

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ros Mhuire
Centre ID:	OSV-0001706
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:	3
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: 18 May 2016 11:00 To: 18 May 2016 20:30

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
Outcome 18: Records and documentation

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:

As part of the inspection, the inspector visited the designated centre, met with three residents, the person in charge and one staff member. The inspector viewed documentation such as, care plans, person-centred support plans, recording logs, policies and procedures. Over the course of this inspection residents communicated in their own preferred manner with the inspector. Residents allowed the inspector to observe their daily life in the designated centre. This included meal times and activities. The inspector spoke with residents and one resident identified "they were very happy here, and had plans to move to a new house but was getting a new room here until that happened". Another resident identified they " love living here, I can do my own thing when I what and staff are here to give me a hand when I need it". The third resident identified "it's grand here and I like doing things around the house".

Description of the Service:

This designated centre is operated by Sunbeam House Services (SHS) Limited and is based in Rathdrum County Wicklow. Three residents resided in the designated centre at the time of this inspection. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The inspector found the service provided was in line with the statement of purpose for example changes in the service provided was reflected in the document. The designated centre no longer provided services for five residents. The designated centre aimed to provide residential accommodation for both male and female adults over the age of 18 with intellectual disabilities as outlined in the statement of purpose.

The designated centre was a bungalow located close to a village. It was a six bedroom house with the one bedroom used as a staff bedroom. This designated centre had undergone significant changes in relation to the number of residents. Three residents had relocated, however, one resident requested to return to this designated centre, and this was facilitated.

Overall judgments of our findings:

Eleven outcomes were inspected against eight outcomes were found to be substantially compliant, three outcomes were found to be moderately non-compliant. Areas of improvement included medication management, information contained within residents' files and the maintenance of the premises.

The person in charge facilitated the inspection.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed this outcome in respect of the complaints procedure only. No other components of this outcome were reviewed. Improvements were identified in relation to the complaints procedure.

There was a complaints policy and procedure in place, it was unclear who was the nominated person independent of the person nominated to deal with complaints was within the organization. This was to ensure all complaints were appropriately responded to and records were maintained as specified under paragraph 34(3) of the regulations.

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 also found another area of non-compliance in relation to fees paid by residents.

Residents within the designated centre had written agreements in place including the terms for each resident whom resided within the designated centre. Some of these documents were signed by residents themselves.

Additional fees charged to some residents were not clearly identified as the tenancy agreement specified the tenant is responsible for all internal decoration and for any breakages of glass in the windows or any damage to fixtures and fittings. The inspector queried this with staff members in relation to the internal decoration however, staff were not aware of what was covered by the organization and what was required to be paid for by the residents.

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):

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

Findings:

The inspector found the wellbeing and welfare for residents required improvements in the documentation of residents' plans including, the details contained, evidence of implementation and review of both personal and healthcare plans. The inspector viewed evidence of assessments with multidisciplinary input in accordance with the resident's needs, This was an area identified in the previous inspection.

The system of personal social plans within the designated centre involved personal outcome measures encompassing 23 quality of life indicators as an assessment, completed once every three years. The information gained during this process contributed to the development of a personal plan, this plan was to be 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 improvements were required in both the social and healthcare plans. The inspector viewed all three residents' plans and identified some issues with these plans:

All residents did not have a personal outcome measure completed every three years, as identified within the organizations policy. The inspector viewed an assessment dated in November 2015, this was not completed until June 2015. The system required a member of the organizations quality team to sign off on the assessment before the document could be implemented. This system was found to be delaying the implementation of goals and related planning meetings for the resident due to delays in this sign-off process.

Some residents did not have an annual review.

Some personal plans were dated 21 January 2015

The monitoring and implementation required to assess the effectiveness of 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 was provided.

Some health and well being plans contained generic information for example 'my current health needs' were not relevant to residents, were to be deleted. Instead these remained within the plan.

Some aspects of plans were not relevant to residents current status for example, reference to a resident's previous residence. Staff confirmed the plan was completed in another designated centre and was not changed to reflect the residents current residence.

Duplication of documentation was evident in resident's files for example, support plans were developed for medication administration. This contained the same information as the protocol for administrating the medication.

Some healthcare plans viewed contained specific areas of support and care provision such as, weight monitoring and healthy eating. The inspector asked to see evidence of the implementation of these interventions however, the inspector was informed this information was not available.

The inspector spent time with all three residents and all were clear in relation to what their goals were. Both residents and staff identified person-centred innovative approaches and collaboration with day services and members of the community to achieve goals. However, the inspector was not able to see any evidence of these interventions within the plans. Therefore, some resident's plans were not reflective of

the work being completed to enhance both the social and healthcare needs for the residents. For example, one resident was involved in a walking club within their community, this was evident in the resident's file. In addition staff had also collaborated with the day service to further increase the resident's physical exercise through sourcing a job within the grounds of the day service. This facilitated an increase the amount of exercise for the resident. No evidence of this was available within the resident's file. Other examples, involved residents joining classes in the community, the resident identified they had joined a class and this was ongoing. However, the resident's plan did not identify this was achieved. In addition the resident was supported to join two classes as one class did not meet the needs of the resident therefore, an alternative class was sought.

The inspector viewed evidence where residents were supported to become involved in new skills such as, maintaining the garden and work was ongoing to include the resident in this aspect of skill attainment.

Residents' social care needs were identified and residents had the opportunity to participate in meaningful activities appropriate to their interests and preference. These included areas such as, attending music events, classes in the community such as card making classes, dancing classes, social groups, sporting events and travelling independently using public transport.

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

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 found improvements were required within the designated centre to ensure the premises were safe and suitable for residents despite the actions from the previous inspection being implemented. This outcome was not inspected in full as issues came to the inspector's attention throughout the inspection.

These included the following:

- wallpaper was peeling off over a number of radiators, this was not promoting a homely or comfortable environment for residents
- within one sitting room a television was mounted on to the wall however, the wall required painting to reflect the rest of the room
- the floor covering within the staff office was lifting and posed a risk of slips or falls
- cracks were evident within the walls of the sitting room, up along door frames and along skirting boards. The inspector also viewed cracks along the base of the wall where a fire door was located
- dampness was evident in the staff sleepover room and the cornice in one sitting room had left position leaving a gap between the ceiling and the cornice.

During the previous inspection the inspector was informed the outside of the designated centre was to be painted however, this remained outstanding on the day of inspection.

The inspector viewed a report conducted in relation to the premises however, this report did not identify when items would be addressed for example the need to paint all walls and skirting boards was identified on 20 May 2015. The response within the report identified "location added to painting list. All works done in order of priority". The inspector viewed several items on the list with no times identified for completion. The inspector found repairs were not completed in a timely manner for example, a fire door not closing remained outstanding since June 2015, this was also confirmed by staff on the day of inspection.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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. Improvements were required in the area of fire containment.

The designated centre had fire doors in place however, the glass in the middle of the fire door had come away from the frame. The person in charge identified this as urgent and reported this issue five months previously. However, on the day of inspection this remained outstanding.

There was certification and documentation to show the fire alarm, emergency lighting and fire equipment were serviced by an external company as required by regulations. An annual service completed in December 2015 and the previous quarterly completed in March 2016. The inspector requested for evidence the fire doors were checked during this service however, the person in charge was unable to provide this evidence to the inspector. Staff also completed checks on the exits, alarm panels and equipment.

The designated centre had an organizational 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 house and the controls in place to address these.

There were individual risk assessments for residents in place these included fire, residing in the designated centre alone and smoking.

Fire drills had taken place and documents recorded the time taken to evacuate and any issues identified along with residents who had participated in the drill within the designated centre. The inspector viewed a drill, this clearly documented evidence of learning in relation to evacuation, and another drill was held four weeks after to ensure measure taken had rectified the issue identified.

The inspector viewed residents PEEPs (personal emergency evacuation plans) these were found to be up-to-date.

The inspector also viewed resident's safety plans, these required updating, as current information about the resident was not evident within these plans.

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 specific alternative accommodation to be provided in the event residents could not return to the designated centre.

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 behavioural support plans and restrictive practice. The action identified from the previous inspection in relation to staff receiving training in safeguarding and protection was achieved.

The inspector viewed two resident's positive behaviour support plans and found both to be in draft format. These were not up-to-date and provided lack of clarity in relation to intervention strategies. Plans contained generic information in relation to restrictive holds and the use of p.r.n. (a medicine only taken as the need arises) medications not relevant to residents.

There was a policy in place on the prevention, detection and response to abuse.

Staff members spoken with by the inspector were knowledgeable in relation to the management of an allegation of abuse and could outline the procedures to be followed should such an allegation arise.

The inspector found residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. All residents spoken with identified the steps they would take should they have concerns in relation to safeguarding.

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):

No actions were required from the previous inspection.

Findings:

Each resident was supported to achieve the best possible health. However, improvements were required in the information contained in resident's healthcare plans and the implementation of recommendations from allied health professionals.

Residents had access to allied healthcare professionals, the inspector viewed evidence of this including chiropodists, optician, dietician and dentist. However, there was limited evidence some recommendations made by these professionals were followed up. The inspector requested to see evidence of mental health reviews, however, some of these were not evident within the IT system nor in the resident's file. Staff members identified the psychiatrist refused at times to document the review completed. Staff members identified the records maintained were not reflective of actual practice, as the resident was reviewed more frequently than what was recorded. The inspector found this system did not accurately guide practice or ensure mental health reviews for residents were effectively monitored. The healthcare plan identified the need for a six monthly review with psychiatrist.

Goals within some residents' healthcare plans were not specific to guide practice for example, try and lose weight was documented within one plan. The inspector found this goal was not measurable or achievable, the current weight was not identified nor was there any intervention in place in collaboration with the resident to assist them to achieve this healthcare need.

Residents had access to a GP (general practitioner), all residents had received an annual review, including phlebotomy tests as required for some residents due to their assessed healthcare needs for example, hypothyroidism. Another resident had undergone a cognitive assessment to establish if any deterioration had occurred in this aspect of the residents health.

Regarding food and nutrition the inspector found residents participating in mealtimes within the designated centre in accordance to the residents' preferences in relation to food choices. Residents took turns in preparing the evening meal and the resident involved on the day of inspection informed the inspector of the steps required to complete the meal. This resident enjoyed preparing meals and also ensured the inspector and staff members received cups of tea or coffee.

The inspector viewed user-friendly menu selection refreshments and snacks were available for 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):

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

Findings:

The inspector found policies and procedures were in place for the safe management of medications. However, improvements were required in relation to medication plans.

The inspector viewed a medication plan, this contained person-centred information however, the plan related to the previous home for the resident and reference to another designated centre was made within the plan.

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.

Administration sheets were in place for each resident, 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.

Staff signatures were present within the signature bank.

All residents were responsible for taking their own medication, assessments were in place to support this practice. Accessible information relating to each medication the resident required was included. This was present in both written and pictorial format.

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.

There was a system in place for recording, reporting errors and reviewing medication, the person in charge presented some of these to the inspector. Clear learning was evident in relation to errors, that had occurred within the designated centre in order to mitigate future risk of reoccurrence.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found the quality of care and experience for residents was monitored and developed on an ongoing basis.

There was a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis. This reviewed the safety and quality of care and support provided in the designated centre. The inspector viewed one completed on 1 July 2015 and the most recent visit on 1 and 2 March 2016 the action plan was yet to be generated from this report.

There was an annual review of the quality and care completed within the designated centre this was dated 2015.

The person in charge and other staff members had responsibility for carrying out audits in the designated centre. For example, the person in charge conducted staff knowledge audits and unannounced audits and another member of staff conducted health and safety audits.

The inspector viewed minutes of the person in charge attending the senior management team meetings. Items discussed included the whole organization including safeguarding in respect of the revised out of hours system in place, finances and the IT system for recording resident's information.

The person in charge also met with the senior service manager along with other persons in charge within the region (cluster meetings). Issues in relation to transport, staff training, budgets and policies and procedures were discussed at these meetings.

The inspector viewed minutes of staff meetings taking place within the designated centre. These meetings discussed health and safety issues, results of audits and maintenance issues. Elements of information sharing were evident from the senior management meetings to the cluster meetings to the staff meetings. Minutes from all meetings were available on the IT system for staff to read if they so wished.

The inspector found there was a clearly defined management structure with the lines of authority and accountability identified. The designated centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service.

The person in charge was knowledgeable about the requirements of the regulations and standards. This staff member was the person in charge for two other designated centres.

This designated centre had undergone significant changes in relation to the number of residents. Three residents had relocated, however, one resident requested to return to this designated centre, and this was facilitated.

Judgment:
Substantially Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found there was appropriate staff numbers to meet the assessed needs of residents within the designated centre. The staff rota required minor improvements to identify when the person in charge was present within the designated centre.

The inspector viewed planned and actual staff rota's and found they were maintained accurately. Rota's within this designated centre were revised in January 2016. The current rota accommodated residents to have a day off from their day service and spend time with staff in a one to one capacity. The person in charge was identified on the rota however, this was not an accurate reflection of when the person in charge was present. The person in charge was the person in charge for two other designated centres. The inspector was unable to see evidence of when the person in charge was present in the designated centre. Staff members spoken with identified the benefits of the rota change, however, this resulted in lone working and a challenge in relation to handover of information between staff. The person in charge was trying to address this issue.

The inspector viewed nine staff members training records and all staff had received mandatory training.

Staff files were not reviewed as part of this inspection, as these are held within the organizations head office off site, these were reviewed as part of the previous inspection.

The inspector viewed supervision conducted by the person in charge with staff members. There was clear evidence of items discussed impacting on the quality of care provided to residents for example, health and safety issues were discussed along with areas of care provision staff members were engaging in. The inspector was also forwarded on supervision notes between the person in charge and the senior service manager, as these were unavailable on the day of inspection as the senior service manager was not on duty.

These were no volunteers within the designated centre.

Judgment:

Substantially 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):

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

Findings:

The inspector reviewed this outcome in respect of the action identified from the previous inspection and found the action was achieved. During the course of the inspection other components of this outcome were inspected against.

The inspector found the retrieval of some schedule 3 documents difficult. Some documents were present in duplicate versions for example, p.r.n. medication was listed within resident's files and also within medication plans. Some plans did not contain accurate information, as plans related to when the resident resided in another designated centre.

There was CCTV (closed circuit television) system in place within the exterior of the designated centre however, no signage was in place to identify CCTV was in operation.

Schedule 5 documents were now available within the designated centre.

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:

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 report¹

Centre name:	Ros Mhuire
Centre ID:	OSV-0001706
Date of Inspection:	18 May 2016
Date of response:	23 August 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 procedure was unclear in relation to who the nominate person, other than the person nominated in Regulation 34(2)(a), was within in the organization who was also available to residents. To ensure that all complaints are appropriately responded to and a record of all complaints were maintained.

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

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 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:

We are currently reviewing the complaints policy and a person will be named to ensure that records of all complaints are kept and complaints are appropriately responded to.

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:

Some residents written agreements did not specify the additional fees to be charged.

The tenancy agreement was unclear in relation to the maintenance and decoration of the houses.

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:

Service Level Agreements will be updated to include fees of leisure activities.

Tenancy Agreements will be reviewed and updated where required.

Proposed Timescale: 17/10/2016

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:

A comprehensive assessment was not conducted in relation to one resident prior to a resident been readmitted into the designated centre. The resident's plan was completed in another designated centre and did not relate to the current designated centre.

3. Action Required:

Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

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

All plans have been reviewed and updated to reflect clients current designated centre.

Proposed Timescale: 23/08/2016

Theme: Effective Services

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

Assessments of some residents' needs were not conducted at a minimum on an annual basis to reflect changes in need and circumstance for the 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:

All personal plans are now up to date and clients have up to date goals.

Proposed Timescale: 23/08/2016

Theme: Effective Services

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

Arrangements were not in place to meet the assessed needs of some residents for example, weight monitoring and healthy eating programmes.

5. 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:

Plans now in place for monitoring of weight and exercising programmes.

Proposed Timescale: 23/08/2016

Theme: Effective Services

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

One resident did not have a personal plan in place no later than 28 days after admission into the designated centre. To reflect the resident's assessed needs in their current environment.

6. 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:

All plans are now updated to reflect clients current designated centre.

Proposed Timescale: 23/08/2016

Theme: Effective Services

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

Some personal plans were not reviewed annually.

7. Action Required:

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

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

All plans now reviewed.

Proposed Timescale: 23/08/2016

Theme: Effective Services

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

Some resident's personal plan reviews did not assess the effectiveness of each plan and take into account changes in circumstances and new developments.

8. 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 to be updated to include all areas relevant to clients social activities.

Proposed Timescale: 16/10/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises were in need of repair cracks were evident within the walls of the sitting room and up along door frames and along skirting boards.

The inspector also viewed cracks along the base of the wall where a fire door was located.

9. 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:

All cracks have been monitored by maintenance department over a number of years and do not represent structural issues. Surface cracks will be filled and location painted as per location maintenance audit.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

The premises was not suitably decorated as wallpaper was peeling over a number of radiators.

Within one sitting the wall required painting to reflect the rest of the room.

The floor covering within the staff office was lifting.

The cornice in one sitting room had left position leaving a gap between the ceiling and the cornice.

10. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The location has recently been down sized and a number of previous tenants have moved to a new location. This has resulted in some rooms being vacated and opportunities for remaining tenants to move to bigger bedrooms and / or review use of existing space. Works will be carried out at the location to redecorate following recent moves at house.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

The staff room had visible dampness and or mould present over the window.

Repairs logged by the person in charge were not being completed in a timely manner. For example, a fire door not closing remained outstanding since June 2015.

11. Action Required:

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

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

All matters will be addressed.

Proposed Timescale: 31/12/2016

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:

Adequate arrangements for maintaining all fire doors was not evident within the designated centre.

12. Action Required:

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

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

Fire doors are checked on a weekly basis and records are kept in folder.

All necessary works to existing fire doors will be completed.

Proposed Timescale: 30/09/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some plans viewed were unclear in relation to the use of physical restraint.

13. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

No restraints are in place, guidelines on how to complete form states section could include restraints. To avoid confusion guidelines will be removed from forms.

Proposed Timescale: 16/10/2016

Theme: Safe Services

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

Some plans viewed by the inspector did not guide staff effectively as generic information was contained within some plans. Other plans did not contain accurate information as confirmed by staff members on the day of inspection. This practice did not provide staff members with appropriate information to respond to behaviours.

14. 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:

All plans to be reviewed and updated.

Proposed Timescale: 23/08/2016

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 mental health reviews as identified within resident's plan was not available within the designated centre.

15. 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:

Resident attended reviews every six months. Staff will ensure that there is a report kept for each visit on the IT system.

Proposed Timescale: 23/08/2016

Theme: Health and Development

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

Some healthcare plans viewed did not contain sufficient information to ensure appropriate healthcare for each resident was provided.

16. 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:

Plans now in place to record weight and exercise progress.

Proposed Timescale: 23/08/2016

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:

One medication plan was not reflective of the current designated centre where the resident resided.

17. 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:

This plan has now been removed.

Proposed Timescale: 23/08/2016

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:

The action plan arising from the unannounced visit in March was not yet identified.

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:

Action plan from internal audit to be reviewed and completed.

Proposed Timescale: 16/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The actual rota did not identify when the person in charge was present within the designated centre. Instead the rota reflected the full working week of the person in charge across the three designated centres.

19. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Person in charge will make a note in the visitor's book when on a specific location as she may be in a number of locations in one day.

Proposed Timescale: 23/08/2016

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 use of cctv within the designated centre did not correspond with policies pertaining to the use of cctv.

20. 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:

A sign has been ordered and will be on display to notify the use of CCTV at this location.

Proposed Timescale: 15/10/2016

Theme: Use of Information

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

The retrieval of some Schedule 3 documents was difficult - some documents were present in duplicate versions while some other documents were not accurate and did not reflect current practice within the designated centre.

21. Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

All plans to be reviewed and all duplicates to be removed.

Proposed Timescale: 16/10/2016