

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Carriglea Cairde Services
Centre ID:	OSV-0002087
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Carriglea Cairde Services
Provider Nominee:	Vincent O'Flynn
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 June 2016 09:00	14 June 2016 19:00
15 June 2016 09:00	15 June 2016 13:00

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

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was the second inspection of this centre which is part of an organisation which has a number of designated centres in the region.

The centre was granted registration without restrictive conditions in 2014 and had made an application to vary condition 7, namely, to increase the number of registered beds from ten to thirteen. This included the addition of a new house to the two which comprised the original application. All documentation required for the purpose of the variation was forwarded. This inspection was undertaken in order make the decision regarding this variation and to monitor ongoing regulatory compliance. This inspection also reviewed the actions required from the previous inspection. All actions had been satisfactory addressed.

How we gathered the evidence

The inspector met with all residents who communicated in their own way. The inspector also met with staff members, the person in charge, the provider nominee and day service staff. All three premises were reviewed.

Description of the Service

This centre is designed to provide long term care for 13 adult residents, male and female of moderate to severe intellectual disability, autism and challenging behaviours and dual diagnosis. The findings of this inspection indicate that the service provided is congruent with the statement of purpose and suitable to meet the needs of the residents.

The centre is comprised of three individual houses located in a coastal town within circa fifteen miles from each other. The additional house is located in the centre of the town.

Overall judgement of our findings

This inspection found that the provider was in substantial compliance with the regulations which had positive outcomes for the residents and the arrangements for the proposed increase in the numbers of residents were satisfactory.

Good practice was observed in the following areas;

- governance systems were effective and robust (outcome 14)
- residents had good access to healthcare multidisciplinary specialists and good personal planning systems were evident (outcome 5)
- risk management systems were effective and proportionate (outcome 7)
- medicine management systems were safe (outcome 12)
- safeguarding systems were effective with some minor improvements required (outcome 8)
- the premises were suitable for purpose
- numbers and skill mix of staff were suitable (outcome 17) which provided continuity for the residents

Some improvements were required in the following areas to improve the overall outcomes for residents;

- implementation of some decision made at reviews (outcome 5) which could impact on the quality of the residents life
- safeguarding plans were not sufficiently detailed (outcome 8) which could result in potential risks to residents.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities 2013

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 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There was a detailed policy outlining the procedure and decision making process for admission to the centre. The inspector found that decisions regarding admissions were being made according to clear criteria, based on assessment of need and in consultation with all persons. All of the proposed residents were receiving services from the provider and it was apparent that consideration had been given to suitability and safeguarding matters in the planning process.

There was evidence of transitional plans being implemented pertinent to each of individual residents needs and preferences.

Contracts for services were in place which clearly identified the service to be provided and additional costs. They were signed by the representatives of the residents in accordance with their needs.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents had frequent access to a range of multidisciplinary assessments and interventions. These were comprehensive assessments of their health, psychosocial and mental health needs.

There were regular multidisciplinary meetings and internal reviews held as frequently as required and as needs changed.

From a review of a sample of five personal plans and related documentation, including documentation pertinent to the residents who would be admitted to the additional unit, the inspector found that residents' needs were identified and plans were made to address these. However, a number of the plans had not been formally reviewed since 2014. However, the inspector acknowledges that the level of multidisciplinary interventions and reviews held outside of this format was effective and responsive to the residents' changing needs.

In most but not all in instances there was evidence that goals outlined were achieved and if not the rationale was evident. However, the inspector also found that some decisions such as undertaking a dementia assessment with a resident had not been acted upon.

The personal plans reviewed demonstrated that there was a significant level of consultation with the residents and in this instance their representatives as required by their level of disability. The personal/support plans were very person-centred and demonstrated a good understanding of and support for the residents across a range of domains including health, recreation, self care and community access. The plans were very detailed as required by the resident's dependency levels.

The inspector was satisfied that the assessed needs of the current and proposed residents could be met within the centre.

The residents social care needs were very well supported with a lot of meaningful activities. They attended a high support day service which provided support in music, drama therapy and physical activity, arts and crafts. There was a swimming pool onsite which was used regularly by the residents. They did relaxation therapy and also had responsibility for various tasks during the day. The staffing ratios allowed for individual activities such as walks, outings or meals or activities.

Judgment:

Substantially Compliant

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:

Both actions required following the previous inspection including the installation of a ramp and adaption of one en suites for a resident who required assistance had been resolved.

All of houses in the centre were found to be suitable for purpose and to meet the needs of the current and proposed residents.

The current centre consists of two bungalows located in rural settings. The first house is home to three residents but it can accommodate five residents. All residents have a single bedroom and two of these bedrooms have en-suite bathrooms. The other residents have access to a bathroom and separate shower room. The bathroom and shower room also have toilet and hand washing facilities. The bedrooms were seen by the inspector to be large and very personalised and decorated to suit the preferences of the residents living there. The communal accommodation included a sitting room, a kitchen/dining area and a conservatory leading to a large private garden.

The second house is a new purpose build bungalow which can accommodate five residents in single bedrooms with full en-suite facilities. The bedrooms were fully furnished with beds, wardrobes and lockers providing ample space for personal belongings. There was also a large bathroom with a specialist bath.

The communal accommodation consisted of a large sitting room, a large kitchen/dining room and a further separate sitting/visitors room with direct access to the enclosed garden.

The new premises are located in a small housing estate in the town. It is a bungalow with three en suite bedrooms for resident, a sitting room, kitchen, dining room sun/ or visitor room. The latter rooms and en suites were additions made by the provider to ensure the residents had sufficient private and communal space. There was a safe garden area to the rear which was in the process of being planted.

While works were not entirely completed at the time of the inspection the kitchens and wardrobes were installed and the residents were being given opportunities to choose colours and furnishings of their choice or could bring furnishings they were currently using. There were suitable arrangements for the storage of records, medicines and

personal possessions.

All of the houses had intruder alarms installed and where necessary restrictive devices on the windows. They were all domestic style properties and homely in appearance yet designed to meet the various different needs of the residents.

Specialist equipment for use by residents was available and there was evidence of the maintenance of this. Transport is provided for all houses individually.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Systems for identifying and responding to risk were found to be proportionate and balanced and protective with good planning for the opening of the new house evident. The action from the previous inspection in regard to documentary evidence of the maintenance of the fire safety equipment had been fully resolved.

Fire safety management systems were found to be good overall with equipment including the fire alarm, extinguishers and emergency lighting installed and serviced quarterly and annually as required. The provider had made a significant investment in installing these systems. The house which is the subject of the variation was also equipped with suitable fire alarms, emergency lighting and fire doors.

There were regular fire drills held and the proposed additional staff for the new unit had received fire training. The inspector was informed that prior to opening the house staff would undertake fire drills in the unit and become familiar with the layout and personal evacuation plans of the residents. There were suitable evacuation plans available for all of the current residents. Daily checks on the alarms and the exits were undertaken by staff. All exit doors had thumb locks or key pad codes if required for safety.

An environmental risk assessment for the new premises had been undertaken and this was very detailed.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices had been undertaken and were updated regularly.

The risk management policy complied with the regulations including the process for learning from and review of untoward events. Risks identified were pertinent and included environmental, clinical and behavioural issues. There were suitable controls in place to mitigate against these.

The risk register was also detailed and demonstrated a robust system for identifying and addressing any risks identified. The inspector found that the policy was implemented in practice.

There was a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff.

The policy on infection control and the disposal of sharps was detailed. Each unit had a suitably equipped first aid kit.

Each resident had a comprehensive individual risk assessment and management plan implemented for risks identified as pertinent to them. The detail and control measures identified were seen to be satisfactory and pertinent to the specific risk or level of risk. These included such items as house alarms, additional staff support and supervision or falls management strategies. Systems for alerting support staff in another unit were in place.

Judgment:
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 reviewed the policies and procedures for the prevention, detection and response to allegations of abuse and the protection of vulnerable adults. These policies reflected the most recent national requirements and staff spoken to were familiar with reporting procedures.

The provider had a dedicated social work service and a suitably experienced designated officer appointed. Records demonstrated that all current staff in the centre had received up to date training in the prevention of and response to abuse. The staff who spoke with the inspector articulated a good understanding of the dynamics of abuse and the reporting systems. The inspector was informed that no allegations or concerns of that nature were being managed at time of the inspection.

The residents who could communicate with the inspector stated that they felt safe and could and would raise any issues of concern with the staff or person in charge.

A range of systems were in place to protect the residents. These included a significant level of multidisciplinary involvement. There was regular access to managers for oversight of their care and safety, evidence of good communication with families, external advocates and good recruitment procedures were in place. While there were personal care plans in place these did not demonstrate that the wishes and consent of the residents or their representatives had been considered in the provision of such care, with particular reference to the gender of staff who provide this. The provider agreed to review this following the inspection.

Where incidents of potentially abusive behaviours between residents occurred these were reviewed promptly. The inspector saw that additional safe guarding plans were being devised as required for the residents who will move to the new unit.

However, while safeguarding plans were implemented some of those reviewed by the inspector did not provide sufficient detail as to the supervision and interventions necessary to prevent re-occurrences. In some instances they referred generically to "staff support" or "awareness" but did not precisely detail what this entailed at periods of higher risk.

A small number of particular restrictive practices were used. These included securing the front doors to protect residents who would be at significant risk of injury if they left the units unsupervised. There was a half door used to prevent unsupervised access to kitchen equipment.

On occasions an internal door was locked to prevent a resident accessing other residents in specific instances. The resident however had free access to the garden at such times. An audio monitor was also used but the inspector saw evidence that a more appropriate system was being sourced to replace this and protect the resident's privacy. It was planned to install sensors on the bedroom doors in the new unit. The inspector found that the rationale for the use of these systems was reasonable in the best interest of the residents.

However, the assessment of need, suitability of the system to be used, evidence of trials of alternatives, decision making and review was not clearly defined in the documentation. This was rectified by the person in charge during the inspection. A process of multidisciplinary review of such practices had recently commenced and the inspector was informed that this would be a standard process in the future to ensure practices were in accordance with the national guidelines and good practice.

Behaviours that challenge were managed with the support of the psychology and psychiatric department and behaviour support service. The records available indicated that staff had training in challenging behaviours and in the use of MAPA (a system for the management of behaviours). There were detailed behaviour support plans in place which demonstrated understanding and support for the residents.

Staff had recently had additional training by the psychiatry department in managing specific mental health issues and the use of medicines in such interventions. A staff member told the inspector this had been very helpful to them in understanding a residents behaviour patterns.

There was evidence that where behaviours escalated additional psychiatric support was available promptly and on an ongoing basis.

A significant increase in resources, primarily staffing had been made available in order to support residents with emerging significant behavioural problems and to ensure others residents were able to carry on with their normal routines. The space available in the houses also facilitated this process.

A review of a sample of the records pertaining to resident's finances showed that that the provider acted as agent for the residents with the required agreements in place in relation to this. Monies were lodged in a specially designated account which was not used for the management of the centre. Each resident had an individual accounts set up within this. The records of all transactions seen by the inspector were detailed and there were auditing and monitoring systems evident. There was also a safe process for decision making and consent in regard to the spending of any monies on behalf of the residents.

The inspector was informed that no residents in this centre were subject to legal, financial or personal protection orders at this time.

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:

The inspector found evidence that resident's healthcare needs were very well supported. A local general practitioner (GP) service was responsible for the healthcare of residents and attended at the day service weekly. Records and interviews indicated that there was frequent, prompt and timely access to this service.

There was evidence from documents, interviews and observation that a range of allied health services was available and accessed promptly in accordance with the residents' needs. These included occupational therapy, physiotherapy, and neurology, psychiatric and psychological services most of which were available internally. Chiropractic, dentistry and ophthalmic reviews were also attended regularly.

Healthcare related treatments and interventions were detailed and staff were aware of these. The inspector saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine health issues and specific issues. The documentation indicated that all aspects of the resident's healthcare and complexity of need was monitored and reviewed. Staff very knowledgeable on the residents and how to support them. Where necessary detailed daily records of, for example, dietary intake were maintained.

Nutrition and weights were monitored and they were encouraged with healthy eating plans and support from staff. Staff support supervision was required for the majority of the residents in accessing the kitchen area due to safety concerns. Food was prepared in the houses and the inspectors observed that where residents required assistance this was undertaken sensitively.

There were suitable arrangements in place in the event of admission to acute services. There was detailed information available should this occur. There was an end of life policy. Discussions had taken place with relatives as to decision making and arrangements for this event but at time of this inspection this was not a factor for the residents.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for all medicines was found to be satisfactory. The inspector saw that there were appropriate documented procedures for the handling, disposal of and return of medicines.

The inspector saw evidence that medicines were reviewed regularly by both the residents GP and the prescribing psychiatric service. Potential risks or side effects were carefully monitored and were known by staff. There was data provided to staff to ensure they were familiar with the nature and purpose of the medicines and any medicines required to be administered in an altered format were adhered to.

Regular audits of medicines administration took place. Where a medication incident had taken place this was managed and remedial actions taken to prevent a reoccurrence.

The non nursing staff had general training in medicines management and a number of staff also had specific training in the administration of emergency medicines. Rostering arrangements took account of this training. There was a protocol in place for the administration of this medicine.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been forwarded as part of the application to vary and this was found to be in compliance with the regulations. The care practices and proposed admissions were in accordance with the statement.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the governance arrangements were suitable and effective to ensure the safe effective delivery of care. There were suitable systems in place to govern and promote accountability. The management team operates under the board of directors. The chief executive officer is the provider nominee.

The senior management team consists of the person in charge/senior services manager a quality and standards manager, human resources manager, and a finance manager. There are social work and psychology services integral to the organisation.

The person in charge works full-time and is a registered nurse intellectual disability and a general nurse. She had significant experience working in services for people with disabilities with 15 years in a management role. Staff and the residents were very familiar with the management structure and this was apparent from speaking with the residents and staff.

The person in charge was also responsible for another larger centre within the organisation. However, there were systems in place to support this was satisfactory including the presence of a CNM 2 as assistant to the person in charge who supported the person in charge. The inspector found that this arrangement was satisfactory with good oversight of care practices evident.

Both the nominee and the person in charge demonstrated their knowledge of their responsibilities under the Health Act in terms of the registration process and meeting the Care and Support Regulations. Both were found to be very familiar with the residents needs and proactive in planning and decision making for the service.

The reporting systems were clear and formal. There was evidence of learning and review from accidents and incidents with changes made to rostering arrangements, resident's activities and thoughtful planning for residents living together. There was evidence that the person in charge monitored and reviewed all incidents. The managers meetings record demonstrated evidence of good auditing and analysis of practices and remedial actions taken.

The provider had undertaken two unannounced visits since 2015 and an annual report for the quality and safety of care for 2014 was made available in September 2015. This provided an analysis of financial systems, clinical governance arrangements access to advocacy services, complaints safeguarding issues and the views of families and relatives. Consideration was being given to some residents from the organization participating in staff recruitment panel.

There was evidence from governance reports and management meetings that the residents' care needs were prioritised. Resources were made available and decisions including additional staff, low resident numbers demonstrated a commitment to provide suitable and sufficient care.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that the current and planned staffing arrangements were suitable both in skill mix and number to meet the needs of the residents. Staff had training in social care or a related discipline and all care assistants were trained in FETAC Level 5 which is the minimum requirement. The residents are assessed as not requiring full-time nursing care but the person in charge and deputy are both qualified nurses. Nursing support was also available in the high support day service which the residents attended.

A review of samples of the personnel records for the current and planned staff showed evidence of good recruitment procedures with all the required documentation procured. The staff identified for the additional house had already had fire safety and safeguarding training. There was a commitment evident to ongoing mandatory training including manual handling, fire and safeguarding and all staff had training in challenging behaviours and first aid. The provider had made a significant commitment to the provision of additional staff to provide one to one supports for residents where necessary.

Deployment of staff and rostering arrangements were seen to reflect the different levels of supervision and support necessary. A minimum of two staff were available at all times with a third staff in one unit. There was both waking and sleep over staff in two houses and it was planned that sleepover staff will be available in the new unit.

There was a detailed induction programme which staff confirmed to the inspector. An annual appraisal was undertaken and the person in charge stated that they were in the process of developing an ongoing staff supervision system implemented by the person in charge. There was evidence that there was regular communication and contact and informal supervision between the management team, the staff in the units and the day service.

There were weekly team and or multidisciplinary meetings and the records examined showed that the communication systems were effective to ensure consistency of care for the residents.

Staff were observed to be very knowledgeable of the residents' needs and personal plans and on their own roles and responsibilities. While most of the staff identified for the new house already had some knowledge of the residents via their work in other areas of the service, there was a detailed process planned to ensure continuity for the residents.

Judgment:
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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Carriglea Cairde Services
Centre ID:	OSV-0002087
Date of Inspection:	14 June 2016
Date of response:	15 July 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personal plan review decisions were not consistently implemented by those responsible.

1. 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

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

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:

The actions and review decisions of each residents person centred plan will be reviewed by the Designated Centre's PPIM & PIC for the purposes of ensuring and monitoring that appropriate follow up and implementation is in process or has been completed. The person centred planning record meeting form will be amended to reflect the names of those responsible for pursuing objectives in the plan within agreed timescales.

The resident who requires dementia screening is now on the waiting list for dementia assessment to the relevant multi-disciplinary personnel. This referral is in line with the decision / outcome within the resident's person centred plan.

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:

While safeguarding plans were in place in some instances they did not provide sufficient guidance for staff in how to prevent injury or assault by peers.

2. Action Required:

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

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

The safeguarding plans for Residents within the Designated Centre will be reviewed and updated to provide further detail as to the supervision and interventions necessary to prevent re-occurrences. The revised safeguarding plans will further support staff and will outline specific actions to implement for periods of higher risk. The review of the safeguarding plans will be undertaken by residential and day services managers in conjunction with the PIC / PPIM.

Proposed Timescale: 31/08/2016