Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Bella Vista
Centre ID:	OSV-0001701
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Limited
Provider Nominee:	John Hannigan
Lead inspector:	Karina O'Sullivan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
11 May 2016 09:00	11 May 2016 21:30

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
This was the second inspection of this designated centre. This inspection was to monitor ongoing compliance with the regulation and standards.

How we gathered our evidence:
The inspector visited the designated centre, spoke with all residents present in the designated centre on the day of inspection and three front line staff members. The inspector observed practices and viewed documentation such as, residents' plans, recording logs, policies and procedures and minutes of meetings. The inspector spent time with four residents whom verbalised their views in relation to the quality of the service provided.

Over the course of this inspection residents communicated in their own preferred manner with inspectors. Residents allowed the inspector to observe their daily life in the designated centre. This included meal times and activities. The inspector met with three staff members, during the discussions staff identified person-centred approaches to care delivery and also the positive effects of the changes within the designated centre. "Residents are happier they are smiling more we do not have to

rush them in the morning to get a bus the residents can go at their own pace and we respect that here in this house"

Description of the Service:
This designated centre is operated by Sunbeam House Services (S.H.S) Limited and is based in Bray County Wicklow. There were eight residents living in the house. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The designated centre was created to support individuals with moderate to low support needs to live as independently as possible within the community. This was outlined in the statement of purpose. Each resident had their own bedroom and residents provided the inspector with a tour of the house. The house was decorated and personalised in accordance with residents preferences. Some residents spoken with were unhappy with elements of their life in the designated centre and had identified this to relevant staff members. Another resident stated "I am very happy here, I can get out when I want to as I'm free to come and go when I want". Another resident identified they "had made new friends since living here" in the designated centre and they liked their wishes were respected "I don't like washing my clothes so I don't have to, as staff do it for me instead".

Overall Judgments of our findings:
Overall, the inspector found residents had a good quality of life within the designated centre. Ten outcomes were inspected against. The inspector found one outcome to be fully compliant. Four outcomes were substantially compliant and five were moderately non-compliant. Areas of improvement included, training for staff members, medication management and the information contained within residents' files.

Staff members within the designated centre facilitated most of the inspection. A member of staff from the organizations quality, compliance and training team attended for the latter part of the inspection. Feedback was attended by a senior service manager from another area within the organization as the senior manager and person in charge for this area was unavailable.

All proposals outlined and plans agreed will be verified at the next inspection.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action plan.

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

Findings:
The inspector viewed this outcome in respect of the action identified from the previous inspection and found the action remained outstanding.

There was a complaints policy and procedure in place however, it was unclear who the nominated person independent of the person nominated to deal with complaints was within the process. This is to ensure all complaints were appropriately responded to and records are maintained as required under regulations 34(2)(f).

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

Findings:
The inspector reviewed this outcome in respect of the action identified from the previous inspection and found the action remained outstanding.

The inspector viewed all residents written agreements and noted these were all dated and signed. Improvements were required in relation to the additional fees charged to residents. These were unclear within the document for example, multidisciplinary team members such as, speech and language therapists. The inspector viewed evidence where a resident had paid for the therapist mileage and fees for the session provided to the resident.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspector found the wellbeing and welfare for residents required improvement in the areas of the details contained within the plans. Evidence of implementation and review of both personal and healthcare plans was also required.

The system of personal social plans was unclear within the designated centre and staff spoken with identified a system in place. The inspector viewed all eight resident's files the system outlined to the inspector was not evident. Staff identified personal outcomes encompassing 23 quality of life indicators is completed once every three years. The information gained during the process contributed to the development of a personal plan. The personal plan was completed annually and reviewed every six months. The healthcare needs of residents were completed via a plan titled my health development

plan, from this a care plan and or support plan was developed. The inspector found the system outlined was not fully implemented and improvements were required in both the social and healthcare plans. The inspector identified the below areas for improvements.

Plans were not reviewed every six months in accordance with the organizations quality enhancement policy. The inspector viewed a personal plan dated January 2015 there was no evidence of review of this plan since January 2015. Another plan was dated 19 January 2015 reviewed in June 2015. No plan was available for 2016 and staff confirmed this on the day of inspection.

Dates and progress were unclear in relation to reviewing plans within personal outcomes measures and within the personal plans. For example, one resident's personal plan was dated 7 November 2014. One area identified was to join a class. This was not done until June 2015, six months with no identification of the steps completed to complete this process.

The monitoring and implementation required to assess the effectiveness in treatment or deterioration in the areas identified in residents' plans was not evident. In some plans if goals identified were not achieved no evidence of what was achieved or the level of progression pertaining to the goal was provided. For example, how to lower my blood pressure was identified for one resident however, there was no plan or monitoring completed in relation to this area of care provision.

Some aspects of plans were present within the resident's files in multiple versions for example, how the resident communicated was documented several times in different places within the file. The inspector found staff members were documenting the same information several times within different forms resulting in large amounts of time completing paper work. Residents also highlighted this to the inspector, two residents identified staff had to complete a lot of paper work.

Some healthcare plans viewed contained specific areas for support and or care provision in areas such as, weight management and cholesterol. However, no plans were available for these areas nor was there a baseline recoding available in order to ensure effective monitoring.

Some of the healthcare plans developed were not sufficiently detailed to guide practice for example, an epilepsy plan of care contained no date when this was devised nor was there any evidence or review.

Some healthcare plans were not based on assessment for example, the inspector viewed an oral health plan in place. No oral heath areas were identified in the health assessment plan completed 20 January 2016.

The inspector found some residents plans within the designated centre provided very clear guidance and evidence of review. The inspector determined both residents and staff had invested time into the development of some plans ensuring effective collaboration and personalization. While also respecting the wishes of residents whom did not want to pursue any social goals however, residents were afforded the opportunity to do so.

Resident's social care needs were identified and residents had the opportunities to participate in meaningful activities appropriate to their interests and preferences. These included areas such as, attending gala balls, attending music events, and cooking classes. Resident's informed the inspector of different activities they were involved in and enjoyed taking part in activities within the community.

Three residents spoken with by the inspector were able to identify some aspects of their plan and what was contained within their goals. Three residents were also able to outline how they were achieving these goals and future plans they had in place for areas they wanted to engage in.

Residents' family members were consulted in relation to the personal plans in line with residents and family members' preferences. There was evidence for this maintained within the resident's files.

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

Findings:
The inspector reviewed this outcome in respect of the actions identified from the previous inspection and found the actions were implemented.

The designated centre was now adopted to meet the assessed needs of the residents living within the designated centre.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found the designated centre was suitable and safe for the number and needs of residents. However, improvements were required in the areas of personal emergency evacuation plans (peeps) and safety plans.

Personal safety plans were in place, however, some of these were not reviewed to reflect any chances in the resident's safety provisions. For example, one plan viewed was dated 2014.

The inspector viewed a sample of the personal emergency evacuation plans for residents and found these were not reflective of drills completed. For example, two drills completed since January 2016 had identified one resident did not evacuate and another resident required extra support. Another drill identified a resident remained standing at the door. The inspector viewed residents' peeps and these documents were not reflective of the fire drills. Some elements of the documents were blank for example, how to evacuate the house when residents were awake. There was also duplication of plans in this regard as some residents had two and three versions of peeps. The inspector viewed one resident's peep completed using photographs from the designated centre in order to ensure the resident understood the process. This had clearly aided the residents understanding of the evacuation process.

There was certification and documentation to show the fire alarm was serviced on a quarterly basis with the last service dated March 2016. The inspector also viewed evidence certification and documentation of emergency lighting and fire equipment serviced by an external company on a annual basis with the last service dated December 2015.

Fire drills had taken place and documents recorded the time taken to evacuate and any issues identified along with the resident who had participated in the drill within the designated centre.

The designated centre had a health and safety statement this outlined the responsibilities of the various post-holders within the organization. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices. The designated centre had an emergency evacuation plan in place for a number of various events such as, fire, adverse weather conditions, flooding, power failure and possible gas leakage. The plan identified the specific alternative accommodation to be provided in the event residents could not return to the designated centre.

The designated centre had an organisational risk management policy in place this included the specific risks identified in regulation 26. The designated centre had a risk register this recorded a number of risks within the houses and the controls in place to address these in areas such as, lone working and the use of sharps. There were individual risk assessments for residents in place these included, unknown where about due to leaving the designated centre unsupervised.

All staff within the designated centre had completed people moving and handling training.

Judgment:
Substantially Compliant

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:
The inspector found appropriate measures to protect residents from being harmed were in place within the designated centre. Improvements were required in relation to staff's knowledge of the procedure in reporting allegations of abuse arising within the designated centre.

There was a policy in place for the prevention, detection and response to abuse. Staff spoken with were knowledge in relation to what constituted abuse and the procedure to follow. However, clarity was required in relation to whom the designated officer was. The inspector was informed of different individuals within the organization, the inspector requested to see documentation pertaining to this within the designated centre however, this was not available on the day of inspection.

The inspector viewed evidence of resident's rights being protected through the use of alternative measure allowing for the least restrictive procedures being implemented. The inspector found this process was reviewed by a clinical psychologist and also through the organizations rights committee and changed in accordance with the residents needs.

Intimate care plans were in place for residents as required.

The inspector found residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. From speaking with some residents they were knowledgeable in relation to who to speak to should concerns arise.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Each resident was supported to achieve the best possible health. However, improvements were required in the area of annual health reviews.

Residents had access to a general practitioner (GP) however, not all residents had received an annual medical review. Despite this being identified in the statement of purpose and within a document contained in residents files which stated "My key worker helps me arrange my annual medical every year". The inspector found residents were not provided with an annual medical review for example two residents' records identified their annual reviews completed in 2012. Another resident had one completed in 2014 with two residents annual reviews dated 2015. Some staff identified these should be completed on an annual basis. Another member of staff identified these were completed once every two years. A senior service manager identified the person in charge and the key worker (staff member) who determines when residents undergo annual medical reviews. This was also stated within the health and wellbeing policy dated 28 April 2015. The inspector found key workers were not aware of this process and the policy was not clearly guiding practice for staff. For example, one part of the document identified all SHS clients must have an annual medical form completed if clients had no contact with GP/specialist or who have undergone tests in hospital or GP. However, within another part of the document it identified a decision as to whether the client requires an annual medical e.g for clients who attend their G.P./ specialist or who had under gone tests in hospital or G.P. The inspector found this document was unclear and had the potential to misguide staff for example, if a resident had under gone a test for one specific area this could replace a resident undergoing an annual medical.

Residents had access to allied health care professionals and the inspector viewed evidence of this including chiropodists, optician and dentist. However, one resident was referred to a speech and language therapist arising from the previous inspection in 2014.

The inspector found improvements were required in relation to developing healthcare plans with appropriate steps outlined and evaluating the effectiveness of the plans devised as discussed in outcome 5.

The inspector was informed no resident presented with a mental illness within the designated centre. However, on reviewing the resident's medications the inspector identified an anti depressant and anti psychotic prescribed for one resident. The inspector asked for the resident's diagnosis however, this was not available to the inspector nor was any reference to the resident's mental health identified with the residents health plan completed on 20 January 2016.

Regarding food and nutrition the inspector found residents participating in meal times within the designated centre in accordance to the residents' preferences in relation to food choices. Residents were observed enjoying their evening meal within the designated centre.

The inspector viewed user-friendly menu selection refreshments and snacks were available for the residents outside mealtimes within the designated centre.

Judgment:
Non Compliant - Moderate

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found the medication management system within the designated centre required improvement. Areas identified included administration recording records, stock balances, management of medication errors and practices in relation to medication management such as, discontinued medication.

The inspector found there was no effective system in place for reviewing and monitoring safe medication management practices within the designated centre. There was a system in place for recording, reporting errors and reviewing medication however, this

required improvement. The inspector viewed an incident where a resident was administered their 8 am medication at 10 pm, 14 hours past the prescribed time. The actions specified within the document identified "spoke to staff to be more careful". The inspector was unable to see any evidence of learning attained from this incident. Nor was there any evidence of appropriate medical advice been sought in relation to the resident's GP being contacted. This incident was inputted into an electronic data base. The inspector found oversight in relation to this incident was not sufficient as no comments were inputted into the section provided within the system for feedback and decisions.

Administration recording documents were in place for each resident and a number of these were viewed by the inspector. These were found to be up-to-date and showed staff administered and signed for medication. However, administration sheets did not match the prescription documents for example, the 24 hours clock was identified in one document and the 12 hours clock was identified on the other document.

The inspector found the signature bank within the designated centre required one staff signature.

Medication prescribed for a specific duration of time for example, a number of days this medication was not discontinued as required. No doctor signature was evident identifying the medication was now discontinued.

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines. Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received and a stock check was carried out once a week however, the system for p.r.n. (a medicine only taken as the need arises) medication was unclear.

The inspector observed all medication was stored in a secure, locked cabinet in a locked area and the keys to access the medication cabinet were held securely by staff.

Residents had p.r.n. protocols in place and the inspector viewed these documents.

There were no controlled drugs in use in the designated centre at the time of this inspection.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found improvements were required within the overall governance and management structure in place within the designated centre. Staff meetings were not taking place on a regular basis, unannounced visits were not evident within a six monthly period. Oversight to ensure the service provided was safe and appropriate for the residents' needs was also required.

The inspector found all staff members had not received mandatory training in the areas required.

The inspector requested to view team meetings however, these were very limited for example, two for 2015 and none in 2016. A broad range of items were discussed however, there was no evidence of follow up or outstanding actions being brought forward. Nor was there evidence of any audits discussed or medication errors or accidents and incidents used to bring about shared learning.

The provider had nominated a person to conduct visits to the designated centre at least once every six months and produce a report. The inspector viewed one dated 24 March 2015 and requested to view another one however, this was not available. Within the document viewed no action plan was present and therefore, the inspector was unable to establish how the areas identified in this plan were being addressed.

The inspector was unable to view any audits completed within the designated centre with the exception of one unannounced visit and one external safety audit completed on 5 August 2015.

There was a system in place for recording accidents and incidents the inspector viewed a sample of these. It was unclear how these were communicated among all staff members. To ensure staff members were aware of what had occurred and learning gained of the future as these were not discussed within the team meetings viewed.

Medication audits were not evident within the designated centre with the exception of the pharmacist audit. No audit had been conducted in relation to the administration practices and recording systems in place in the designated centre.

An annual review of the quality and safety of care of the service for this designated service had been completed and was dated 10 November 2015

The person in charge was not available on the day of this unannounced inspection and neither was the senior service manager for this designated centre.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found there was appropriate staff numbers to meet the assessed needs of residents in the designated centre. Improvements were required in the provision of mandatory training.

The inspector was provided with rotas following inspection as these were not available on the day of inspection in relation to previous weeks. From viewing these documents the inspector found when residents were within the designated centre two staff members were present, in line with the assessed needs of residents.

Mandatory training requirements were not provided for some staff working in the designated centre. The inspector found staff whom did not have training were on duty with staff members whom had training. Out of eleven staff members two staff members required fire training, two staff members required safeguarding training, two staff required medication training and four staff required refresher training.

The inspector was unable to view staff members files as these were not present in the designated centre and planned to view these within head office however, the inspector established these were viewed previously by the authority.

Staff members did receive supervision from the person in charge however, these were not available on the day of inspection as the person in charge was not present. The inspector was provided with supervision records between the person in charge and the senior service manager with four sessions taking place in 2015 and one in 2016.

Judgment:
Non Compliant - Moderate

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:

Karina O'Sullivan
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 report[1]

Centre name:	Bella Vista
Centre ID:	OSV-0001701
Date of Inspection:	11 May 2016
Date of response:	29 July 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:
The complaints policy did not include all the details as outlined within the regulations.

1. Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all

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

complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
The provider will conduct a review of its complaints policy and provide an update to the Authority by September 30th

Proposed Timescale: 30/09/2016

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:
Additional fees charged to residents were unclear.

2. 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:
All service level agreements to be reviewed and discussed with each resident and their families.

Proposed Timescale: 30/09/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some plans in place did not contain sufficient details in order to guide staff effectively to meet the assessed needs of residents in areas such as, epilepsy.

3. 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:
All plans are currently under review and actions will be taken to ensure that effective information in included in the plans to guide all staff.

Proposed Timescale: 30/09/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Annual assessments were not evident for all residents.

4. 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:
Plans are currently under review and will be brought up to date. The inspectors comments provided in this report will be used when completing the plans.

Proposed Timescale: 30/09/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some reviews did not assess the effectiveness of each plan nor was there evidence of the progress of some areas identified.

5. 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:
Plans are currently under review, evidence of progress will be included.

Proposed Timescale: 30/09/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some areas identified within assessments such as, weight monitoring and cholesterol had no plan.

Areas such as oral care had a plan however this was not based on the assessment completed.

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:
Areas outlined will be included in the review of the plans.

Proposed Timescale: 30/09/2016

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:
The assessment, management and ongoing review of risk from a personal safety perspective was not evident as some residents plans were not reviewed since 2014.

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

Please state the actions you have taken or are planning to take:
All PEEPs will be reviewed and tailored to suit the needs of each resident.

Proposed Timescale: 30/08/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate arrangements for evacuating all residents in the designated was not evident as personal emergency evacuation plans were not reflective or recent fire drills.

8. 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:
Six weekly staff meetings to be planned in to roster. All recent fire drills will be discussed at each meeting and solutions sought on how to improve PEEPs for residents who need extra supports.

Proposed Timescale: 30/08/2016

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:
Staff spoken with provided different information to the inspector in relation to whom the designated officer was should an allegation of abuse arise. The local procedure to guide staff was not available in the designated centre to guide staff.

9. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
Local procedure is now available on the location.

Proposed Timescale: 29/07/2016

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:
Some residents did not have an annual medical review, this was identified within the statement of purpose as a service provided yearly and the policy within the organisation was unclear and staff were also unsure of the process.

10. Action Required:
Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

Please state the actions you have taken or are planning to take:
An annual medical is sought for residents who have not attended their Doctor with the last 12 months. However if the resident is activity attending their Doctor during the year and has had blood tests done, we will be guided by the Doctor.

Two residents to have medicals.

Proposed Timescale: 30/10/2016

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Access to allied health professionals such as, speech and language therapist took two years.

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

Please state the actions you have taken or are planning to take:
Key worker is currently dealing with this issue.

Proposed Timescale: 30/09/2016

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The diagnosis of one resident was unclear and not documented within their file.

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

Please state the actions you have taken or are planning to take:
All plans are currently under review, this action will be addressed during the review.

Proposed Timescale: 30/09/2016

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:
Time conversion within the administration recording documents and prescription documents were not corresponding.

All staff members' signatures were maintained within the signature bank.

13. Action Required:
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
Staff in question is not currently working in the location, the signature has now been added.

Time conversation on recording documents will be changes.

Proposed Timescale: 30/09/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Discontinued medication did not have a GPs signature as required.

14. 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:
Staff will ask GP to sign off discontinued medication as required.

Proposed Timescale: 30/09/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no clear system in place for maintaining a stock balance for p.r.n. medication.

15. 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:
System to be put in place to record all PRN to maintain stock balances.

Proposed Timescale: 30/09/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Appropriate and suitable practices were not evident to ensure medication errors were effectively managed to ensure administration of medication as prescribed.

16. Action Required:
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
Medication errors will be discussed at staff meetings to ensure learning from such events.

Proposed Timescale: 30/08/2016

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:
Unannounced visits to the designated centre at least once every six months was not evident during the inspection.

17. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
Internal audit had taken place on 4th and 5th of May 2016 a week before this inspection, at the time of the inspection we were awaiting the report which we received on the 30th May 2016. This plan has now been action planned and we are currently working on same.

Proposed Timescale: 30/05/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Management systems in place in the designated centre did not ensure the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

No audits were available within the designated centre.

Some staff members had not received mandatory training.

18. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
On the day of this inspection there was two new staff who have now attended their mandatory training.

One staff attended fire training on 21st July 2016.

Three staff had been booked on medication refresher and attended same of 17th May.

Four staff booked on the next available refresher course for Safeguarding and Protection 1st December 2016

An internal audit had taken place on the 4/5th May 2016

The PIC carried out a yearly Audit of the service provided in November 2015, evidence of this audit has now been printed and is in place on the location.

Plans are in place to conduct a yearly audit of services in October 2016

Proposed Timescale: 02/12/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Evidence of audits being completed into care provision was not evident.

Trending of accidents and incidents shared among front line staff was not evident.

19. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Discussion to take place at each staff meeting to ensure that all staff are aware of residents needs and that all residents are kept safe.

All Audits have now been printed and made available to staff and have also been discussed at staff meeting.

Yearly audit of service provision to be carried out in October 2016

Proposed Timescale: 30/09/2016

Outcome 17: Workforce
Theme: Responsive Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** Staff members did not have up-to-date training, some staff had never received training in the areas of safe guarding, manual handling, medication administration and fire training. **20. 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:** On completing this action plan all staff have received required mandatory training. Refresher courses booked for staff to complete safeguarding and protection.
Proposed Timescale: 02/12/2016