

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
<b>Centre ID:</b>	OSV-0003560
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Southern Services
<b>Provider Nominee:</b>	Una Nagle
<b>Lead inspector:</b>	Karina O'Sullivan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 30 March 2016 08:30 To: 30 March 2016 20:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first inspection of a centre that had made an application to register as a designated centre with the Health Information and Quality Authority (HIQA). The centre was managed by the Brothers of Charity Services that provided a range of day, residential and respite services in Cork. The Brothers of Charity Services was a not-for-profit organization and was run by a board of directors and delivered services as part of a service agreement with the Health Services Executive (HSE).

An application was made to HIQA to register the centre for nine residents and a complete application had been received by HIQA.

The purpose of this inspection was to monitor compliance under the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the standards).

The person in charge facilitated the inspection. The person in charge attended a meeting at the beginning of the inspection and attended a feedback meeting at the end of the inspection with the director of services who was the provider. This meeting was held at the organizations main office in Cork.

As part of this inspection, the inspector visited the two houses and met with some of the residents and staff members. The inspector observed practice and viewed documentation such as personal plans, medical records, recording logs, policies and procedure, minutes of meetings and staff files.

Over the course of the inspection the inspector found the residents, the person in charge and staff to be courteous, supportive and helpful with the inspection process.

The designated centre was home to eight male residents and was based in a community setting in a town outside Cork city. The designated centre consisted of two houses within close proximity, one house had four bedrooms for residents and an adjacent apartment for one resident. The second house had five bedrooms for residents. The designated centre aimed to "provide residential support for adults with moderate to severe intellectual disabilities including those with autism." as identified in the statement of purpose.

Overall the inspector identified improvements was required across all the eight outcomes inspected the areas requiring improvement included:

- social care needs
- health safety and risk management
- safeguarding and safety
- notifications of incidents
- healthcare needs
- governance and management
- workforce.

These and other areas identified are outlined in this report and within the aforementioned action plan.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the wellbeing and welfare of residents was met however, improvements was required in the details contained, evidence of implementation and review of both personal and healthcare plans.

The inspector viewed five of the resident's files, assessments of need were completed identifying specific health care needs for example nutrition and oral care issues. However, some of the health care plans developed were not sufficiently detailed to guide practice for example weight management. The monitoring and implementation required to assess the effectiveness in treatment or deterioration in the areas identified was not evident for example in some plans if goals identified were not achieved no evidence of what was achieved or the level of progression pertaining to the goal was provided.

The inspector viewed personal plans in place incorporating personal and social needs. These plans were personalised and included resident's individual requirements such as likes and dislikes. This assisted staff to provide person centred care in a consistent manner.

Residents social care needs were identified where residents had the opportunities to participate in meaningful activities that were appropriate to their interests and preference. These included areas such as trips abroad, horse ridding, attending music and sports events and the exposure to new experiences such as aircraft flying. Residents spoken to by the inspector were able to identify what goals they were currently working on and what goals they had achieved. Some residents showed the

inspector evidence of their participation for example through photos and medals from sporting achievements.

Clear collaboration was evident within resident files in relation to the day service they attended and what each resident did while in the day service.

Resident's family members were consulted in relation to the personal plans in line with residents and family member's preferences. There was evidence for example, where a resident's key worker had facilitated maximum family participation through changing the review timeframes to accommodate family and resident requests.

The person in charge identified that the designated centre were undergoing a process of change in relation to residents files and that some residents files were in transition from the existing format to the revised format.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the health and safety of residents, visitors and staff was not always promoted within this designated centre. The inspector was not able to see evidence of review of incidences pertaining to residents to bring about learning in order to mitigate the risk of future occurrences, improvements were also required in relation to residents risk assessments and fire precautions.

There was a system in place to monitor accidents, incidents and near misses in the designated centre. However no review of incidents or accidents was evident in order to bring about shared learning.

The inspector viewed the risk management policies and procedures and found them to meet the requirements of the regulations. There was a clear system in place to identify, examine and manage potential environmental hazards within the designated centre. This was evident through the risk register viewed within the designated centre. Examples of these were in relation to the use of the cooker and a narrow hallway within one house. These and other risks were identified and measures were taken in relation to mitigating these risks through the identification of control measures. Resident's individual risks were also identified within their personal care plan's (PCP's) in areas such as choking

and leaving the designated centre however, not all individual risk assessments were dated or signed by staff therefore the inspector was unable to determine how current these risks were.

The inspector also found that's from the records viewed that some staff members did not have up to date moving and handling or fire training out of 38 staff members 9 required training in moving and handling and 12 staff required fire training.

Evidence of routine checks and service of fire detection, alarm system, emergency lighting and equipment had been conducted by a fire safety professional. There were provisions for weekly and daily checks to be conducted within the centre. The inspector viewed evidence of fire drills taking place within the centre. However, the inspector found that actions were not taken in a timely manner in relation to one resident who refused to leave the centre since 7 February 2015. The inspector was informed that a meeting was held the day prior to the inspection and an appropriate device was purchased to aid the resident in an evacuation and staff had identified that the resident's personal evacuation profile would be updated to reflect this intervention.

Personal evacuation plans were in place for all remaining residents in the designated centre. These contained detailed information in relation to each resident including residents' preferences or support needs including staff waking residents who were heavy sleepers.

Hospital passports were available for residents should the resident require care in an acute hospital this document contained personal information pertaining to each resident including any known allergies, communication needs and food preferences.

The inspector viewed the emergency plan which contained sufficient detail to guide staff in the event of possible emergencies such as flood or power outage.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that appropriate measures to protect residents from being harmed were in place within the designated centre. Improvements were required in relation to behavioural support plans and restrictive practice.

The inspector viewed a behavioural support plan in place and found this was not subjected to annual review, for example this plan was dated 28 November 2014. The information contained within the plan was no longer current and therefore did not guide existing practice.

Environmental restraint was evident in this centre, for example the installation of an internal door between separate living quarters and the main house. While consultation had taken place with residents the rationale for this approach was not clearly evident within the designated centre. The person in charge had devised a guideline to lock the door at specified periods and had also sent this restraint to be reviewed by a multi disciplinary committee. However at times when the door was not locked residents were only able to open the door from the main house, the door could not be opened by residents from the apartment side. The inspector found that appropriate assessments had not been conducted in this area to ensure all resident's safety, the potential impact on the freedom of movements of residents or how such potential infringements could be minimised within the designated centre. No review or monitoring of this restrictive practice was present on the day of inspection as this process had only commenced on the week of inspection.

The inspector spoke to a number of residents who stated they felt safe within the designated centre and identified who they would speak to should the need arise.

Staff spoken to by the inspector were knowledgeable in relation to what constitutes abuse and the management and procedure to be followed in the event of an allegation, suspicion or disclosure of abuse, including who to report any such incidents to.

There was a policy in place for the provision of intimate care and on the prevention, detection and response to abuse and staff had received training however, four staff required training.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Not all aspects in relation to this outcome were inspected however the inspector found the locking of a side gate at specified times within one house had not been submitted to Chief Inspector.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

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

Residents had access to a general practitioner (GP), however not all residents had received an annual health review.

Residents had access to allied health care professionals and the inspector viewed evidence of this including chiropodists, dentist, psychiatrist and speech and language therapist.

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

Weight management plan was in place for a resident this was also linked to the resident's profile and relevant information was contained in the file pertaining to weight management. Staff were also maintaining a record of resident's weight.

An epilepsy management plan was also in place with the identification of the use of emergency medication however, 12 staff required training in the use of this medication.

Regarding food and nutrition the inspector found residents participating in their evening meal within the designated centre in accordance to the residents' preferences.

For any residents requiring modification to the consistency of their food, this was clearly outlined in the residents file and staff were knowledgeable in relation to the implementation of resident's food requirements. The inspector viewed evidence of assessments and reviews having taking place in relation to feeding, eating, drinking and swallowing (F.E.D.S) assessments. The inspector viewed user friendly menu selection and refreshments and snacks were available for the residents outside mealtimes within the designated centre.

**Judgment:**  
Substantially 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):**

This was the centre's first inspection by the Authority.

### **Findings:**

The inspector found that residents were not protected by the designated centres' policies and procedures for medication management. Improvements were required in relation to the medication policy, staff training and administration records.

The policy in place within the designated centre was not maintained in line with the regulations as this document was dated May 2012. The provider identified during the feedback session that the organization were updating this policy.

Improvements were required in the following areas:

- medication was not discontinued on the date prescribed
- medication was not discarded once the seal was broken on the container
- some administration times of medication did not match the prescription record sheet
- 12 staff members required training.

The inspector viewed medication errors and while these were being recorded, in some instances there was no evidence of this system bringing about learning to avoid future occurrences.

The inspector viewed evidence of medication plans being reviewed in relation to p.r.n (Pre re nata as required medication) medication.

The inspector viewed a sample of self administration assessments, all viewed identified that residents were not independent in this area and required staff support to administer medication. The inspector also viewed a document titled "how I like to take my

medication", this contained essential information pertaining to the preferences of each resident.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was not satisfied with the overall governance and management structure in place within the designated centre. Improvements were required in relation to restrictive practice, the completion of staff supervision, annual reviews and the provision of mandatory training.

The inspector found that all staff did not received mandatory training in the areas of safeguarding, medication management, fire safety drills, behavioural management and manual handling.

An annual review of the quality and safety of care of the service for this designated service had been completed. However, this review looked at a limited number of areas and not all issues relevant to quality and safety of residents were included. The provider acknowledged this and identified that the organization were currently revising the template for annual reviews.

The provider had nominated a person to conduct visits to the designated centre at least once every six months and produce a report however, not all aspects pertaining to the quality and safety of care were reviewed. The six monthly visit focused on social care, health and safety and risk management, safeguarding and safety and medication management. The inspector viewed the last six monthly report and noted an action plan had been developed from the visit on 11 February 2016. However, the inspector found that this action plan did not identify who was responsible to carry out all the areas highlighted and within what time frame.

The team leader was not available during this unannounced inspection therefore the person in charge facilitated the inspection.

The inspector was satisfied that there was a clear reporting structure in place. The person in charge met with a senior manager and the inspector viewed minutes of three meetings from 2015 and one meeting in 2016 and noted that areas pertaining to the organizational management of the designated centre were discussed. The person in charge also met with the team leader monthly, the inspector viewed minutes of these meetings, areas discussed included personal outcome measure reviews, fire safety and evacuation and procedures. The team leader conducted meetings with staff members areas discussed from minutes viewed included food hygiene, medication management and the system for recording accidents and incidents and residents personal outcome measures. During the course of the inspection staff identified that the person in charge also visited the designated centre weekly and at times twice weekly staff also identified that should they require the support of the person in charge this was made available to them through an on call system.

The person in charge was the area manager for the service and had been in this role since 2000. He had a degree in applied social sciences from Cork Institute of Technology in addition to other relevant qualifications. The person in charge was supported by a senior manager and a director of service/ provider within this designated service. The inspector was satisfied that the person in charge was suitably qualified and experienced to discharge the role. The person in charge was not formally interviewed during this inspection as this had taken place during another inspection in a different location. However, the inspector noted that the person in charge was responsible as person in charge for seven centres in total. In addition, the person in charge was also responsible for the management of three day services which provided a range of activities and work placements for people with disabilities. In the context of the findings contained within this inspection report, the inspector formed the view that these management arrangements in relation to the person in charge did not ensure effective governance, operational management and administration of this designated centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found there were not appropriate staff numbers and a skill mix to meet the assessed needs of residents. In addition mandatory training requirements were not provided for some staff working in the designated centre and staff did not receive formal supervision.

Some residents files stated that residents required one to one support however when the inspector viewed the rota this was not evident. The inspector spoke with the person in charge in relation to this however discrepancies existed between what the identified dependency needs were for residents and staff numbers on the rota.

The inspector viewed a sample of four staff files and all staff training records and found that some staff had not received training in the areas required. This included manual handling, safeguarding, fire and administration of medication.

The inspector viewed a sample of rotas and identified how the person in charge and team leader filled any staff vacancy which occurred through a regular relief panel. This allowed for a constant team of staff to work with the residents in the designated centre. However no coding system was evident to clearly identify what letters inserted in the rota referred to in practice.

There were no arrangements in place for staff supervision.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Karina O'Sullivan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0003560
Date of Inspection:	30 March 2016
Date of response:	14 June 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:**

The effectiveness of residents' plans was not evident within the review process.

#### 1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

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

We will ensure that the review process of each resident's personal plan is assessed for the effectiveness of each plan by recording goal progression and updates on healthcare management plans.

**Proposed Timescale:** 31/10/2016

**Theme:** Effective Services

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

Details contained within plans did not always guide staff sufficiently.

Implementation of plans was not always evident.

**2. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

All plans will be reviewed to ensure that implementation details are clearly stated and sufficient to guide staff.

**Proposed Timescale:** 31/10/2016

**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 assessment, management and ongoing review of individual risk were not evident for all residents as some assessments were not dated or signed by staff members.

**3. Action Required:**

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

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

All individual risk assessments have been reviewed, dated and signed accordingly by staff.

**Proposed Timescale:** 08/06/2016

**Theme:** Effective Services

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

Evidence of learning from accident and incidents within the designated centre was not available to the inspector.

**4. Action Required:**

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

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

We will ensure that evidence of learning from accidents and incidents is evidenced in the designated centre. All accidents and incidents will be discussed at team meetings to ensure shared learning and recorded in team meeting notes.

**Proposed Timescale:** 08/06/2016

**Theme:** Effective Services

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

Arrangements for evacuating all residents in the designated centre in a timely manner were not evident following fire drills.

**5. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The fire evacuation procedure and recording of all fire drills is being reviewed to ensure residents are evacuated in a timely manner. The individual resident's Personal Emergency Evacuation Plans will be updated accordingly.

**Proposed Timescale:** 30/06/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Behavioural support plans was not reviewed regularly.

**6. Action Required:**

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

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

The system of review and update of the Behaviour Support Plan via the Periodic Service Review Plans will be clarified to identify that the PSR is the update of the Behaviour Support Plan. The PSR's will be updated and reviewed every six months or more frequently as required.

We will also clarify that a whole new assessment is not warranted unless:

1. It is evidenced that the Behaviour Support Plan is being implemented but is ineffective OR
2. There is an substantial change in the type of behaviour presented OR
3. The circumstances in the person's life have changed to such an extent that the variables relevant in the original assessment are no longer relevant and yet the behaviour persists.

**Proposed Timescale:** 30/06/2016

**Theme:** Safe Services

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

Environmental restraint was not implemented in accordance with national policy and evidence based practice in relation to the installation of an internal door.

**7. 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:**

The use of locked internal door between the house and the apartment and the associated protocols, will be reviewed with the Behaviour Standards Committee.

**Proposed Timescale:** 31/10/2016

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

Environmental restraint was not notified to Chief inspector.

**8. Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

All environmental restraints have been submitted with Quarter 1 2016 Notifications on 29th April 2016 and in future all environmental restraints will be notified as per the Regulations.

**Proposed Timescale:** 29/04/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Some residents did not have an annual review conducted.

**9. Action Required:**

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

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

All residents will have an annual health check which will form part of their health care plan.

**Proposed Timescale:** 31/10/2016

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

The policy pertaining to medication administration was not maintained in line with the regulations.

**10. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The medication management policy is being reviewed and will be made available to all staff in the Centre.

**Proposed Timescale:** 30/09/2016

**Theme:** Health and Development

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

P.R.N medication was not discontinued as prescribed.

**11. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

We will ensure that all PRN medications are discontinued as per the prescription and regular reviews will be undertaken via medication audits to ensure this practice is upheld.

**Proposed Timescale:** 08/06/2016

**Theme:** Health and Development

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

Some administration times of medication did not match the prescription record sheet.

**12. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Staff will be reminded to ensure that the administration times match the prescription. We are reviewing our medication administration records process to ensure such errors are detected and reported to the PIC.

**Proposed Timescale:** 30/06/2016

## 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 annual review did not review all aspects of the quality and safety of care and support in the designated centre.

**13. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The format of the annual review has been changed to comply with the regulations and a new format will be used in the 2016 annual review.

**Proposed Timescale:** 31/12/2016

**Theme:** Leadership, Governance and Management

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

The action plan in place following the unannounced visit in February did not identify timelines or people responsible for completing some of the highlighted areas.

**14. Action Required:**

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

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

The action plan has been reviewed to identify the timelines and people responsible for actions following all inspection visits.

**Proposed Timescale:** 30/06/2016

**Theme:** Leadership, Governance and Management

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

Staff did not receive supervision or alternative arrangements were not in place to support, develop and performance manage all members within the designated centre.

**15. Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

A staff appraisal system has now been introduced. The staff team leaders have been trained in Performance Management in accordance with our Staff Appraisal/Performance Management Procedure. All staff will have received an individual performance appraisal by 31 October 2016.

**Proposed Timescale:** 31/10/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff numbers did not correspond with the assessed needs of resident's contained within residents' files.

**16. 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:**

An updated assessment of need for each resident will be conducted and environmental supports and staffing levels will be reviewed based on these updated needs.

**Proposed Timescale:** 31/07/2016

**Theme:** Responsive Workforce

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

Some staff did not have mandatory training in areas of safeguarding, people moving and handling, fire and the safe administration of medication.

**17. Action Required:**

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

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

All staff training requirements in relation to Fire safety, manual handling, safe administration of medication and safeguarding of vulnerable adults will be reviewed and appropriate training will be organised as soon as possible.

**Proposed Timescale:** 31/10/2016

**Theme:** Responsive Workforce

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

No formal system of staff supervision was evident within the designated centre.

**18. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

We are currently in the process of introducing a system of supervision, with training for managers and awareness training for all staff. All staff will receive individual supervision sessions.

**Proposed Timescale:** 30/12/2016