

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rosetree Cottage
Centre ID:	OSV-0002357
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
28 July 2016 09:00	28 July 2016 18:50
27 September 2016 09:45	27 September 2016 18:45
28 September 2016 09:30	28 September 2016 19:45

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

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

Summary of findings from this inspection

Background to the inspection

This was the third inspection of the designated centre. The centre had previously been inspected in February 2014 and in May 2015 during which time the centre operated as a centre for children with disabilities. Following the last inspection the provider submitted details to the Health Information and Quality Authority (HIQA) of plans to reconfigure the centre to a designated centre for adults with disabilities. An application was made to HIQA to register the centre for five adults. The inspection took place over three days and 18 outcomes were inspected against. The purpose of

the inspection was to inform a registration decision. On the first day of inspection, a safeguarding concern was identified and an immediate action was issued to the provider. By the end of the first day of inspection, the provider had taken action to mitigate the risk. A period of eight weeks was then provided, to ensure revised arrangements were implemented and were having a positive outcome for residents.

How the inspector gathered evidence

The person in charge and the person participating in management facilitated the inspection and spoke with the inspector throughout the inspection in relation to the services and facilities provided to residents, and their care and support needs. The inspector spoke to four staff members and a family member and observed practice such as a meal being served, an activity being facilitated and staff interacting with residents consistent with their communication plans. Documentation such as personal plans, complaints log, risk management plans, staff training records, staff personnel records and policies and procedures were also reviewed.

Description of the service

The centre had produced a statement of purpose which outlined the services and facilities to be provided in the centre. The statement of purpose outlined the focus of the centre was to offer a homely safe environment to the residents, supporting them to develop independence, taking into consideration their stage of development. However, the inspector found aspects of practice were not safe and the implementation of a number of restrictive practices could not ensure the environment was homely and promoted opportunities for independence in line with residents' developmental abilities. The centre was a single storey premises located in the community and was close to a range of local amenities.

Overall judgement of findings

Major non compliances were identified in two outcomes:

- Outcome 8 - appropriate safeguarding measures were not in place on the first day of inspection, restrictive procedures were not applied in accordance with best practice, intimate care plans required improvement and behaviour support plans did not consistently guide practice.
- Outcome 14 - the management systems in place did not ensure the service provided was safe, effectively monitored, consistent and appropriate to residents' needs.

Moderate non compliances were identified in four outcomes:

- Outcome 1 - the privacy and dignity of residents was not consistently upheld and the provision of meaningful activities required improvement.
- Outcome 5 - relating to personal planning and the provision of plans and practice to support personal development and independent skills.
- Outcome 7 - some risk aversive procedures were observed during the inspection, some risk management plans were not in place, staff knowledge on fire evacuation procedures required improvement, and appropriate infection control measures were not in place.
- Outcome 17 - Sufficient staff numbers were not provided and the staffing levels were not reflective of the statement of purpose.

The centre was in compliance or substantial compliance with the remaining 12 outcomes. Good practice was identified in the medication management, healthcare needs, communication and families and personal relationships. Suitable arrangements were in place for the absence of the person in charge and most of the required records and policies were in place in the centre.

These non compliances are discussed in the body of the report and the actions required to address these are set out in the action plan at the end of the report.

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):

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

Findings:

Overall the inspector found residents were consulted about the running of the centre and in decisions about their care however, improvement was required in some personal care practices to ensure the privacy and dignity of residents was upheld and to ensure activities in accordance with residents' preferences were facilitated.

The action from the previous inspection was satisfactorily implemented and information had been made available on an external advocacy service. The information was prominently displayed within the centre.

Staff members were observed to treat residents with respect. Support plans were available on the procedure to follow in relation to intimate care however, the inspector found the procedure in place to support a resident with intimate care did not ensure privacy and dignity for the resident and was in conflict with other support plans in place to promote privacy and dignity for the resident. In addition the inspector found the use of disposable aprons at mealtimes were not appropriate and did not uphold the dignity of residents.

Residents' meetings had recently been initiated in order to promote residents' involvement in the running of the centre and included the use of picture prompts to support choices around meals and activities. The day to day organisation of the centre was planned around the needs of the residents, for example, personal care needs, attendance at appointments and day services and activities. An activity schedule was planned on a weekly basis in line with residents' preferences within the scope of resources available. However, the inspector found meaningful activities for some

residents were not consistently facilitated. This was discussed with the person participating in management who outlined significant planning was required to facilitate activities for some residents and activities were impacted by the numbers of staff available to facilitate these.

Private contact between residents' and their relatives was facilitated and a room was available for visitors if required. Information pertaining to residents was securely stored. Internal closed circuit television was not in use in the centre.

There were policies and procedures for the management of complaints, and the policy was available in an accessible format for residents. This accessible policy was prominently displayed in the hallway of the centre. Residents' families had been supported to make complaints. The inspector reviewed a record of complaints since the last inspection in May 2015 and found complaints had been well managed in line with the centre procedures. Complainants had been made aware of the outcome of complaints to their satisfaction. There was a nominated person to deal with complaints and an appeals process that was fair and objective.

There was a policy on residents' finances and a local policy on residents' possessions. Residents' were supported by staff to manage their finances. The inspector reviewed a sample of two financial records for residents and found that the record keeping was appropriate and complete. Monies held on behalf of residents were securely stored. Monthly financial audits were completed for residents by the person in charge. Residents had their own bedroom and retained their own possessions. Adequate storage was available for residents' personal possessions. Residents were supported to manage their laundry in accordance with their developmental needs and preferences.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found residents' communication needs were met however, improvement was required in access to the internet for residents.

Residents did not have access to the internet in the centre. The centre was part of the local community and resident could access facilities such as parks, shops and local

health services. Television and radio was available in the centre for residents' use.

There was a policy in place on communication with residents. Staff were observed to interact with residents consistent with their communicative methods. Communication assessments had been completed for residents by a speech and language therapist where required, with subsequent communication plans developed. Residents were supported to develop their communication skills through use of pictures for choices and to support their understanding of daily routines.

Judgment:

Substantially Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found residents were supported to develop and maintain personal relationships.

Positive relationships between residents and their families were supported. Links with families were maintained through visits to the centre and residents visiting home. There was an open visiting policy in the centre. The inspector reviewed a sample of family contact records and families had been kept up to date on the wellbeing of their relative living in the centre. Families were also invited to attend an annual review of residents support plan. A second sitting room was available to facilitate private contact between residents and their relatives and friends.

Staff supported residents to develop and maintain friendships, for example, a resident's wish to maintain contact with a peer from another centre was facilitated through social outings approximately fortnightly.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspector found admissions to the centre were timely and written agreements were in place for residents.

There were policies and procedures in place for admissions to the centre including transfers and discharges however, the policy did not include the temporary absence of residents.

Admissions to the centre were in line with the statement of purpose. On the second day of inspection, the inspector reviewed records of a recent admission to the centre. A detailed transition process had been completed prior to the admission of the resident to the centre which outlined the support provided to assist the resident in transitioning into the centre.

Written agreements were available for residents and set out the services to be provided and the fees to be charged. The written agreements also set out costs which were not covered by the fees charged and for which the resident may be liable.

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):

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

Findings:

Overall the inspector found residents' welfare and wellbeing was maintained however, improvement was required in the details set out in personal plans in order to support consistent practice and to ensure plans were developed for some identified needs or risks. In addition, improvement was required to ensure aspects of personal plans were reviewed and to ensure personal plans were made available in an accessible format. Plans were not developed for some residents to support personal development.

Personal plans had been developed following assessment by an appropriate healthcare professional. Plans included healthcare plans, social care plans and personal care plans and most plans outlined the supports required to meet the needs of the residents. However, the inspector found conflicting details in some plans, for example, the rate of oxygen to be administered in response to seizures and a feeding and swallowing plan not reflective of an up to date speech and language assessment. The inspector spoke with both the person in charge and the person participating in management throughout the inspection in relation to residents needs, during which it was outlined a known significant risk to the wellbeing of a resident. While there was some ongoing monitoring of the risk, plans were not developed to respond should the risk be realised.

Plans had not been developed for some residents to support personal development and promote independence skills. There was evidence that goals had been developed for a resident to enhance personal development however, of the three goals developed, only one goal was implemented on a consistent basis. There was no documentary evidence of the person responsible to ensure these goals were implemented and of the actions required to implement goals in order to ensure a consistent approach.

Most personal plans were reviewed a minimum of annually or as the need arose however, there was no documentary evidence to confirm a sensory diet plan, used on a daily basis had been reviewed within the last year. The inspector reviewed minutes of annual review meetings in which families were invited to attend and contribute to annual review of residents' plans. Personal plans had not been made available in an accessible format for residents.

Assessments of need were completed for most residents and were subject to an annual review however, some assessments of need documents had not been reviewed annually. However, the inspector reviewed records of assessments for residents by relevant professionals and found comprehensive assessments had been carried out within the last year in line with residents' needs. Up to date assessment of need documents were made available by the end of the inspection. Multidisciplinary team members had been involved in the assessment of residents' needs and development of plans as required, for example, a psychologist, a physiotherapist, speech and language therapist and a psychiatrist.

The inspector found planned supports were in place for residents transferring into the centre and residents had been involved and consulted with during the transfer process.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found the design, layout and location of the centre were suitable for its stated purpose. There was appropriate equipment for use by residents and staff which was maintained in good working order however, improvement was required to ensure personal care items were suitably stored.

Adequate storage was available in the centre however, on the day of inspection the inspector found incontinence wear inappropriately stored on bathroom floors.

The design and layout of the centre was in line with the details set of on the statement of purpose. The centre was located in a suburban area and consisted of a single storey premises which was fully wheelchair accessible. The inspector found the premises was clean and well maintained and while some decoration work was required in one bedroom a plan was in place for the resident to redecorate their bedroom supported by a family member. Suitable heating, lighting and ventilation was available in the centre.

Adequate private and communal space was available in the centre. Each resident had their own bedroom, individually decorated to their preferences with suitable storage for personal possessions. Bedrooms were of a suitable size to accommodate assistive equipment where required.

There were two bathrooms available for residents' use and assistive equipment and aids had been provided to meet the individual care needs of residents, for example, hoists, shower chairs, shower bed and an assisted standing device. All equipment provided in the centre had been serviced within the last year. An additional bathroom and an ensuite was available for staff's use.

There was a large kitchen cum sitting room with an adjoining dining room. The kitchen was fitted with suitable equipment for cooking, food preparation and food storage. An additional locked fridge was available for separate storage of supplementary fluids. The dining area had a large table with sufficient seating for residents and staff. The sitting

room area was equipped with a television and adequate numbers of seats for residents' use.

A separate sitting room was available which was used on a day to day basis as a sensory room and also could accommodate visitors should the need arise.

Suitable arrangements were in place for the disposal of general and clinical waste. There was a large laundry room available for residents' use.

Parking was available to the front of the premises. Two gardens were available to the side and the rear of the premises and seating was available for residents' use in the gardens.

The centre had a small office used for administrative and storage purposes.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The inspector found that the health and safety of residents, visitors and staff was not consistently promoted and was not appropriately assessed through risk management procedures. Some risk management procedures were not in place and the risk register was not reflective of current risks. Adequate arrangements were not in place for infection control and improvement was required to ensure staff had up to date knowledge on fire evacuation procedures.

Appropriate precautions were not in place for infection control and two couches had damaged coverings. In addition an assisted standing frame also had damage to the protective covering and damage was noted to the surface of a number of kitchen presses. Given the profile of the residents, the inspector was not assured that satisfactory procedures were in place for the prevention and control of infection. Some infection control measures were in place such as the use of personal protective equipment and satisfactory hand washing facilities.

There was a risk management policy in place however, it did not include the measures in place to control the risk of the unexplained absence of a resident. The person in charge outlined a numbers of restrictive practices in use in the centre in response to

risks however, the rationale for the use of some restrictions was not clearly identified. The inspector found the measures in place were not proportionate and resulted in reduced outcomes for residents.

Risk management plans were in place for some identified risks such as slips, trips and falls, physical injury, food safety and access and egress however, there was no risk management assessment in place for the use and storage of oxygen. In addition, some individual risks assessments were not in place for identified risks of choking and dehydration. There was a risk register in use in the centre which identified known risks in the centre however, the inspector found this had not been updated for a number of months to reflect current risks.

The inspector reviewed records of incidents occurring in the centre. While incidents were recorded on a computerised system, some of the information on the incident form was not retrievable once it had been submitted to management. However, the inspector found that in these incidences corresponding antecedent, behaviour and consequence charts were available which were used to analyse incidents. There was evidence that adverse incident were followed up as appropriate with the relevant allied healthcare professional in order to develop plans to prevent reoccurrence.

The inspector spoke to a number of staff during the inspection in relation to fire evacuation procedures at night time however, some staff were not knowledgeable on the procedure to follow as per the evacuation plan. The person in charge subsequently provided informal instruction on the procedures to follow, and documentary evidence of this instruction was forwarded to HIQA post inspection.

Suitable arrangements were in place for the containment of fire and fire doors were provided throughout the centre. There was adequate means of escape and all exits were unobstructed on the day of inspection. The fire evacuation plan was prominently displayed in the hallway. Personal emergency evacuation plans had been developed for all residents and took into account residents' cognitive understanding and support requirements, outlining the assistance to be provided to residents in the event of an evacuation. Suitable fire detection and fire fighting equipment and emergency lighting was provided in the centre and all fire equipment had been serviced within the last year. There were regular routine checks of fire exits and equipment within the centre.

Fire drills had been completed at regular intervals and where an issue arose corrective action had been taken.

There was an up to date health and safety statement. A monthly health and safety audit was completed in the centre and included areas such as training, first aid, assistive equipment, accidents and incidents and manual handling. Actions were developed to identified issues. An infection control audit was completed by a clinical nurse specialist in January 2016 and July 2016 which identified infection control issues consistent with the findings of this inspection.

An emergency plan was in place for the centre. The centre had procedures in place in the event a resident goes missing.

Staff were trained in the moving and handling of residents. The vehicle used to transport residents had an up to date certificate of roadworthiness and suitable equipment was provided to ensure the safe transportation of residents.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Overall it was found that there were inadequate measures in place to adequately safeguard residents due to peer to peer issues and the inability of staff to be able to implement proactive strategies as known triggers could not be avoided due to inappropriate placements and the layout of the premises. Restrictive practices in use in the centre were not assessed appropriately and not applied in accordance with best practice impacting on the rights of residents to freely access parts of their environment. Improvement was also required in behaviour support plans to ensure plans in place guided practice and were consistent with prescribed therapeutic responses such as physical restraint and use of medication. The details contained in some intimate care plans required improvement.

On Day 1 of the inspection a safeguarding concern was identified as referred to within the opening paragraph. The inspection process for that day focused on this issue. The evidence and detail which was provided to the provider and person in charge on the day of inspection is withheld from this report in order to preserve the anonymity of those concerned. An immediate action was issued to the Director of Adult services (provider nominee) who took appropriate actions to mitigate the risk.

A period of eight weeks was then provided to ensure the revised arrangements were adequately implemented and were having a positive outcome for residents. At this point the remaining components of this outcome were inspected against.

There were a number of environmental and physical restrictive practices in use in the centre, for example, locked doors. The inspector reviewed documentation pertaining to these practices and discussed these with the person in charge and the person participating in management. In some instances the rationale for use of these practices was not clear. In other instances, it was found the least restrictive measure was not used for the shortest duration. There were no risk assessments in place for use of some of these practices and these practices were not subject to regular review. The use of some of these restrictive practices impacted on residents' rights to freely access their environment and on opportunities for some residents to practice independent skills in line with their personal plans. Since the last inspection, the use of wheelchairs for some residents accessing the community who could mobilise, had been assessed as to their necessity on the basis of risk, by the relevant allied healthcare professional.

Residents' support plans had recently been reviewed and updated. Support plans outlined proactive and reactive strategies to decrease the likelihood of behaviours occurring and to respond appropriately. However, the inspector found the details contained in some support plans did not identify some behaviours of concern for which a restrictive practice was in place and did not consistently guide practice specifically in the use of a physical restraint and in the use of medication as a therapeutic response to behaviours.

Some intimate care plans detailed support required to ensure residents dignity was maintained during personal care. The plans also outlined communicative strategies to indicate to the resident the procedure about to occur. However, the inspector found some intimate care plans were basic and did not guide practice.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

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

Findings:

The inspector found a record of incidents occurring in the centre was maintained and notifications had been made to the Chief inspector.

The action from the previous inspection had been implemented and notifications of the use of a restrictive practice had been notified to the Chief Inspector on quarterly basis.

On the first day of inspection, a number of safeguarding incidents were identified, some of which had not been notified to the Chief inspector. The provider subsequently initiated an audit of all incidents occurring in the centre and retrospective notifications were submitted to the Health Information and Quality Authority (HIQA). Since the first day of inspection, subsequent incidents were notified to HIQA as required by the Regulations.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

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

Findings:
The inspector found that residents were supported to access day services and there was a system in place to assess training and educational opportunities.

Most residents attended a full time day services and plans to accommodate school leavers in an adult day services were progressing. There was a system available in the centre to assess training and educational opportunities for residents. A number of residents did not have this assessment completed and goals had not been established however, this is addressed in Outcome 5.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

Findings:

The inspector found residents were supported to achieve and maintain good health.

Residents had timely access to health care services and professionals in line with their needs. Allied health professionals were accessed through the St Michael's House service and included professionals such as speech and language therapist, physiotherapist, dietician and psychology. Residents were also supported to access general medical services in the community such as dental services and hospital consultants.

Residents attended a local general practitioner in the community. The inspector found there was regular review with the relevant healthcare professionals and recommended follow up actions had been implemented.

The inspector reviewed a sample of food menus made available to residents. The food offered was nutritious and residents were supported to communicate their meal preferences through picture choices. The inspector observed a meal being served to residents and the mealtime was observed to be a positive event. Staff were observed to offer assistance to residents in an appropriate manner consistent with individual plans.

The advice of a dietician and speech and language therapist formed part of nutritional plans where required.

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:

Overall the inspector found residents were protected by medication management policies and practices in the centre.

The action from the previous inspection had been satisfactorily implemented and medications stock audits recorded medications being transferred in and out of the centre. There were written operational policies and procedures in place for the ordering, prescribing, storing and administration of medication. Medications were securely stored in a locked press.

The inspector reviewed three medication prescription and administration records in the centre and the procedures for prescribing and administration of medication was in line with national guidelines. Maximum dosages were documented on all PRN prescriptions. Administration records confirmed that medications had been administered as prescribed. All medications prescribed had been reviewed within recent months.

Medication management plans were developed and outlined the specific support residents required for medication administration.

Arrangements were in place with a clinical waste disposal company to dispose of unused or out of date medications. Out of date or unused medications were stored separate from regular medications in a secure medication disposal bin.

Medication management audits were completed on a monthly basis and include auditing policies, storage, prescriptions, medication administration and medication errors.

There were no controlled drugs in use in the centre.

The centre availed of the services of a community pharmacy.

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):

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

Findings:

The centre had a statement of purpose which outlined the aims, objectives and ethos of the centre and the services and facilities to be provided to residents.

The actions from the previous inspection had been implemented. The management structure was detailed in the statement of purpose the centre had been recently reconfigured to provide services to adults with a disability and this was reflective of the details set out in the statement of purpose.

The statement of purpose had recently been reviewed and arrangements were in place for its review a minimum of annually or sooner if required. The statement of purpose contained all of the information required by Schedule 1 of the regulations.

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):

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

Findings:

The inspector found the management systems in place did not ensure the service provided was safe, effectively monitored, consistent and appropriate to some of the residents' needs. A number of non compliances were identified during the inspection, in particular in relation to safeguarding, staff refresher training in safeguarding, risk aversive restrictive practices, the provision of independent skills development and personal plan development to ensure the response to a known risk was outlined, and to ensure a consistent approach in behaviour support and care provision.

The provider had not ensured that residents were adequately safeguarded and an immediate action had been issued on the first day of inspection to mitigate this risk. Some staff did not have up to date training in safeguarding. The implementation of some restrictive practices were risk aversive and impacted on the rights of residents to access part of their home. Plans had not been developed for some residents to promote personal development and enhance independence skills training. In addition, the inspector found the details contained in some personal plans did not guide practice for example, healthcare plans and behaviour support plans. Plans were not developed for an identified healthcare risk.

Two actions from the previous inspection had been implemented and there were clear lines of accountability and authority. The staff reported to the person in charge who in turn reported to a service manager (person participating in management). Staff meetings were scheduled on a monthly basis and the person in charge met with the service manager at 6 weekly intervals. The service manager was also in attendance at the centre on a weekly basis. The service manager reported to the Director of Adult services (provider nominee). The person in charge had responsibility for the day to day management of the centre including the supervision of the care and support provided to residents, managing staff and managing a specified budget. An annual review of the

quality and safety of care and support had been completed for 2015 and incorporated the views of residents and their representatives.

Six monthly unannounced visits had been completed by the service manager on behalf of the provider and a report had been produced. The visit included a review of areas such as safeguarding, complaints, management of the centre and finances and actions had been developed to identified issues. All actions were completed on the day of inspection.

Staff team meetings were facilitated on a monthly basis and a broad range of topics were discussed at these meetings including individual residents' needs and personal plan progress, teamwork, training, safeguarding, fire safety and complaints. Actions had been developed where required.

The person in charge had recently been appointed to the centre and was employed on a full time basis. The person in charge was interviewed during the inspection and demonstrated satisfactory knowledge of the legislation and of her statutory responsibilities. The person in charge demonstrated good leadership and had initiated plans to enhance the service provided to residents. The person in charge was committed to continuous professional development and had recently commenced a Masters in nursing practice (intellectual disability). Staff spoken to stated they felt supported by the person in charge.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

Findings:
Arrangements were in place in the absence of the person in charge. The service had appointed a person participating in management in the centre, who deputised in the absence of the person in charge. An additional person participating in management, employed as a service manager, was also available to staff for support if required.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found adequate resources to support residents had been allocated to the centre.

While there was some deficit in staffing levels and in the provision of internet access, resources such as a centre bus, assistive equipment and a large modern premises had been provided to support residents.

The services and facilities in the centre were reflective of the statement of purpose.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that sufficient staff number were not available in order to support residents in achieving aspects of their personal plans. The staffing numbers provided in the centre were not reflective of the details set out in the statement of purpose.

Improvement was required in some documentation on rosters.

Two actions from the previous inspection were implemented. Supervision was provided to the person in charge on a six weekly basis. Staff had access to most of the required training as part of continuous professional development.

One action from the previous inspection had not been implemented. The number of staff on duty was not sufficient to meet some assessed needs of residents, for example, some recommended social activities which incorporated physical exercise. The requirement for some of these activities was two staff for one resident however, the inspector found this could not be consistently implemented. The staffing arrangement was discussed with the person in charge and the person participating in management who outlined there was limited scope to facilitate some evening activities due to staffing levels.

The statement of purpose outlined there were of 14 whole time equivalent staff working in the centre however, the inspector found that the staffing level in the centre was not reflective of the statement of purpose and was below the whole time equivalent stated.

There was an actual and planned roster however, the inspector found the times staff were assigned to work night duty was not documented on rosters.

The centre was staffed by nurses, social care workers and care staff. The inspector found the skills and qualifications of the staff were appropriate to support the needs of the residents. Throughout the inspection staff were observed to provide care in a respectful and appropriate manner.

The inspector reviewed sample records of staff training and staff had received training in fire safety, positive behavioural support, and medications management. Additional training had also been provided in areas such as hand hygiene, food safety, first aid and epilepsy management.

The person in charge and person participating in management facilitated staff supervision at six weekly intervals. The inspector reviewed a sample of supervision records for three staff in which a broad range of topics pertaining to residents' care and support needs and support needs for the staff member were discussed. Actions were developed where required to identified issues.

The inspector reviewed a sample of four staff records and found all of the requirements of Schedule 2 had been met.

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 found most of the required records were maintained in the centre and were subject to review however, improvement was required to ensure some policies were in place and that policies were reviewed as required by the Regulations. Improvement was also required in the details outlined in the Residents' guide.

Most of the policies as per Schedule 5 of the Regulations were in place however, there was no policy on the provision of information to residents and no policy on staff training and development. The policy on the provision of behavioural support was out of date.

The centre had a Residents' guide which contained most of the required information however, the inspector found the details documented in relation terms and conditions of residency were not appropriate and were not reflective of the practice in the centre. All of the remaining records as per Schedule 4 of the Regulations were in place.

Most of the required documents as per Schedule 3 of the Regulations were in place.

Records maintained in respect of each resident were securely stored yet easily retrievable.

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:

Caroline Vahey
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:	Rosetree Cottage
Centre ID:	OSV-0002357
Date of Inspection:	28 July 2016
Date of response:	27 October 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

A personal care practice did not ensure the dignity of a resident was upheld and compromised a teaching strategy in relation to promoting privacy and personal development for a resident.

The use

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

of disposable aprons for residents during mealtimes was inappropriate.

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:

- The personal care plan has been updated to ensure the dignity and personal development of the resident. A plan has been put in place to promote the privacy of the resident and to educate them in relation to their own personal development. All plans are available for review in the centre.
- Disposable aprons are no longer used for residents during mealtimes. Individual clothes protectors are available for all residents who require them.

Proposed Timescale: 05/10/2016

Theme: Individualised Supports and Care

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

Activities for residents could not be consistently facilitated and were impacted by resources available.

2. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

A roster review has been scheduled for 07/11/2016 to review current staffing resources. The following will be reviewed:

- Level of resource required for meaningful activities and social integration

Proposed Timescale: 07/11/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Internet access was not available for residents in the centre.

3. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

A computer with WiFi internet access will be available for residents use.

Proposed Timescale: 30/11/2016

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:

Personal plans were not available in an accessible format for residents.

4. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

- Key workers are currently working on a system of personal planning (all about me) which will ensure personal plans are in an accessible format for residents.
- SLT input has been requested to ensure individual communication needs are met.
- Currently all residents have identified personal goals which are in an accessible format.

Proposed Timescale: 12/12/2016

Theme: Effective Services

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

The details set out in some personal plans contained conflicting information and was therefore not reflective of the assessed needs of some residents.

5. Action Required:

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

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

All conflicting information has been reviewed and removed if appropriate. Key workers are currently working on a system of personal planning which incorporates the

following:

- A comprehensive assessment of need
- Personal plans arising from the assessment of need to guide practice.
- Personal / meaningful goals individual to each resident.
- Plans will be in an accessible format suitable to the communication needs of each individual.

Proposed Timescale: 12/12/2016

Theme: Effective Services

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

Personal development plans were not in place for some residents in order to maximise their independence and personal skills development.

Goals developed for a resident did not outline the supports required to maximise personal development and independence skills.

6. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

- Key workers are working on a system of personal planning (All about me) which will ensure there are personal plans in place which will promote independence and skills development.
- Currently there are individual goals in place for each resident, however these will be developed further to maximise personal development and independence skills.

Proposed Timescale: 12/12/2016

Theme: Effective Services

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

Aspects of a personal plan had not been subject to an annual review.

7. Action Required:

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

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

This personal plan has been reviewed and updated accordingly.

Proposed Timescale: 28/10/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Personal care items were not stored appropriately.

8. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

All personal care items are now stored in an appropriate manner.

Proposed Timescale: 28/10/2016

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 risk management policy did not include the measures and actions to control the unexplained absence of a resident.

9. Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

The risk management policy was reviewed and updated in April 2016. It includes a template to assess the risk relating to the unexplained absence of a resident. This has been completed by the PIC locally for each resident to ensure effective management.

Proposed Timescale: 28/10/2016

Theme: Effective Services

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

The measures in place to control a perceived risk were not proportionate and impacted on the rights of residents to freely access parts of their home. The implementation of these control measures had not considered the impact on residents' quality of life and opportunities to further develop new skills.

10. Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

All restrictive practices are currently under review with a goal of reducing restrictions in order to allow the development of independence skills for residents. These include:

- Residents have access to bathrooms
- Residents have access to the utility room
- Residents have access to the enclosed garden at the rear and side of the house.
- Residents have access to the kitchen. Times when cooking duties are active, residents are supervised in the kitchen.

The positive approaches monitoring group will conduct a site visit to audit all restrictive practices in November 2016.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

Risk management plans had not been developed for known risks for example, dehydration, choking and use of oxygen.

11. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Risk management plans have now been developed for all known risks including dehydration, choking and the use of Oxygen.

Proposed Timescale: 28/10/2016

Theme: Effective Services

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

Adequate infection control precautions were not in place and covering on couches and an assistive standing device required repair or replacement. The coverings on some kitchen presses required replacement.

12. Action Required:

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

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

- New couches have been purchased and will be delivered on 10/11/2016
- The assistive standing device will be repaired to ensure it complies with adequate infection control precautions.
- Technical Services Dept will work with the PIC to ensure the kitchen area meets infection control standards.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

Some staff were not aware of the procedure to follow in the event the centre required to be evacuated at night time.

13. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

- All staff have received fire safety training specific to the centre.
- The fire prevention officer has conducted a site visit 06/10/2016 to review fire fact file with both fire marshals.
- Fire safety discussed at staff team meeting on 06/10/2016.
- Night fire evacuation drill was conducted on 03/10/2016. Day fire evacuation drill was conducted on 26/09/2016.
- Fire personal evacuation plans are up to date for all residents.

Proposed Timescale: 28/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The rationale for the use of some restrictive practices was not clear.

The least restrictive measure for the shortest duration was not applied in the use of some restrictive practices.

14. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

All restrictive practices are currently under review with a goal of reducing restrictive practices and if appropriate remove. These include:

- Residents have access to bathrooms
- Residents have access to the utility room
- Residents have access to the enclosed garden at the rear and side of the house.
- Residents have access to the kitchen. Times when cooking duties are active, residents are supervised in the kitchen.

The positive approaches monitoring group will conduct a site visit to audit all restrictive practices in November 2016.

Proposed Timescale: 30/11/2016

Theme: Safe Services

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

Restrictive practices in use in the centre were not subject to regular review.

15. 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:

- All restrictive practices will be reviewed on a quarterly basis by the PIC.
- All restrictive practices will be reviewed as required by the positive approaches monitoring group.
- The positive approaches monitoring group will conduct a site visit to audit all restrictive practices in November 2016.

Proposed Timescale: 30/11/2016

Theme: Safe Services

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

Some behaviour support plans did not identify behaviours of concern and did not consistently guide practice in the use of physical restraint and in the use of medication.

16. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

- All positive behavioural support plans have been reviewed and now identify specific areas of concern. Positive behavioural support plans are linked with local guidelines in order to guide practice.
- All physical restraint/ restrictive practice is supported by clear instructions/ indications for use.
- All prescribed medications have clear guidelines and indications for use.

Proposed Timescale: 28/10/2016**Theme:** Safe Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some intimate care plans were basic and did not guide practice

17. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

All intimate care plans have been updated to ensure they are comprehensive and individual to the person.

Proposed Timescale: 28/10/2016**Theme:** Safe Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some staff did not have up to date training in safeguarding.

18. Action Required:

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

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

- Seven staff have up to date training in safe-guarding.
- One new staff member will attend initial safe guarding training on 30/11/2016

- Four staff requiring immediate refresher training, will receive access to an online training programme designed by the provider in conjunction with the Open Training College, National Federation of Voluntary Bodies and the National Safeguarding Office. This is due to be launched on 17/11/2016. The four staff will be given access to complete this programme from Monday November 21st and will be required to complete it by Friday December 2nd.
- The service manager and PIC are scheduled to attend the National Safeguarding Conference hosted by the National federation of Voluntary Bodies, The provider and the Open Training College on.17/11/2016.

Proposed Timescale: 02/12/2016

Theme: Safe Services

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

The provider had not ensured residents were safeguarded.

19. 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:

- There is an up to date policy in place for the protection of adults from abuse and neglect. All allegations of abuse are managed in line with current policy.
- Seven staff have received training in safe-guarding. One new staff member will receive training on 30/11/2016. Four staff will receive refresher training by 02/12/2016
- Staff resources will be reviewed (07/11/2016) in order to ensure a consistent approach to care provision.

Proposed Timescale: 02/12/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The management systems in place did not ensure the service provided was safe, effectively monitored, consistent and appropriate to some of the residents' needs.

20. Action Required:

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

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

- Risk assessment/ personal plans have been developed for specific healthcare needs.

- Risk is managed in line with organisational policy.
- All restrictive practices will be audited in November 2016 with a goal of reducing or removing them completely.
- All staff have received training in safe-guarding
- Staff resources will be reviewed (07/11/2016).
- The provider will ensure 6 monthly un announced health and safety and quality of care inspections are carried out.
- A health and safety audit will be conducted yearly to ensure compliance.
- An infection control audit will be conducted yearly to ensure compliance.
- All actions arising from any inspections/ audits will be added to the quality improvement plan on a consistent basis. The QIP will then be monitored quarterly by the PIC and Service Manager.
- The positive Approaches monitoring Group will conduct yearly audits on all restrictive practices.

Proposed Timescale: 07/11/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff on duty at times was not sufficient to meet some assessed needs of residents. The staffing level in the centre was not reflective of the details set out in the statement of purpose.

21. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

A full staffing review is scheduled for 07/11/2016, this will look at:

- Staff skill/ qualification mix
- Numbers of staff required to ensure effective and consistent care delivery.
- The statement of purpose will be updated following this review to reflect current staffing resources.

Proposed Timescale: 07/11/2016

Theme: Responsive Workforce

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

The times staff were assigned to work night duty was not documented on rosters.

22. Action Required:

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

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

All shift times will be documented on the roster to ensure transparency.

Proposed Timescale: 28/10/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

There were no policies on the provision of information for residents and on staff training and development.

23. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The provision of information to residents policy is currently in development and is expected to be available in January 2017. The staff training and development policy has been reviewed and is available for review in the centre.

Proposed Timescale: 31/01/2017

Theme: Use of Information

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

The policy on the provision of behavioural support was out of date.

24. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The positive behavioural support policy has been reviewed and is now in date and available in the centre.

Proposed Timescale: 28/10/2016

Theme: Use of Information

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

Details outlined in the Residents' guide on the terms and conditions of residency were not reflective of the practice in the centre.

25. Action Required:

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

The residents guide will be updated by the PIC to ensure it reflects current practice and is age appropriate.

Proposed Timescale: 30/11/2016