

**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 Brothers of Charity Services Clare
Centre ID:	OSV-0004895
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

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:
19 January 2016 09:45	19 January 2016 18:25
20 January 2016 08:00	20 January 2016 15:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The centre provided supported respite breaks to adults with an intellectual disability. The premises was a detached two storey building located in a suburban housing estate close to a large town. The centre could cater for a maximum of four residents at any one time.

As part of the inspection process, the inspector met with the provider nominee, person in charge, social care worker, residents, and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies and procedures. The documentation submitted by the provider as part of the application process was submitted in a timely and precise manner and

was examined prior to the inspection. Questionnaires completed by residents and their representatives were also reviewed; the feedback was positive and is referenced in the body of the report.

Overall, the inspector found that residents received support during their stay that was individualised and person centered. A good rapport between residents and staff was evident throughout the inspection and staff supported residents in a respectful and dignified manner. Residents were observed to be well-cared for, happy and content. Throughout their stay, residents were supported to participate in a range of activities, residents' independence was promoted and residents were supported to maintain family and community links. Residents were consulted with and participated in decisions about their care. Access to advocacy services was provided.

Of the 18 outcomes examined, seven were judged to be at a level of moderate non-compliant including Outcome 01: Residents' Rights, Dignity and Consultation, Outcome 02: Communication, Outcome 04: Admission and Contract for the Provision of Services, Outcome 05: Social Care Needs, Outcome 07: Health and Safety and Risk Management, Outcome 10: General Welfare and Development and Outcome 12: Medication Management. An unannounced visit, in line with Regulation 23(2), had been completed in October 2015. The report from this visit demonstrated a proactive approach and indicated that many of the deficiencies highlighted during the inspection had been identified during the unannounced visit. A robust action plan had been developed by the person in charge following the unannounced visit.

The required improvements are set out in detail in the action plan at the end of this report and include:

- the involvement of respite residents in local advocacy arrangements
- communication
- assessment and personal planning practices
- medicines management
- review of documentation to ensure accuracy, completeness and a verifiable audit trail
- infection prevention and control practices.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents with whom the inspector interacted with and questionnaires completed by residents and their representatives indicated that residents felt safe and were positive about the care and the consideration provided in the centre. Residents and relatives outlined that the staff were readily available to them if they had any concerns. Interaction between residents and staff was observed and the inspector noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance. However, a phrase used in documentation and by staff whilst speaking with inspector to describe residents' needs was not respectful.

The inspector observed that residents and their representatives were actively involved in the centre. Residents and their representatives were consulted about, and participated in, decisions about their care and the organisation of the centre. The inspector noted that weekly house meetings with residents had just commenced whereby issues in relation to menu choices, staffing, activities and local events were discussed. The person in charge outlined that a system of formal meetings with residents and their representatives to be held on four times a year was planned. Residents who access the respite service and their representatives would be invited to attend the meeting. The proposed dates for these meetings were made available to the inspector along with a proposed agenda. It was planned that issues such as menu choices, nutrition, activities, complaints, staffing, advocacy, fire safety and safeguarding would be discussed.

Information in relation to independent advocacy services was available in an easy read format and the person in charge confirmed that access was facilitated, where appropriate. A robust and formal system of self advocacy was in place for residents within the Brothers of Charity Services Clare. Minutes of regular self advocacy meetings

were made available to the inspector. The meetings took place on a quarterly basis and issues such as transition of residents and social events were discussed. Feedback at these meetings was communicated to the local management teams. However, the person in charge confirmed that a representative from this centre had not been appointed to attend the self advocacy meetings and the minutes of the self advocacy meetings were not discussed at house meetings.

Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals and their choice of activities.

Residents' capacity to exercise personal independence was promoted. For example, residents' ability to perform tasks in relation to personal hygiene and dressing was identified and residents were encouraged to perform these tasks.

Residents were encouraged to maintain their own privacy and dignity. Staff were observed to knock on doors before entering bedrooms. An en-suite was provided for each resident to ensure that privacy and dignity was maintained during personal care.

Residents' personal communications were respected and residents had access to a telephone. Some residents had access to a personal mobile telephone. The inspector observed that residents and their visitors were given space to chat freely. Wireless internet access was also provided and residents were observed to be supported to access the internet using tablet technology to listen to music.

There was a complaints policy which was also available in an accessible format. The policy was displayed prominently. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation.

The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The complaints form also recorded whether the complainant was satisfied. The investigation undertaken in response to a complaint from a resident in 2015 relation to a faulty epilepsy sensor was thorough, comprehensive and prompt. The actions taken by the person in charge were adequate and the complaint was resolved in a timely and satisfactory manner.

Residents were encouraged and facilitate to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in relation to residents' valuables were maintained and updated regularly. Adequate facilities were available for residents to do their own laundry if they so wished.

Residents had easy access to personal monies and where possible control over their own financial affairs in accordance with their wishes. Money competency assessments were completed annually for each resident which outlined the supports and training needs, if any, required. Where residents required full support with their finances, an itemised record of all transactions was kept. However, this system required review as receipts were not kept to ensure a verifiable audit trail for all expenditure.

Residents are facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote. Residents were supported to attend religious services in line with their wishes.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were facilitated to communicate in line with the centre-specific policy, reviewed in April 2014. Residents had diverse communication needs; some residents did not use verbal communication.

A wide range of visual aids were available to facilitate communication. The visual aids outlined activities, daily chores, personal care, medicines administration, menu choices and the staff team. Easy read information was available in relation to finances, complaints, safeguarding and advocacy.

Residents had access to specialist input from speech and language therapists who completed comprehensive communication assessments. Residents were facilitated to access assistive technology, aids and appliances to promote their full communication capabilities. Some personal plans reviewed were comprehensive and outlined individual requirements, interventions and goals in relation to effective communication. However, improvements were in relation to documenting the individual communication requirements for residents to ensure that staff were aware of their individual needs. For one resident who did not use verbal communication, there was limited information included in the personal plan in relation to communication requirements. The personal plan stated that the resident did not communicate verbally and outlined limited examples in relation to communication. However, there was no information in relation to the meaning of the resident's signs and gestures to ensure that the resident could communicate effectively with all staff. Daily records for the resident confirmed that staff were not familiar with her communication needs as support was given based on assumptions made. For another resident who did not use verbal communication, the inspector noted that a communication passport was used by staff to support effective communication but this was not outlined in the resident's personal plan.

The centre was part of the local community and residents had access to radio, television, newspapers, internet and information on local events.

Judgment:

Non Compliant - Moderate

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

The centre provided a respite service and residents accessed the service for short breaks away from home. Residents were supported to develop and maintain personal relationships and links with the wider community during their stay.

Residents were facilitated to keep in regular contact with family through telephone calls throughout their stay and family members were made welcome when visiting. There were adequate facilities for each resident to receive visitors and a number of areas were available if residents wished to meet visitors in private. Staff stated and the inspector saw that families were kept informed of residents' well being throughout their stay.

The inspector reviewed the policy in relation to visitors, which had been reviewed in March 2014. The policy outlined that a warm welcome was extended to all visitors except when requested by the resident or when the visit or timing of the visit is deemed to pose a risk.

Residents were supported to participate in a range of activities in the local and wider community during their stay. A vehicle was available and the centre was located within walking distance of the town centre. Activities provided included shopping, cinema, bowling, meals out and walks in the locality. Day trips to the beach or nearby large towns and cities were also provided. Residents were encouraged to shop and use services locally.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed

written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The policy on admissions, transfers and discharge of residents, which had been reviewed in February 2014, was made available to the inspector. The policy outlined the transparent criteria for admission and took account of the need to protect residents from abuse by their peers. Residents' admissions were seen to be in line with the statement of purpose. The procedure in relation to admissions as outlined by the person in charge was in line with the centre's policy.

The individual service agreement was in an accessible format and had been signed by the resident or, where appropriate, their representative. The individual service agreement outlined the fees and additional charges. However, the individual service agreement did not fully outline the services to be provided and the support, care and welfare of the resident in the centre.

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):

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

Findings:

The person in charge outlined that a respite plan was developed for each person based on the information contained in the individual personal plan (IPP) that was developed in the day service. Staff with whom the inspector spoke were familiar with the respite plan

and reported that this was the plan used on a day to day basis. A transition document was used to report any changes in health or social care needs since the resident's last visit to respite.

A sample of residents' respite plans was reviewed. The person in charge outlined that a discovery document was used to assess the health, personal, social care and support needs of the resident annually in the day service and the discovery document formed the basis of an individual personal plan (IPP) and the respite plan. However, for one file reviewed, there was no discovery document on file and this was confirmed with the person in charge.

An IPP had been developed for each resident in the day service which included a comprehensive life story, family support network and important background information. The IPP outlined residents' needs in many areas including healthcare, education, lifelong learning and employment support services, social services, personal support network, transport and mobility. The resident and representatives were consulted with and participated in the development of the IPP. The IPP was made available to each resident in an accessible format in line with their needs.

The respite plan outlined information in relation to communication, healthcare, mobility, dietary requirements, likes/dislikes, family, friends and details of day service. However, this information was limited for all plans reviewed and important details outlined in the resident's IPP was not contained in the respite plan:

- the transition plan for a resident who was due to move to full time residential care
- assistance to be provided to resident at mealtimes
- plans relating to significant healthcare needs including constipation, pain management and underactive thyroid.

Goals and objectives were clearly outlined in the IPP but not in the respite plan to maximise the resident's personal development in accordance with his or her wishes. A number of the goals outlined in the IPP were relevant to the resident's stay in respite particularly the development life skills such as meal preparation, taking on a role at mealtimes, attending religious ceremonies, road safety, decorating new home and gardening but these had not been integrated into the respite plan.

The person in charge and staff outlined that the respite plan was subject to a review on an annual basis or more frequently if circumstances change with the maximum participation of the resident. Changes in circumstances and new developments were included in the IPP and amendments were made as appropriate. However, there was no evidence that the review of the respite plan was multi-disciplinary, assessed the effectiveness of the plan and reviewed the goals/aspirations that had been identified. This was discussed at length with the senior management team who acknowledge the non-compliances identified and outlined that the respite plan would be phased out shortly and the IPP would incorporate both the day and respite services.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained information in relation to the needs of the resident including communication, personal care and healthcare. However, the information outlined did

not always reflect the current needs of the resident. For example, a risk of choking identified by the speech and language therapist in relation to the provision of foods and fluids of a modified consistency had been made and were implemented at the time of the inspection but the hospital passport indicated that no risks had been detected in this area.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The design and layout of the centre was in line with the centre's statement of purpose and met residents' individual and collective needs. The centre was a detached two-storey house located in a housing estate on the outskirts of a large town. Ample parking was provided. A large and well maintained garden was located to the rear of the premises.

There was adequate private and communal space for residents. There were four large double en suite bedrooms were provided for residents; three on the first floor and one on the ground floor which was fully wheelchair accessible. Staff with whom the inspector spoke outlined that each residents was offered a choice of bedroom on arrival. Ample storage space was provided for residents' personal use. Apart from bedrooms, there were options for residents to spend time alone if they wished with a number of communal areas available including a sitting room and an open plan kitchen/dining area. All rooms were of a suitable size and layout for the needs of residents.

En suite facilities contained a toilet, sink and shower. Suitable adaptations such as grab rails were provided as appropriate. A bathroom was also available with a bath, sink and toilet.

Adequate facilities were provided for staff including an en suite bedroom on the first floor and an office on the ground floor located beside the kitchen and living area.

There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings. The centre

was clean, suitably decorated and well maintained in many areas. However, the inspector noted that a radiator in the downstairs en-suite shower room required replacement.

The centre had a separate kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided and residents were supported to launder their own clothes if they so wish. A contract was in place for the disposal of clinical waste.

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):

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

Findings:

Overall, the provider was committed to protecting and promoting the health and safety of the residents, visitors and staff in the centre. A proactive approach had been implemented in relation to risk management. However, some improvement was required in relation to moving and handling and infection prevention and control practices.

There was a health and safety statement in place which was last reviewed in September 2014. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy, last reviewed in November 2014. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk.

The inspector reviewed the risk register and saw that there was a system to identify hazards on an ongoing basis. The risks identified specifically in the Regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review.

A comprehensive emergency plan, dated November 2015, was in place which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

The inspector reviewed a sample of incident forms and saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for

investigating and learning from accidents. The inspector noted that the improvements identified were implemented in a timely fashion. A quarterly review was completed of incident forms which analysed any patterns and reviewed the effectiveness of preventative actions.

Suitable fire safety equipment was provided throughout the centre. Fire safety equipment was to be serviced on an annual basis, most recently in August 2015. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas. The fire panel was serviced on a quarterly basis, most recently in October 2015. Emergency lighting had been serviced in October 2015. Records of daily and monthly fire checks were kept. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure.

Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire and the training matrix made available confirmed that all staff had received mandatory fire training. Fire drills took place on a very regular basis due to the nature of the centre and a detailed description of the fire drill, duration, participants and any issues identified was maintained.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and had been updated regularly and in line with resident's changing needs.

Procedures were in place to for the prevention and control of infection. An infection prevention and control policy was available, dated May 2015 and contained information in relation to the management and disposal of sharps, hand hygiene, waste disposal, food safety and the management of an outbreak of norovirus. The centre was visibly clean throughout. Staff confirmed that personal protective equipment such as gloves and aprons were available. However, as the centre was a respite centre, improvements were required to prevent and control infection. There were no hand sanitising facilities for residents, staff and visitors. The inspector saw and staff confirmed that alginate bags were not available for the handling and segregation of laundry. The infection prevention and control policy did not include the management of other outbreaks of common infections in the community such as influenza, scabies, rotavirus and chickenpox/shingles. The training matrix indicated and the person in charge that one staff member had not completed hand hygiene training and staff had not yet completed infection prevention and control training.

Suitable moving and handling equipment was provided and serviced regularly, in line with the manufacturer's recommendations. The training matrix confirmed that moving and handling training had been completed by all staff. Inspectors told staff about arrangements for the appropriate use of the hoist and the inspector saw evidence of this, including a letter from the OT in residents' files. However, some residents required the assistance of staff to transfer. The inspector saw that there was no manual handling plans in place and staff with whom the inspector spoke were unable to articulate safe moving and handling practices in relation to the hoist to ensure the safety of the resident.

Vehicles were available and records confirmed that the vehicles were roadworthy,

regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. Improvements were required to ensure that documentation was complete.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in February 2015. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team. The policy was also available in an accessible format.

An intimate care policy had been reviewed in July 2012 and outlined how residents and staff were protected. Each resident had a personal care plan which was reviewed on a regular basis. The plan outlined in detail the supports required, resident's preference in relation to the gender of staff delivering personal care.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse.

The provider and person in charge monitored the systems in place to protect residents

and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was implemented, all staff received ongoing training in understanding abuse and all staff spoken with stated that there was an open culture of reporting within the organisation. The person in charge stated and records confirmed that there had been no incidents, allegations and suspicions of abuse.

However, documentation maintained in the designated centre relating to the communication of potential safeguarding issues with other parties was incomplete.

A centre-specific policy was in place to support residents with behaviour that challenges, reviewed in October 2014. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques.

The inspector saw that comprehensive positive behaviour support plans had been developed by a behavioural specialist. The plan had been developed following a period of structured observation using evidence based tools and a detailed functional assessment. Clear proactive and reactive strategies were outlined and staff with whom the inspector spoke demonstrated familiarity with plans. Regular reviews were undertaken to assess the effectiveness of the plan and document any changes that needed to be made. Evidence based tools, such as Antecedent Behaviour Consequence (ABC) charts, were used on an ongoing basis, to monitor the ongoing effectiveness of the approach. However, positive behaviour support plans were not mentioned or integrated into residents' individual IPPs to ensure that all staff have up to date information in order to provide effective and support for residents.

A centre-specific policy in relation to restrictive practices had been reviewed in October 2014. The policy was comprehensive and evidence based. The person in charge outlined to the inspector that the use of bedrails had been eliminated in the centre following the procurement of ultra low beds.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The inspector noted that a comprehensive record of all incidents was maintained. Notifications to the Authority were made in line with the requirements of the Regulations.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

Residents' opportunities for new experiences, social participation, education, training and employment were facilitated and supported during their stay. Improvements were required to ensure that education, training, development and activities available were in line with residents' needs and wishes.

The policy on access to education, training and development was made available to the inspector and had been reviewed in October 2014. During their stay, residents were supported to attend their day service as usual. Staff outlined a range of activities that were available to residents in the evenings and at weekends including baking, watching films and TV, art, music, meals out, walks, cinema, bowling, shopping and day trips. Residents were asked as part of the transition document to outline any social events that they would like to attend during their stay and staff gave examples of how this was facilitated.

Information was gathered in the aforementioned discovery document to establish each resident's education, training and employment goals. The discovery document was based on a direct 'question and answer' format in the second person relating to educational history, educational supports, subject areas of interest, literacy and future interests. As previously outlined, some residents do not use verbal communication. Staff with whom the inspector spoke confirmed that the assessment was completed by staff based on their knowledge of the resident. Therefore, the information included in some of the discovery documents reviewed was not holistic, incomplete, lacked detail and was not sufficient to perform a robust assessment to ensure that appropriate opportunities were made available in relation to new experiences and social participation in line with resident's needs. Activities outlined in the respite plan that residents enjoyed including yoga and swimming were not provided in the respite service.

This was discussed at length with the management team who acknowledged that improvements were required in this area and outlined steps they planned to take.

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):

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

Findings:

Residents attended the centre for short term respite overnight, at weekends or for holidays. During their stay, residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. An "out of hours" doctor service was available if required. There was clear evidence that where treatment was recommended by doctors, specialist services, consultants and allied healthcare professionals and agreed by residents, this treatment was facilitated during the resident's stay. Residents' right to refuse medical treatment was respected. Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs during their stay.

The management of epilepsy was in line with evidence based practice. A comprehensive record of seizure including date, time, type of seizure, duration and recovery was maintained and communicated with the day service and residents' representatives. The appropriate recommendations from the neurology clinic were implemented. A personalised management plan was in place which guided staff in the administration of buccal midazolam and all staff had received appropriate training.

A plan had not been completed for residents capturing their wishes in relation to care and support at times of illness. Therefore, information would not be available to guide staff in meeting all residents' needs whilst respecting their dignity, autonomy, rights and wishes.

A bereavement and end of life policy was made available to the inspector which described the procedure to be followed in the event of a sudden or unexpected death.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, smoking cessation, weight control and healthy eating. Residents were encouraged to be active throughout their stay.

Residents were encouraged to be involved in the preparation and cooking each meal. Staff with whom inspectors spoke confirmed that a choice was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. There were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and healthy snacks. Staff reported that residents were encouraged to prepare their own refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions. The specialist advice of speech and language therapists in relation to the provision of food and fluids of a modified consistency was seen to be implemented by staff.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There was a centre-specific medicines management policy and had been reviewed in January 2016. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines. The policy also outlined that support would be offered to residents who wished to manage their own medicines and outlined the risk assessment to be used.

Staff described and the inspector saw that there was a robust checking process in place to confirm that the medicines received correspond with the medication prescription records. When residents entered the centre on respite, a documented record was maintained of the quantity and medicines received by the resident and/or their representative. A similar record was maintained when the resident left the centre and the quantities were reconciled by staff. However, the inspector noted a discrepancy whereby the quantity of an 'as required' medicine returned to the resident indicated that one tablet had been administered but the medication administration record did not document that this medicine had been administered during the resident's stay. This was brought to the attention of the person in charge by the inspector who undertook to investigate the incident.

Staff outlined that, if a resident had a change to their medicines during their stay, every effort would be made to have the prescription dispensed in the pharmacy where the

resident usually attends. If this was not possible, the medication prescription and administration records would be brought to a local pharmacy to ensure that the pharmacist would be facilitated to meet his/her obligations to the resident under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. The inspector noted that medicines were stored securely and there was a robust key holding procedure. Staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection.

A sample of medication prescription and administration records was reviewed. Prescription charts were seen to be complete and in line with the relevant legislation. Medication administration records were completed after the medicines were administered by staff, identified the medications on the prescription sheet and allowed for the recording of the time and date medicines were administered. However, the documentation of medicines administration was not in line with the centre specific policy; the date recorded for medicines administration was seen to be ambiguous in all medication administration records seen. Therefore, it was not clear if medicines were always administered as prescribed.

The management of non-prescription medicines required review. For non-prescription medicines, there was no record maintained of consultation with an appropriate healthcare professional to ensure that the medicine is safe to be administered, the recommended dose and any other advice.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

A system was in place for reviewing and monitoring safe medicines management practices. The results of a medication management audit were made available to the inspector. The audit identified pertinent deficiencies and the inspector confirmed that actions had been completed.

A sample of medication incident forms were reviewed and the inspector saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented. Medication incidents and the use of 'as required' medicines were reviewed on a quarterly basis to identify any trends.

Training had been provided to staff on medication management and the administration of buccal midazolam.

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):

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

Findings:

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available to residents and their representatives.

The statement of purpose contained all of the information required by Schedule 1 of the Regulations and the inspector found that the Statement of Purpose was clearly implemented in practice. The statement of purpose had been last reviewed in January 2016.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The person in charge was also appointed as the person in charge in two other centres and had demonstrated her suitability to the Authority on previous

registration inspections. A social care worker was appointed in the centre to ensure the effective governance, operational management and administration of the centre. The inspector spoke with the social care worker who confirmed that the person in charge was accessible at all times. The inspector observed a good and supportive working relationship between the person in charge and the social care worker. Record of regular formal supervision meetings between the person in charge and the social care worker were made available to the inspector. There were established regular management meeting between the regional managers, the provider nominee and the person in charge. The inspector saw minutes of these meetings

The inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge had worked with the organisation as a community manager since 2006. The person in charge was employed full time by the organisation. The person in charge demonstrated an in-depth knowledge of the residents and residents were comfortable in her presence.

The provider nominee had arranged for an unannounced visit to the centre in the last six months to assess quality and safety of the care and support in the centre. The inspector read a report of the most recent unannounced visit which had been completed in October 2015. The report demonstrated a proactive approach and indicated that many of the deficiencies highlighted during the inspection had been identified during the unannounced visit. A robust action plan had been developed by the person in charge following the unannounced visit and there was evidence of progress against the action plan.

The annual review of the quality and safety of care in the centre from 2015 was made available to the inspector who saw that it was comprehensive and was based on the Standards and Regulations. Areas for improvement were identified and actions completed in a timely fashion.

A report of accidents, incidents, medication related incidents and 'as required' medicine administration was prepared and reviewed by the regional manager on a quarterly basis. The provider nominee reviewed the reports every six months. Trends were identified and areas of improvement were identified by the senior management team.

A satisfaction survey had been completed in December 2014 whereby questionnaires had been sent to the representatives of residents who access the respite service. The results of the survey were made available to the inspector which demonstrated a high level of satisfaction with care and support provided in the service.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There had been no change to the person in charge since the commencement of the Regulations. Where the person in charge had been absent from the centre for 28 days or more, the provider nominee had informed the Chief Inspector of the proposed absence of the person in charge and the arrangements to cover for the absence.

There were adequate arrangements in place for the management of the centre when the person in charge is absent. A social care worker was identified to deputise for the person in charge in her absence. The inspector spoke with the social care worker who demonstrated that she had a good understanding of her responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.

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):

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

Findings:

The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose. Sufficient resources were available to support residents to achieve their goals. The inspector observed that there was sufficient transparency in planning and deployment of resources in the centre. The facilities and services available in the designated centre reflected the Statement of Purpose.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There was a planned and actual staff roster in place which showed the staff on duty during the day and sleepover staff on duty at night. There was a procedure in place which indicated that a minimum of one staff was to be present in the centre for every two residents in the centre but there were exceptions to this in line with residents' assessed needs supported by a robust risk assessment. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The inspector noted that a regular team supported residents and this provided continuity of care and support.

A sample of staff files was reviewed and found to contain all the required elements. There was evidence of effective recruitment and induction procedures; in line with the centre-specific policy. A comprehensive induction process was in place which also included job shadowing and the completion of a competency framework for all new staff.

Staff were observed to be supervised appropriate to their role on a formal and informal basis. Regular staff meetings were held and items discussed included health and safety, medicines management, residents' needs, complaints/compliments, safeguarding and documentation. A formal and meaningful supervision and appraisal system was in place for all staff. Staff met with their line manager in February and October for formal supervision and in June for a formal annual appraisal.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. The minutes of management meetings were disseminated and discussed at staff meetings. The inspector saw that copies of both the Regulations and the Standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. Further education and training completed by staff

included mandatory training and training in medicines management, epilepsy awareness, first aid, food safety and risk management.

The person in charge stated and the inspector saw that volunteers were not attending the centre at the time of the inspection.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre. However, the inspector saw that the resident's directory available on the day of inspection was not complete as it did not contain the date on which the resident first came to reside in the designated centre for two residents. There was also evidence that correction fluid was used to correct details in records for three residents.

All of the key policies as listed in Schedule 5 of the Regulations were in place and reflected the centre's practice. These policies were made available to staff who demonstrated a clear understanding of these policies. However, the food and nutrition policy made available to the inspector did not outline the monitoring and documentation of nutritional intake as required by the Regulations.

A process was in place to ensure that policies and procedures were reviewed and updated to reflect best practice and at intervals not exceeding three years. However, the policy in relation to intimate care made available to the inspector had not been reviewed since July 2012.

Records were kept securely, were easily accessible and were kept for the required period of time. Residents' records were stored securely. The inspector found that the system in place for maintaining files and records was very well organised.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

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:

Louisa Power
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 Brothers of Charity Services Clare
Centre ID:	OSV-0004895
Date of Inspection:	19 and 20 January 2016
Date of response:	26 February 2016

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:

A phrase used in documentation and by staff whilst speaking with inspector to describe residents' needs was not respectful.

1. Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability,

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

family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

The documentation concerned is being reviewed by the Team and updated with the use of more respectful language.

Proposed Timescale: 31/03/2016

Theme: Individualised Supports and Care

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

There was no link with the self advocacy process within the organisation for residents who access the respite service.

2. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

At the next residents meeting on March 21st, nominations will be sought for a representative to attend the self-advocacy meetings.

Proposed Timescale: 21/03/2016

Theme: Individualised Supports and Care

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

Receipts were not kept to ensure a verifiable audit trail for all expenditure where residents required full support with financial affairs.

3. Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

Copies of receipts are now being kept in order to ensure a verifiable audit for all expenditure. The originals are kept by the individual and/or their family representative.

Proposed Timescale: 26/02/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Documentation and practices in relation to supporting residents to communicate effectively were inconsistent.

4. Action Required:

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

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

The use of specific respite care plans will be discontinued. The individuals' person centred plan will be the sole plan worked from by the day and respite services. This is ensuring consistent information and direction is available to staff in relation to an individual's communication needs.

Proposed Timescale: 30/04/2016

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 individual service agreement did not fully outline the services to be provided and the support, care and welfare of the resident in the centre.

5. Action Required:

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

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

The individual service agreement will be reviewed and updated in order to fully outline the services to be provided in the Respite service and the support, care and welfare of the individuals. This new service agreement will be given to each person who uses the respite services.

Proposed Timescale: 30/04/2016

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 discovery document was used to assess the health, personal, social care and support needs was not on file for all residents.

6. Action Required:

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

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

The discovery document will be placed on file for this resident.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

The respite plan did not include important details relating to residents' health, social and personal care needs.

7. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The use of specific respite care plans will be discontinued. The individuals' person centred plan will be the sole plan worked from by the day and respite services. The PCPs will include all important details relating to health, social and personal care needs.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

There was no evidence that the review of the respite plan was multi-disciplinary.

8. 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 use of specific respite care plans will be discontinued. The individuals' person centred plan will be the sole plan worked from by the day and respite services. The PCP reviews will be multi-disciplinary.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

There was no evidence that the review of the respite plan assessed the effectiveness of the plan and reviewed the goals/aspirations that had been identified

9. Action Required:

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

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

The use of specific respite care plans will be discontinued. The individuals' person centred plan will be the sole plan worked from by the day and respite services. The PCP reviews will assess the effectiveness of the plan and review the individual's goals.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

Goals and objectives were clearly outlined in the IPP but not in the respite plan to maximise the resident's personal development in accordance with his or her wishes.

10. 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 use of specific respite care plans will be discontinued. The individuals' person centred plan will be the sole plan worked from by the day and respite services.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

The information outlined in the hospital passport did not always reflect the current needs of the resident.

11. Action Required:

Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

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

All hospital passports will be reviewed and updated in order to ensure that current needs of the individual are included.

Proposed Timescale: 31/03/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A radiator in the downstairs en-suite shower room required replacement

12. Action Required:

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

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

The radiator in the downstairs bathroom is being replaced.

Proposed Timescale: 31/03/2016

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:

Manual handling plans were not in place for residents, where appropriate, and staff were unable to articulate safe moving and handling practices.

13. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to

residents, visitors or staff.

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

Manual handling plan will be put in place for all individuals who require this.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

Improvements were required to prevent and control infection in line with the standards for the prevention and control of healthcare associated infections published by the Authority:

- alginate bags were not available for the handling and segregation of laundry (criterion 3.6)
- adequate hand sanitising facilities were not available for residents, staff and visitors (criterion 6.1)
- the infection prevention and control policy did not include the management of outbreaks of common infections in the community (criterion 10.1)
- one staff member had not completed hand hygiene training and staff had not yet completed infection prevention and control training (criterion 4.5)

14. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- Alginate bags are now in use in the Service. 26/02/2016
- Hand sanitising units have been ordered for installation. 31/03/2016
- Infection Prevention and Control Procedure will be reviewed and updated to include guidance around the management of outbreaks of common infections in the community. 30/05/16
- All staff will attend infection prevention and control training which includes hand hygiene. 29/04/16

Proposed Timescale: 30/05/2016

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:

Positive behaviour support plans were not mentioned or integrated into residents'

individual IPPs to ensure that all staff have up to date information in order to provide effective and support for residents.

15. 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 use of specific respite care plans will be discontinued. The individuals' person centred plan will be the sole plan worked from by the day and respite services. The PCPs will mention and integrate the individual's behaviour support plan where relevant.

Proposed Timescale: 30/04/2016

Theme: Safe Services

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

Documentation maintained in the designated centre relating to the communication of potential safeguarding issues with other parties was incomplete.

16. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The documentation referred to above has been rectified. Staff have been instructed to record an incident immediately where a potential safeguarding issue has been identified and notify their line manager and the designated person.

Proposed Timescale: 26/02/2016

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:

Information in relation to new experiences, social participation, education, training and employment was not based on a robust assessment and the social activities provided were not in line with residents' documented likes and dislikes.

17. 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:

- Discovery Document will be amended to ensure a robust assessment with regard to education, training and employment. 31/03/2016
- The use of specific respite care plans will be discontinued. The individuals' person centred plan will be the sole plan worked from by the day and respite services. The PCPs will include goals for the residents preferred social, education and training activities. 30/04/2016

Proposed Timescale: 31/03/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A plan had not been completed for residents capturing their wishes in relation to care and support at times of illness.

18. Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

All plans are to be updated at the next scheduled review with specific reference to planning for times of illness.

Proposed Timescale: 31/01/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The documentation in relation to the date of medicines administration was ambiguous.

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:

Documentation in relation to the dates and times of administration of medication has been rectified.

Proposed Timescale: 26/02/2016

Theme: Health and Development

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

A medication related incident was identified during the course of the inspection.

There was no record maintained of consultation with an appropriate healthcare professional to ensure that non-prescription medicines are safe to be administered, the recommended dose and any other advice.

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:

Proper procedures are now being followed to ensure a suitably qualified person is consulted before the administration of non-prescription medication.

Proposed Timescale: 26/02/2016

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 food and nutrition policy did not outline the monitoring and documentation of nutritional intake as required by the Regulations.

21. 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 Food and Nutrition policy will be reviewed and updated to outline the monitoring and documentation of nutritional intake.

Proposed Timescale: 30/06/2016

Theme: Use of Information

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

The policy in relation to intimate care had not been reviewed since July 2012.

22. 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:

The Intimate care procedure is currently under review.

Proposed Timescale: 31/03/2016

Theme: Use of Information

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

The resident's directory available on the day of inspection was not complete and there evidence of correction fluid used.

23. 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:

- Correction fluid will not be used in the services as of immediately
- The Directory of Residents will be reviewed and updated

Proposed Timescale: 31/03/2016