

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kilcarra
Centre ID:	OSV-0001708
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:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 12 July 2016 09:00 To: 12 July 2016 21:00

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 16: Use of Resources
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 regulations and standards.

How we gathered our evidence:

As part of the inspection the inspector visited the designated centre, met with four residents, the person in charge and five staff members. The inspector viewed documentation such as, care plans, person-centred support plans, recording logs and policies and procedures. Over the course of this inspection residents communicated in their own preferred manner with the inspector. The residents allowed the inspector to observe their daily life in the designated centre. This included meal times and activities. The inspector spoke with three staff members, one staff member identified "residents are more happier now, they are smiling more with the changes that have happened here" another member of staff explained " we do things here at the residents pace we do not have to rush in the morning to get the bus to the day service as we go and do activities the resident enjoys doing here".

Description of the Service:

This designated centre is operated by Sunbeam House Services (SHS) Limited and is based in Arklow County Wicklow. There were four residents residing 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, the changes in the service provided was reflected in the document as the designated centre no longer provided respite care for residents. The designated centre aimed to provide residential and day care 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 nearby busy village. It was a five bedroom house with the one bedroom used as a staff bedroom.

Overall Judgments of our findings:

Twelve outcomes were inspected against one outcome was found to be in full compliance. Three outcomes were found to be substantially compliant, seven outcomes were found to be moderately non-compliant with health and safety and risk management judged to be in major non-compliance. The provider was required to take immediate action to address major non-compliance in relation to adequate measures in place within the designated centre to respond to emergencies. This particular action is number 12 in the action plan at the end of the report. Other areas of improvement included the information contained within residents' files, medication management and fire containment.

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):

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 one of the two actions remained outstanding. During the course of the inspection another area of non-compliance was also identified in relation to this outcome.

There was a complaints policy and procedure in place however, the complaints procedure did not specify a nominated person, other than then person nominated under 34(2)(a), to be available to residents to ensure that all complaints were appropriately responded to and a record of all complaints maintained. This was previously identified in 2014 during the last inspection.

Inconsistent practices were also identified in relation to the use of disposable aprons during meal times within the designated centre.

Refurbishment had taken place to ensure the privacy and dignity of residents was maintained within the designated centre as identified on the previous inspection.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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. No other component of this outcome was inspected.

Some residents within the designated centre did not have written agreements including the terms for each resident who resided within the designated centre.

Additional fees charged to some residents were also not maintained up-to-date for example, a massage therapist was not included for a resident receiving this provision of care.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found the wellbeing and welfare for residents required improvement in a number of areas within residents' plans including, the details contained, evidence of

implementation and review of both personal and healthcare plans.

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 the 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 four residents' plans and identified the following issues with these plans:

- Two residents did not have an assessment completed every three years as identified within the organizations policy. One plan viewed was dated October 2012 and another plan was dated July 2012.
- The review process of plans was unclear as one plan had no goals within the reviewed document for 2016, nor was there a clear date of completion. The person in charge was also unable to locate this information within the resident's file.
- Some goals set had no time frame specified for completion, others goals were taking a considerable amount of time to achieve. The inspector viewed evidence where a resident purchased a garden swing using their own money. This was completed in May 2015 and in December 2015 the resident had no use of the swing and set it as goal to use the new swing. On the day of inspection this swing was still not present in the designated centre. Despite the swing being purchased in the previous year. The inspector queried this practice and was informed the swing was held in the maintenance department. This was approximately a 10 minute drive away as the swing had to be assembled within the maintenance department
- Some health and well being plans contained generic information for example, my current health needs were not related to the resident. These were to be deleted if not relevant to the resident instead these remained within the plan.
- Some aspects of plans were not relevant to residents current status for example, reference to a day service. However, no day service was used by residents within this designated centre.
- The monitoring and implementation required to assess the effectiveness in treatment or deterioration in the areas identified in residents' plans were 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, activities for Christmas 2015 were specified in the 2016 document.
- Some healthcare plans viewed contained specific areas of support and care provision such as, hypertension and orthotic usage. The inspector asked to see evidence of the implementation of these interventions. The inspector was informed the information contained within the plan was inaccurate as these interventions were no longer required.

- Some aspects of residents healthcare needs were not evident for example, fluid restriction. No plan of care provision was available to guide staff effectively and no monitoring system was evident within resident's file to ensure the required fluid intake was provided for the resident.

- 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 administering the medication.

The inspector viewed evidence of visual goals maintained for residents and also one folder contained a catalogue of photographs of events the resident participated in. This included meeting celebrities, vintage car events, sporting events, family visits and outings to farms and gardens.

Resident's 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, men's sheds, social groups, sporting events and meeting friends and shopping.

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):

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

Findings:

The inspector reviewed this outcome in respect of the actions identified from the previous inspection and found some of the actions remained outstanding. No other component of this outcome was inspected.

The back garden remained inaccessible to some residents living in the designated centre, this was identified in the previous inspection.

The roadway leading to the designated centre was in a state of disrepair with deep pot holes and bad surface damage. This was also identified in the previous inspection. Some residents were prevented from going for a walk and accessing the local community. Staff members were unable to push resident's wheelchairs over the surface. On the day of inspection two staff were present. The inspector was informed usually three staff members were present and activities were organised outside of the designated centre. However, on the day of inspection residents remained in the designated centre and within the front garden for leisure pursuits. Due to the surface condition of the roadway residents were unable to leave the designated centre without using a vehicle. The person in charge outlined efforts to rectify this issue was ongoing since 2014.

Paintwork was required in the hallway, doors and architraves. The person in charge identified this has been completed since the previous inspection. Corner guards had been applied however, these were placed above the skirting board resulting in the skirting board been damaged and chipped. The person in charge was awaiting maintenance to place these corner guards at floor level.

Paintwork in both wet rooms required attention as rust was evident on radiators and hand rails with skirting boards in need of replacement within one wet room.

A new kitchen had been fitted in the designated centre and staff working within the designated centre volunteered their own time to paint this area. This was completed due to a very long waiting period within the maintenance department.

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 required improvements to ensure it was suitable and safe for the number and needs of residents. Improvements were required in the areas of risk management, fire evacuation and fire containment.

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 house and the controls in place to address these. The inspector found improvements were needed in the identification, assessment and management of risk in the designated centre. For example, the temperature of the hot water from hand basins was very hot during the morning. The person in charge sent a request to the maintenance department to address this.

There were individual risk assessments for residents in place these included fire, aggression and violence and choking. However, the individual risk assessments completed were not accurate, for example, all residents were identified with a high risk of choking. The control measures in place for this aspect of care provision were identified as "clients have been assessed by speech and language and have safe eating guidelines in place. All staff have been trained and up-to-date in choking and first aid procedures and the kitchen door is to be locked at times when staff are not in the vicinity only". This was signed off by the person in charge in February 2016 and the senior service manager signed this off in May 2016. However, three staff members were not trained in first aid and on the day of inspection two of these staff members were scheduled to work in the designated centre in a sleepover capacity. The inspector found this practice unsafe and issued an immediate action to the provider over the telephone in relation this.

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 from 24 June 2016 at 02:15 hrs, four residents were involved with two staff members. The duration of time to evacuate the designated centre was 19 minutes and 39 seconds. The inspector found this time frame to be unsafe. The person in charge had begun to address this issue for example, residents requiring posture devises did not have to have these put on when evacuating in the event of a fire. The inspector was shown an email sent to staff requesting them to update resident's PEEPs (personal emergency evacuation plans) with this information. However, on the day on inspection this was not evident within some resident's peeps.

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

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 was completed in December 2015 and the previous quarterly check completed in June 2016. Staff also completed checks on the exits, alarm panels and equipment. Doors within the designated centre were not fire doors.

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.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:

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 inspector viewed behavioural support plans in place however, these were not updated as required. One plan required review on April 2016, this was still outstanding on the day of inspection. Different versions of individual behavioural support plans were in place providing inconsistent guidance to staff.

Restrictive practices in the form of bed rails and the locking of the kitchen door was reviewed by the organizations rights committee. however, no record of when the kitchen door was locked by staff was maintained in the designated centre.

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

Staff members had received training in the area of 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.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Each resident was supported to achieve the best possible health. However, improvements were required in the information contained in resident's healthcare plans.

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

Residents needs in relation to modified diets was outlined in the resident's files through feeding, eating, drinking and swallowing (F.E.D.S) assessment. Improvements were required in this area as the most up-to-date guidelines were not present for some residents and numerous versions of assessments were contained within resident's files. The person in charge presented evidence to the inspector where this had been highlighted to the team and members. They were informed to place correspondence for the residents GP with the guidelines to avoid the incorrect food texture being provided to the resident. This correspondence was not evident within the file and the person in charge placed this into the file on the day of inspection. The resident was assessed as a high risk of choking.

Health development plans for residents were developed in areas such as, epilepsy. The inspector found these plans required improvement for example, additional pieces of paper hand written were stuck onto the document with no staff signature. The inspector questioned this practice however, staff present were unable to account for this practice. The plan was signed off by staff in May 2016 and the notes were dated July 2015, November 2015 and December 2015. The inspector found this practice did not lead to effective care provision as notes could easily be misplaced or discarded from the residents plan.

Residents had access to a GP, all residents had received an annual review with one resident attending the GP for their annual review on the day of inspection.

Residents had access to allied healthcare professionals and the inspector viewed evidence of this including chiropodists, psychiatrist, optician and dentist.

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.

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 oversight of the medication management system within the designated centre required improvement in relation to the administration practices including the recording system and p.r.n. (a medicine only taken as the need arises) medication.

Administration sheets 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 that staff administered and signed for medication. However, the exact times of administration did not match the prescription time for example, medication prescribed at 08:00 hrs was signed as administered at 10:00 hrs.

P.R.N. protocols were in place however, the inspector observed the maximum dosage within a 24 hour period was not specified for p.r.n. medication.

Some staff signatures were not present within the signature bank.

Once off p.r.n. medication was not discontinued as required.

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 including p.r.n medication.

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 which had occurred in order to mitigate future risk of

reoccurrence.

All residents required staff support in relation to medication. The inspector viewed evidence where one resident was currently supported to take their own medication by themselves, once staff had dispensed the correct medication for the resident.

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 18 January 2016 and another one was completed on 7 July 2016.

There was an annual review of the quality and care completed within the designated centre this was dated 7 October 2015.

The person in charge and other staff members had responsibility for carrying out regular audits in the designated centre. For example, the person in charge conducted staff knowledge audits. The inspector viewed the previous audit dated 1 April 2015, housekeeping audit dated 25 May 2015, and documentation audit dated 25 June 2015.

The inspector viewed minutes of the person in charge attending the senior management team meeting. Areas discussed related to the whole organization including training, budgets and a session on leadership for staff facilitated by an external person.

The person in charge met with the senior service manager along with other persons in charge within the region (cluster meetings). Issues pertaining to transport, safeguarding

in respect of the revised out of hours system now in place, finances and the IT system for recording resident's information also was discussed.

The inspector viewed minutes of regular staff meetings within the designated centre. Areas discussed included one policy from the organization for example, the data protection, complaints and venerable adults policy. Maintenance and health and safety issues were also discussed as a standard agenda item along with social activities such as, activity sampling for residents. Elements of information sharing were evident from the senior management meetings to the cluster meetings to the staff meetings. All meetings were available for staff members to read within the IT system should they wish to do so.

The inspector found there was a clearly defined management structure with 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 change in relation to service provision. Residents were in receipt of day service from their home previously, this was provided off site within a day care setting. The designated centre no longer provided a respite facility for ten residents as four residents now resided in the centre in a full time bases with no respite service provided. This facilitated a more consistent approach to care provision and also for residents to establish therapeutic relationships among each other. Staff identified residents were happier now within the designated centre as a result of the changes.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

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.

Residents now living within the house had a wheelchair accessible vehicle available.

During the course of the inspection the inspector identified areas requiring improvement as maintenance issues were taking several months to complete. For example, a shed or storage facility was requested in September 2015 this was still outstanding, over 9 months later. The lock in the porch was identified as not working correctly, this was identified in March 2016 and remained outstanding on the day of inspection.

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 inspector viewed 16 staff members training records. All staff had received mandatory training with the exception of three staff requiring first aid training and one staff requiring a refresher course in first aid.

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 staff rota's planned and actual and found for the most part staff numbers were maintained, in a few occasions staff numbers were reduced to two staff due to covering staff absences in another location. During these days activities were limited for residents. However, in the main it was evident staff members were committed to assisting residents participate in activities in line with their preferences. The inspector met with three staff members and from discussions with them all staff were knowledgeable in relation to goals set for residents and residents' likes and preferences. Staff spoken with identified how supportive and available the person in charge was in relation to the overall running of the designated centre. The inspector

also acknowledged the commitment of staff members to create a homely environment for residents through volunteering their own time to redecorate the kitchen.

The inspector viewed supervision conducted by the person in charge with staff members. Items impacting on the quality of care provided to residents were discussed for example, accidents and incidents along with the educational needs for staff also identified. 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.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The inspector viewed 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 areas pertaining to this outcome was identified.

Over the course of the inspection the inspector found the retrieval of schedule 3 documents difficult. Some documents were present in duplicate versions for example, p.r.n. medication was listed within resident's files while also within medication plans some of which were not up-to-date.

Guidelines were present pertaining to interventions required by residents however, some of these were not reflective of current practice. Other guidelines were present in duplicate versions without archiving older versions of the guidelines.

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:	Kilcarra
Centre ID:	OSV-0001708
Date of Inspection:	12 July 2016
Date of response:	17 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 inspector found areas and practices whereby resident's dignity was compromised. This was detailed within the main body of this outcome pertaining to the use of disposable plastic aprons.

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 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

There are no longer disposable aprons in use at meal times.

Proposed Timescale: 06/09/2016

Theme: Individualised Supports and Care

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

The complaints procedure did not specify a 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.

2. 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:

Accurate written agreements were not evident for some residents who resided within the designated centre including additional fees.

3. 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 to be reviewed and fees for each service to be included.

Proposed Timescale: 30/09/2016

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:

Residents assessments were not conducted as outlined within the organizations policy.

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 plans will be reviewed and updated.

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 residents' personal plans were not reviewed annually.

5. Action Required:

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

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

All plans will be reviewed and updated.

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 resident's plans when reviewed did not review and assess the effectiveness of each plan. Changes in circumstances and new developments for the resident were also not reflected.

6. 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:

All plans will be reviewed and updated to be relevant to current circumstances

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 residents' reviews did not identify time frames and the identification of those responsible for pursuing the objectives.

7. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

All plans will be reviewed and updated.

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 revised recommendations were not evident within residents' plans for example, when interventions were not longer relevant these remained within the residents plan.

8. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

All plans will be reviewed and updated all documents no longer required will be removed.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

Plans pertaining to the assessed needs of some residents were not evident for example, fluid restriction.

9. 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:

Plan for fluid restriction now in place.

Proposed Timescale: 06/09/2016

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 roadway leading to the designated centre was in disrepair.

The garden at the back of the designated centre was not accessible to some residents.

Some paintwork and woodwork was required within the designated centre.

10. Action Required:

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

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

The roadway leading to the designated centre is not currently in the charge of the Local Authority, it is a private laneway owned by the original landowner with right of access to residents. Contact will be made again with the residents and land owner to seek repairs to the road.

A review of the garden at Kilcarra will be carried out and an action plan created to identify any necessary works.

The property will be reviewed and any necessary painting work completed.

Proposed Timescale: 30/10/2016

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 system in place within the designated centre for the assessment, management and ongoing review of risk required improvement. For example, the water temperature was not regulated.

11. Action Required:

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

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

The temperature in the sink in the bathroom has been adjusted.

Risk Register to be re worded.

Peeps have been reviewed.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

The designated centre did not have an effective system in place for responding to emergencies for example, if a resident was choking. This was issued as an immediate action.

12. 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:

Three staff whom did not complete first aid training were booked on occupational First Aid on 23rd-26th August.

There are guidelines currently in place to ensure the safety of clients if only one staff member on the shift is trained in first aid.

Proposed Timescale: 06/09/2016

Theme: Effective Services

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

Some resident's safety plans did not contain up-to-date information.

13. 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 plans will be reviewed and updated.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

Adequate arrangements for fire containment was not evident within the designated centre.

14. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

SHS are currently awaiting the review of guidelines on fire door in such locations and will act on the necessary guidelines once issued. Procedures are currently in place to ensure the safe evacuation of clients and staff in the event of a fire. Fire alarm panels, emergency light and fire extinguishers are currently in place and serviced regularly.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

Adequate arrangements for evacuating all residents from the designated centre timely were not evident.

Personal emergency evacuation plans did not reflect current practice.

15. 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:

All personal emergency evacuation plans have been now updated to reflect current practice. There are monthly evacuations already in place. There will be another deep sleep evacuation on or before 30th September 2016. There was a team discussion to discuss the length of time of the previous deep sleep evacuation and changes made to decrease this time.

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 residents' positive behavioural support plans were not reviewed annually, others contained inaccurate information.

16. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Plans will be reviewed and updated.

Proposed Timescale: 30/09/2016

Theme: Safe Services

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

No record of the environmental restraint used within the designated centre was maintained in respect of the practice of locking the kitchen door.

17. 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:

Record sheet now in place to record each time kitchen door is locked and for how long.

Proposed Timescale: 06/09/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some residents healthcare plans required updating for example, the inclusion of hand written notes with no staff signatures stuck on to a residents plan.

18. Action Required:

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

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

All plans will be reviewed and updated.

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:

Some documents relating to resident's feeding, eating, drinking and swallowing assessments were not accurate within resident's files.

19. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

Correct discharge letters have been placed in clients files

Proposed Timescale: 06/09/2016

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:

The exact times of medication administration did not match the prescription time for the medication to be administered.

20. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered

as prescribed to the resident for whom it is prescribed and to no other resident.

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

New administration records have been designed and implemented to ensure medication is recorded under correct

Proposed Timescale: 06/09/2016

Theme: Health and Development

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

Some p.r.n. prescriptions did not state the maximum dosage within a 24 hour period.

Once off p.r.n. medication was not discontinued as required.

21. 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:

Once off PRN discontinued date entered by GP.

Maximum dosages within 24 hours to be recorded on Kardex

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:

Some staff signatures were not present within the signature bank.

22. 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:

There was a new signature sheet placed in the designated centre, some staff have not worked at the location since the sheet has been updated, therefore have not signed the new sheet. Will ensure signature sheet represents signatures of all staff currently working at location.

Proposed Timescale: 30/09/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The completion of maintenance within the designated centre was taking several months to complete.

23. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

All maintenance requests are recorded on a central maintenance database.

All actions are responded to and given priority based on the wider organisational needs.

Maintenance request classified as emergency or urgent are responded to as priority.

A full site visit of the location and review of any maintenance matters has been carried out by the Maintenance Service Manager.

Proposed Timescale: 06/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Training in the area of first aid was not provided for all staff members within the designated centre.

24. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The three staff who had not had first aid training have now completed the training.

Proposed Timescale: 06/09/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some schedule 3 documents were not maintained up-to-date.

25. Action Required:

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

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

All plans will be reviewed and updated. All duplications and old plans to be removed

Proposed Timescale: 30/09/2016