchen which is located centrally which opened out into residents' sitting/dining rooms had been sealed off to reduce the noise level and both communal rooms have been redecorated. Furthermore laundry equipment which had previously been located in the kitchen has been moved in order to further reduce noise levels.
- When the fire alarm system is sounded in other designated centres currently it is also heard in this designated centre and currently management are taking measures to address this additional noise level in the centre.

See outcome 7 for action plan

- A new system has been introduced which sorts the residents' individual laundry in the main laundry area prior to it being delivered to the designated centre.
- Communication has been developed in pictorial form in order to ensure that residents are able to make choices, for example, menu choices and activation programmes.
- Inspectors saw that residents had a variety of opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were a

variety of group and individual activities offered, for example, a jamboree session, bingo, residents going out to the local coffee shop, going shopping to the local town and pet therapy.

Inspectors observed that staff on duty provided care to the residents with dignity and residents had their own private bedroom space which key workers had worked with the residents to personalise and reflect their individual characters and interests.

There was sufficient space in each resident's private bedroom to store and maintain clothing and other personal possessions.

Inspectors saw that residents were encouraged to maintain contacts with their families and friends and heard that residents' next of kin and family members are invited to attend residents' reviews.

Inspectors reviewed a resident's care plan and found that the wishes of the resident's next of kin were contrary to the resident's wishes, however, management did not ensure that the resident was assisted by making available an advocacy service to the resident.

Prior to this inspection the Authority had received unsolicited information in relation staff working hours with insufficient rest periods. The person in charge was informed of this and a provider led investigation will be carried out and a copy of the findings forwarded to the Authority by 14 September 2015.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspectors obtained a copy of the admission, transition, transfer and discharge policies.

Inspectors learned that a plan had been put in place for a resident to be admitted to the designated centre, however, this did not materialise due to the resident's deteriorating condition and alternative arrangements were made. However, inspectors saw that the resident's transitional plan was not in accordance with the designated centre's statement of purpose and policies and procedures as the resident would have been accommodated in a shared bedroom within this designated centre which would not have been appropriate in meeting the needs of the resident.

Inspectors reviewed the documentation in relation to the admission of another resident to the designated centre which took place in April 2014. The admission process was not in accordance with the designated centre's policies and procedures and the legislation as a small communal sitting room had to be used for an interim period (2 weeks) as the residents bedroom/private space until a designated bedroom became available. This deprived the other residents of the use of this communal space and was not appropriate in respect of infection prevention and control.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The matters arising from the previous inspection remain outstanding as follows: –

- From a review of the 2 care plans inspectors saw that in respect of goal planning there was a good outcome for one resident, however for the other resident, goals had not been progressed.
- Inspectors saw that while there was some evidence that a review process was in operation documentation showed that there was a review for a resident in 2012 and an assessment carried out in 2014 however, there was no review in the intervening period.

Each resident had an Individual Personal Plan (IPP). There was evidence which showed assessments of residents' individual needs including risk assessments and interventions/treatment plans to address those needs.

Inspectors saw that there was evidence of consultation with the resident and/or their representatives in the care planning documentation. Some staff who communicated with the inspectors stated that this matter had been highlighted during team meetings with key workers who now take an active part in ensuring that there is appropriate consultation with the resident and their families.

<p>Judgment: Non Compliant - Moderate</p>

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:
 Matters arising from the previous inspection were actioned as follows: –

- During the previous inspection a resident was being accommodated in a bedroom which was not appropriate to meet the resident's s needs and subsequently the clinical nurse manager and staff team reviewed the resident's care and the resident was relocated to a larger bedroom with in the designated centre.
- The designated centre was found to be cleaned.

Overall the inspectors found that the layout of the centre met the needs of the residents and provided comfortable and homely accommodation.

Inspectors saw that there is a referral system to the maintenance section of the organisation in order to ensure that the designated centre and equipment is kept in a good state of repair, however, the following issues were highlighted : –

- The door to a resident’s bedroom was not closing fully and
- The individualised /personalised chairs of 3 residents were not maintained as there were areas of wear and tear with some of the fabric torn.

Externally, the grounds were well maintained.

Judgment:
Substantially 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:

The matters arising from the previous inspection were not fully actioned as follows: –

- The self closers on some fire doors were absent or disabled.
- A step down from a fire exit had not been ramped.

There was evidence that fire precautions had been taken, for example, fire equipment was easily accessible and prominently placed throughout the designated centre and servicing was up to date. The inspectors observed that fire exit doors had not been obstructed during the inspection.

The warning of fires in other designated centres also sounds in this designated centre and to date management have not addressed this matter, however, the person in charge informed the inspectors that this alarm will be silenced but only when a robust procedure is put in place.

Inspectors saw that there was a security risk as all of the external doors were unlocked.

The centre was clean.

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):

No actions were required from the previous inspection.

Findings:

Inspectors heard from staff that there was a policy and procedure in place for the prevention, detection and response to abuse and staff demonstrated their knowledge of the procedures by explaining their duties and responsibilities regarding any suspicion,

allegation or witnessed abuse. Staff explained the investigation procedures in the event of an allegation of abuse and this was in accordance with centres policies and procedures, national guidance and legislation.

Inspector saw that a functionally based assessment supporting a resident's behaviour support plan was in place and staff were trained in the implementation of the plan. However, in another instance there was a delay for staff in the designated centre receiving approval for a behavioural support plan by the designated committee.

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):

No actions were required from the previous inspection.

Findings:

Inspectors saw that a record of incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

It was reported in notifications to the Authority that on 2 separate occasions residents' personal property was not safeguarded. In one instance a piece of equipment belonging to the resident was missing and in another incident money belonging to a resident was missing.

The Authority has not received a copy of the investigation report, the action taken to prevent any re-occurrences of such incidents and the outcome for residents in respect of reimbursement of their personal possessions.

The "resident's personal property, personal finances and possessions policy and procedure" had not been reviewed and amended in light of the above notifiable incidents. See outcome 18 for action plan

The person in charge informed the inspectors of an allegation in relation to misconduct of staff, confirmed that this was being investigated in line with the designated centre's policies and procedures and legislative requirements. A copy of the investigation report, findings and outcomes should be forwarded to the Authority.

Judgment:

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The matter arising from the previous inspection related to insufficiently trained staff to assist residents with their meals. Inspectors observed the serving of the lunchtime meal and saw that those residents who required assistance were appropriately and sensitively supervised by staff.

From an examination of documentation and the views of staff inspectors saw that residents are supported on an individual basis to achieve and enjoy good health. For example staff closely observed a resident whose health was deteriorating and took appropriate action to ensure that the resident received medical attention in a timely manner. The resident was subsequently discharged to hospital and staff provided appropriate discharge information.

Inspectors saw that there was a health care plan available in each resident's care planning documentation. Residents' healthcare needs were well monitored and treatments were implemented as recommended or prescribed.

There was evidence of appropriate referrals and appointments to residents' general practitioners (GPs) and allied health professionals such as, opticians and speech and language therapists as required.

Inspectors saw foodstuffs and snacks in the cupboards, refrigerators and freezers and ample varieties of fruit. Pictorial menu cards were available to inform residents about different menu choices.

A resident's nutritional intake was not fully monitored as the food and fluid chart was not completed. See outcome 18 for the action plan.

Residents' records showed that a resident had significant weight loss while in hospital. however, staff from the designated centre was with the resident to assist in the resident's care which entails ensuring the resident had sufficient food and fluid intake were monitored and referrals as appropriate were made to a dietician. It was recommended that a resident who had been losing weight was prescribed food supplements, and as a result, the resident has gained weight. It was recommended that the resident was weighed weekly, however, these records were not available. See

outcome 18 for the action plan.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors found that while there was a written operational policy/procedure in relation to the management of medicines there was an error in the administration of medicines to a resident and management had not put arrangements in place for the identification, recording and investigation of, and learning from, this adverse event and therefore no additional measures and actions have been put in place to control the risk of a re-occurrence.

Inspectors noted that there was a one-day delay in a resident receiving antibiotic medication.

Judgment:

Non Compliant - Major

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):

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

Findings:

Inspectors found that there had been changes in the management structure. A clinical nurse manager, has been appointed full-time to this designated centre.

The clinical nurse manager in conjunction with the person in charge has implemented changes to bring about improved outcomes for residents.

Staff on duty described some of the changes that have been brought about, for example, consistent staffing levels, review of residents' care plans, allocation of duties and responsibilities through staff meetings. All staff were familiar with the new manager and considered that good working relationships exist between management and staff members.

Staff on duty demonstrated that they had a good knowledge of the residents and were able to interpret their non-verbal modes of communication.

There was no evidence that the service is consistently and effectively monitored , for example, an annual review of the quality and safety of care and support provided in the designated centre was not available to the inspectors.

Judgment:

Substantially 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:

The matters arising from the previous inspection related to insufficient number of staff to meet the assessed needs of residents and that residents had not received continuity of care and support particularly in circumstances where staff were appointed on less than a full-time basis.

From an examination of the staff duty roster, observations by inspectors and discussions with staff on duty it was found that the number, (with the exception of household staff see below) qualifications and skill mix of staff was appropriate to the number and

assessed needs of the residents.

Since the last inspection a clinical nurse manager has been appointed as a full-time manager of the designated centre. This staff member who was absent from the centre during the period of the inspection had in consultation with residents, relatives and staff introduced systems and practices which brought about improved outcomes for residents including continuity of the staff team.

In the absence of the person in charge and clinical nurse manager the roster identifies the staff member who is responsible for the shift (shift leader).

The designated household staff member was absent from the centre and the staff allocation team relocated a household staff member from another designated centre to work in this designated centre, but the staff member did not commence the shift as per the roster.

The allocated household staff member was not familiar with the designated centre's systems and practices and the shift leader and the staff group had not worked with the household staff member as a team to ensure that the kitchen following the lunchtime meal on the 2nd day of the inspection had been cleaned and perishable items of food stored appropriately in preparation for the next snack/meal.

The progress in relation to the matter arising from the previous inspection regarding staff supervision is as follows:

–The person in charge documented in the action plan of the previous inspection report that a supervision standard operating procedure has been developed and implemented for the supervision of staff, however, inspectors did not see evidence of a two way supervisory process (supervisor and supervisee notes) leading to a performance appraisal.

There was evidence that staff had access to education and training to meet the needs of the residents, however, there were gaps in the training records as follows: –

- All staff accompanying residents on an outing had not been trained in the administration of a rescue medicine for residents with epilepsy and
- Risk management.

Judgment:

Non Compliant - Major

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)

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Inspectors found that records in relation to each resident as specified in schedule 3 were not maintained as per the legislation as follows: –

-Due to a resident losing weight weekly monitoring was recommended however, these records were not available.

-A food/fluid chart had not been maintained for a resident.

-The minutes of a residents' meeting did not record the date of the meeting.

The residents, personal property, personal finances and possessions policy and procedure had not been reviewed and amended as a result of notifiable incidents.

Judgment:

Substantially 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:

Siobhan Kennedy
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 St John of God Community Services Limited
Centre ID:	OSV-0003025
Date of Inspection:	27 August 2015
Date of response:	23 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:

Residents were not able to exercise their choice to have personal hygiene care/baths/showers as they wished.

1. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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

freedom to exercise choice and control in his or her daily life.

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

- 1.To ensure residents are provided with the opportunity to exercise their choice, each residents intimate care plan will be reviewed and updated with their preferences outlined. This plan will be flexible with emphasis on accommodating resident's daily choice.
- 2.The importance of staff adhering to this practice will be discussed at scheduled staff meeting on the 21st of September.
- 3.Practice Development sessions have been conducted by the quality team to educate and promote staff in relation to resident's rights and choice.
- 4.The PIC in conjunction with CNM will monitor these plans utilising audit tool

Proposed Timescale: 26/10/2015

Theme: Individualised Supports and Care

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

Management did not ensure that a resident was assisted by making available an advocacy service to the resident.

2. Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

- 1.Contact will be immediately made with an external advocacy service to support the resident in fulfilling his wishes.
- 2.The PIC will liaise with advocacy service to request the facilitation of an information/educational session for all staff within this designated centre.

Proposed Timescale: 23/11/2015

Theme: Individualised Supports and Care

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

Prior to this inspection the Authority had received unsolicited information in relation staff working hours with insufficient rest periods. The person in charge was informed of this and a provider led investigation initiated with a copy of the findings to be forwarded to the Authority.

3. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

- 1.A full investigation has been conducted in relation to nature of complaint with findings forwarded to Authority on 18th September
- 2.At scheduled staff meeting on the 21st September, the PIC in conjunction with CNM will encourage staff to use appropriate mechanisms to express any issues or concerns they may have.
- 3.A review of the roster will be conducted immediately by the PIC in conjunction with CNM to ensure all staff have sufficient rest periods in between working hours.

Proposed Timescale: 26/10/2015

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:

A resident's transitional plan was not in accordance with the designated centre's statement of purpose and policies and procedures as the shared bedroom did not meet the needs of the resident.

The admission process was not in accordance with the designated centre's policies and procedures and the legislation as a small communal sitting room had to be used for an interim period (2 weeks) as the resident's bedroom/private space until an appropriate designated bedroom became available. This deprived the other residents of the use of this communal space and was not appropriate regarding infection prevention and control.

4. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

- 1.The PIC will ensure that any future admissions to this designated centre will be conducted in line with the criteria as outlined in the statement of purpose.

Proposed Timescale: 23/09/2015

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:

A review process was in not in operation for a resident.

5. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

1. A review of resident's social goals will be undertaken immediately to ensure that goals are specific to resident's current needs.
2. The PIC will develop a tracking system to ensure residents plans are reviewed regularly particularly as a residents circumstances change.
3. The quality team have conducted practice development sessions on keyworker training and documentation.

Proposed Timescale: 23/11/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Goal planning for a resident had not been progressed.

6. 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. A review of resident's Individual Personal Plans will be undertaken to ensure that goal planning is specific to resident's current needs and wishes.
2. The PIC will develop a tracking system to ensure a review process is conducted regularly of resident's plans and to monitor the quality of goal planning.
3. The quality team are conducting practice development sessions on keyworker training, meaningful day and documentation for staff.

Proposed Timescale: 23/11/2015**Outcome 06: Safe and suitable premises****Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The designated centre was not kept in a good state of repair as the door to a resident's bedroom was not closing fully.

7. Action Required:

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

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

1. Completed, the two doors in question were adjusted to close securely. (22/09/15)
2. The PIC in conjunction with CNM will conduct a full review of premises to ensure they are suitable for residents' needs and are in a good state of repair
3. The PIC will develop a system for the reporting and follow up of maintenance issues within the designated centre

Proposed Timescale: 16/11/2015

Theme: Effective Services

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

Three residents' individualised chairs were not maintained as the fabric in parts was worn/torn.

8. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

1. A review of resident's equipment has been undertaken by the CNM to ensure they are in a good state of repair and in full working order.
2. A system will be devised and implemented relating to residents' equipment to ensure they are checked and serviced regularly with this clearly documented in section 6 of resident's individual personal plan.
3. The PIC will develop a system for the reporting and follow up of maintenance issues within the designated centre.

Proposed Timescale: 16/11/2015

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:

Hazard identification and assessment of risks had not been carried out throughout the designated centre as all of the external doors were unlocked therefore creating a potential security risk.

9. 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.All external doors have been assessed and are now locked, with a thumb key system in place on all external doors .

2.An immediate review of hazards and risks within this designated centre will be conducted by the PIC with findings reflective in risk management policy.

3.All staff will be aware of update in risk management policy.

Proposed Timescale: 26/10/2015

Theme: Effective Services

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

The warning of fires in other designated centres also sounds in this designated centre.

10. Action Required:

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

1.All staff will continue to comply with the designated centres fire procedure in ensuring to check the fire panel when same sounds.

2.A review by the fire officer has been undertaken to establish a suitable system to while ensuring there is a clear procedure in place in relation to the warning of fires for this designated centre.

3.A number of alternative options are been suggested for review to establish the most suitable system for the home.

4.This system will be documented and outlined in designated centres fire registrar.

5.All staff have completed fire training specific to designated centre including safe and appropriate evacuation procedures.

Proposed Timescale: 16/11/2015

Theme: Effective Services

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

All fire equipment was not fully maintained as self closers on some fire doors were absent or disabled.

11. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

1. An immediate review will be conducted in relation to self-closers on fire doors. Recommendations from this review will be implemented.

Proposed Timescale: 26/10/2015

Theme: Effective Services

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

Residents who are immobile were unable to evacuate through a final fire exit as there was a step down externally from the door.

12. 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:

Appropriate ramp will be put in place as required

Proposed Timescale: 16/10/2015

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:

There was a delay for staff in the designated centre receiving approval for a behavioural support plan by the designated committee.

13. 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. Contact has been made with behavioural specialist on the 18/09/2015 to request review of resident's behaviour support plans.

2. Resident's behaviour support plans are scheduled for review with positive behaviour support committee on the 23rd of September.

3. All staff will be made aware of any changes to resident's behaviour support plans via

morning handover and highlighted in staff communication book.

Proposed Timescale: 26/10/2015

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:

The Authority had not received a copy of the investigation report, the action taken to prevent any re-occurrences of incidents of theft.

14. Action Required:

Under Regulation 31 (3) (c) you are required to: Provide a written report to the Chief Inspector at the end of each quarter where there is a recurring pattern of theft or burglary.

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

1. A full investigation will be undertaken in relation to incidents of thefts and will be provided to the Authority on
2. At scheduled staff meeting on the 21st of September the safeguarding of residents property and finances will be addressed and minuted.
3. All staff will be aware of policy pertaining to handling of resident's finances.
4. The PIC will ensure that each resident has a property/ Inventory list in place which will be documented in Section 6 of residents Individual Personal plan
5. The PIC in conjunction with the CNM will devise a system to ensure residents property is maintained, reviewed and documented on a regular basis.

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:

An investigation report, findings and outcomes into an incident in relation to the allegation of misconduct of a staff member should be forwarded to the Authority.

15. Action Required:

Under Regulation 31 (1) (g) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff.

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

1. The PIC has commenced a full investigation surrounding the misconduct of a staff member and will provide the Authority with the report on its completion.

Proposed Timescale: 09/10/2015

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:

There was an error in the administration of medicines to a resident and management had not put arrangements in place for the identification, recording and investigation of, and learning from, this adverse event and therefore no additional measures and actions have been put in place to control the risk of a re-occurrence.

There was a one-day delay in a resident receiving antibiotic medication.

16. 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:

- 1.Management have consulted with persons involved in medication error and recommendations relating to incident have been made. This included staff completing the on line medication management programme facilitated through HSEland
- 2.The PIC will ensure that staff are familiar and adhere to the policy pertaining to Medication Management.
- 3.Some staff have participated in practice development session on medication management, remainder will be scheduled for further training.
- 4.Recommendations from internal audit regarding medication management to be implemented.
- 5.The PIC will communicate with pharmacy supplier to ensure residents medication is delivered in timely manner.

Proposed Timescale: 27/11/2015

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:

There was no evidence that the service is consistently and effectively monitored, for example, an annual review of the quality and safety of care and support provided in the designated centre was not available to the inspectors.

17. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

1.The PIC will schedule an annual review meeting which will include a broad representation from all stakeholders in this DC. The resident/their representative will be central to this process.

2.This review will incorporate a status update on the DC's quality enhancement plan, reflection on all auditing activity (both internal & external) in the past year and analysis of the DC's core data systems i.e. complaints, adverse incident reporting, safeguarding & notifications.

3.A full report will then be drafted and disseminated.

Proposed Timescale: 20/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Insufficient household staff were rostered to work in the designated centre.

18. 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.The PIC in conjunction with CNM has undertaken a review of the household staff compliment.

2.Subsequent to same a newly appointed house hold staff will commence duty full time in this designated centre on the 23rd of September.

3.In addition household staff on sick leave is scheduled to return on the 25th of September.

4.The PIC and CNM will review the role and responsibilities of household staff in ensuring resident's optimal quality of life in this designated centre.

Proposed Timescale: 26/10/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Staff did not have access to appropriate training regarding administering rescue medication for residents who have epilepsy and risk management.

19. 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:

The PIC and CNM will review staff training requirements in relation to individual residents needs.

Proposed Timescale: 26/11/2015

Theme: Responsive Workforce

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

There was no evidence of staff supervision.

20. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

1. In line with the local standard operating procedure the PIC/CNM will develop a schedule for performance management reviews with the staff team.
2. This review will clearly outline the agreed goals for the individual; same will be documented by both parties.

Proposed Timescale: 16/10/2015

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 residents' personal property, personal finances and possessions policy and procedure had not been reviewed and amended following notifiable incidents.

21. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

1.The PIC will undertake a review of the residents' personal property, personal finances and possessions policy and procedure that will reflect the findings & recommendations from recent DC investigations.

2.In future the PIC will ensure that policies & procedures will automatically be reviewed as required.

Proposed Timescale: 26/10/2015

Theme: Use of Information

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

Records in relation to each resident as specified in schedule 3 were not maintained as follows: –

- Records relating to obtaining the weekly weight of a resident was not available.
- A food/fluid chart had not been maintained for a resident.
- The minutes of a residents' meeting did not record the date of the meeting.

22. 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:

1.At the staff meeting on September 21st 2015 the PIC will remind all staff of the importance of clear and accurate record keeping in ensuring continuity of care for residents.

2.The shift leader will monitor the quality of documentation on a daily basis.

3.The PIC and CNM will monitor this practice as part of the tracking of the resident's individual personal plan & identify corrective procedures as required

4.The quality team have recently delivered sessions on Documentation & Record Keeping to members of the staff team

Proposed Timescale: 01/10/2015

