

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003621
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Caroline Vahey
Support inspector(s):	Conan O'Hara
Type of inspection	Announced
Number of residents on the date of inspection:	11
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 April 2016 09:20	12 April 2016 19:30
13 April 2016 08:45	13 April 2016 20:00

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

This was the second inspection of the designated centre. An application had been made to the Authority to register the centre for eleven residents. As part of that application documents were submitted to the HIQA; however, planning compliance remained outstanding.

As part of the inspection the inspectors spoke with seven residents and a family member. Eighteen questionnaires were received from residents and relatives and overall residents and relatives were satisfied with the service provided and residents expressed they were happy living in the centre. The inspectors interviewed two staff

and spoke with an additional two staff, during the inspection and observed staff providing support to residents throughout the inspection. The premises was also reviewed as part of this inspection. Documentation such as personal plans, risk management procedures, complaints log, medication records, policies and procedures and staff records were also reviewed.

The statement of purpose outlined the overall aim of the centre was to provide a sustainable community where adults with additional support needs can live, learn and work together. In addition the centre aimed to meet the individual needs of residents. Overall the inspectors found the service provided was consistent with the aims set out in the statement of purpose.

The centre was located in a rural setting within a short driving distance of a town. Transport was available for residents to access local amenities. The centre provided care and support to eleven residents, both male and female. The centre comprised of three units all located on site.

Overall inspectors found the care and support provided was consistent with residents' identified needs however, the centre was not in compliance with a number of regulations. Concerns identified included inadequate management of safeguarding issues, unsafe medication management practices and inadequate medication management training. As a result, the inspectors found the governance and management systems in place did not ensure the services provided were safe and effectively monitored.

The centre was in compliance or substantial compliance in 12 Outcomes. The centre was adequately resourced and the premises was suitable to meet the residents' needs in a homely and comfortable way. The privacy and dignity of residents' was respected. Residents were supported to be actively engaged in the centre and in the community and healthcare needs were met.

The inspectors found the centre was not in compliance in six Outcomes. Some health care plans were not in place, medication management practices were not safe, there were inappropriate response and guidelines on safeguarding and inadequate medication management training. As a result of these non compliances, the inspectors found the governance and management arrangements did not ensure the services provided were safe and effectively monitored.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspectors found residents were consulted with, and participated in decisions about their care and about the organisation of the centre however, some improvement was required in the documentation around finances.

There was a policy on residents' personal property, personal finances and possessions. Residents retained control of their own possessions and an inventory of residents' possessions was retained in personal plans. Each resident had an assessment completed in relation to managing their finances. The inspectors reviewed records of financial transactions for two residents. Expenditures checks were in place for those residents requiring support and all purchases made by the resident had a corresponding receipt. However, the inspectors found that documentary evidence was not available to confirm that audits of bank accounts were completed for residents who managed their money independently on a day to day basis, but had been identified on assessment as being vulnerable. The house coordinator (person participating in management) outlined audits were completed on a quarterly basis but no documentation was maintained.

Residents had suitable storage for their possessions. There were sufficient facilities in the centre for residents to launder their own clothes should they wish.

Residents were consulted about how the centre was planned and run. There were weekly community meetings with residents in which activities, work plans and meal preferences were discussed. One resident spoke of chairing this meeting on the day of inspection. Plans and preferences decided at weekly meeting were formulated into a weekly plan and prominently displayed in the kitchen of each unit, and residents could

refer to this plan throughout the week.

Information leaflets had been made available on an external advocacy service and were available throughout the centre. Residents had been facilitated to engage an external advocate where requested.

There were policies and procedures for the management of complaints. The complaints procedure had been developed into an accessible format and was prominently displayed throughout the centre. There were two nominated persons to deal with complaints in the centre. The inspectors spoke to a number of residents in relation to complaints and all residents were aware of the persons to go to if they wished to make a complaint.

The inspectors reviewed four complaints which had been logged in the past year. One complaint related to a safeguarding issue and is discussed in Outcome 8. The remaining complaints had been well managed and informed practice such as changes to behaviour support plans or follow up with a relevant practitioner. The inspectors found residents were promptly informed of the outcome of a complaint.

Staff members were observed to treat residents with dignity and respect. All residents had been assessed in relation to intimate care needs and where required plans had been developed promoting the privacy of the residents.

Personal communications and information in relation to residents was securely stored. A number of residents had mobile phones. A private room was available where residents could make and receive phone calls. There were ample facilities in the centre for residents to receive visitors in private.

There was no closed circuit television system in use in the centre.

Judgment:
Substantially Compliant

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 inspectors found residents' communication needs were met.

There was a policy in place on communication with residents. Residents' communication needs had been assessed through the assessment of need process. Where required, communication plans had been developed and detailed the communication methods of residents and the support required to enhance receptive and expressive communication. For example, the use of sign language, body language, sounds and gestures. Staff members were observed to interact with residents consistent with the details of communication plans.

The centre was located in a rural location. Residents were supported to access the local community both for social outings and for work. Residents had access to radio, television, internet and social media.

Judgment:
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 inspectors found residents were supported to develop and maintain personal relationships and links with the wider community.

Positive relationships between residents and their families were supported and residents maintained frequent contact with their families through phone calls and visits. Families were involved in the assessment of need process and in the review of personal plans. Families were invited to attend an annual personal plan review meeting. Families were kept informed of residents' wellbeing and where residents had requested information not to be shared with families this decision was respected.

There was an open visiting policy in the centre. Residents could meet visitors in private if they so wished.

Residents were involved in a number of activities in the community such as horse riding, cinema, shopping, meals out and attending a gym. A number of residents also worked in a craft café in a local town.

The inspectors reviewed personal plans in which residents were supported to maintain links with the wider community such as participating in sporting events and attending support groups.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspectors found admissions and discharges to the service were timely. Residents had a written agreement however, some improvement was required in signing of these agreements.

The inspectors reviewed a sample of five written agreements. Each agreement had been signed by the resident and where required by a representative. However, the inspectors found a number of these written agreements had not been signed by the service representative. Written agreements set out the services to be provided and the fees to be charged. Additional charges were also outlined in the written agreement, for example, social outings which were not part of personal plans, clothing and personal therapies.

There were policies and procedures in place for admissions to the centre including transfers, discharges and the temporary absence of residents. The process for admission considered the needs, wishes and safety of the individual and the safety of other individuals currently living in the centre.

One resident availed of a respite service in the centre approximately four times a year. The resident had previously lived in the centre and worked alongside residents on a day to day basis.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspectors found residents' wellbeing and welfare was maintained by a high standard of care and support however, improvement was required in the development of health care plans.

Each resident had a personal plan which outlined most of the support and care to be provided in order to meet assessed needs, for example, behaviour support plans, medication management plans, personal growth, risk management plans and money management plans. However, the inspectors found that some healthcare plans were not developed, in order to safely and effectively guide practice. For example, identified needs health needs such as a metabolic disorder, mental health, skin disorders and a neurological disorder did not have corresponding health care plans.

Personal plans were developed in an accessible format for residents through use of pictures and plans were reviewed on a quarterly basis or sooner if required. The inspectors found that residents and families were involved in the reviews of plans.

Each resident had an assessment of need completed and recommendations arising from reviews with health professionals formed part of the assessment process and subsequent development of plans. Assessments of need were subject to review a minimum of annually or as needs changed.

Individual goals were developed in line with residents' wishes and aspirations and incorporated social, training, educational and recreational goals. Individual goals outlined the actions and support required in order for residents to achieve goals within a specified timeframe. There was evidence that actions to achieve goals had been implemented, for example, sourcing external educational courses or facilitating 1:1 support to learn cookery skills.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspectors found the location, design and layout of the centre was suitable for its stated purpose and to meet the individual and collective needs of residents. However, improvement was required in the upkeep of one area of the centre.

The inspectors found that most of the centre was clean, suitably decorated and well maintained however, the en suite facilities in the cabin building required repainting.

The design and layout of the centre were in line with the details set out in the centre's statement of purpose. The centre comprised of three units, all located on one site. The centre was in a rural location and a short driving distance from the nearest town. Day services were located both on site and in a nearby town.

Two units were two storey buildings and most residents and co-workers shared this accommodation. One unit was a single storey cabin building and one resident was accommodated in this unit. The purpose of this unit was to support a resident in preparing for independent living. The unit was suitable accommodation for one resident who could mobilise independently and evacuate in the event of an emergency without support.

There was suitable lighting, heating and ventilation throughout the premises. Two of the three units had large sitting rooms with ample seating. There was a small office where residents could take and receive phone calls in private, access the internet through a shared computer and which contained information such as policies and procedures for residents' use.

In each of the two larger units there were three bathrooms for residents' use. Assistive equipment such as a bath lift was available. The third unit had an ensuite facility for the resident's use and the resident told the inspectors that they were satisfied with the facilities provided.

Each resident had their own bedroom of suitable size and with ample storage for their personal belongings. Residents had chosen to display personal items such as photographs and awards in their bedrooms.

Two of the three units had large kitchen cum dining rooms with suitable food storage and cooking facilities. The inspectors observed residents preparing a main meal on the day of inspection. The dining areas had large dining tables and sufficient seating to accommodate both residents and co-workers dining together. The third unit had a small kitchen with seating. The resident told the inspector they could prepare light meals, however was actively involved in cooking and baking and chose to use the facilities available in the larger units.

While not part of the designated centre, a large premises was available on site. Residents availed of this premises for religious, social and work activities on a daily basis. Residents could receive visitors in private in this premises should they choose.

Suitable arrangements were in place for the disposal of general waste.

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):

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

Findings:

Overall the inspectors found the health and safety of residents, visitors and staff was promoted and protected however, improvement was required in emergency planning.

The centre had an emergency evacuation plan in place for a number of various events such as fire, adverse weather conditions, flooding, power failure and gas leak. However, this plan did not sufficiently guide staff on the specific alternative accommodation to be provided in the case that residents could not return to the centre.

The centre had a health and safety statement which outlined the responsibilities of the various post holders within the organisation. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices.

The centre had an organisational risk management policy in place which included the specific risks identified in Regulation 26. The inspectors found that risks were identified, assessed and managed in the designated centre.

The centre had a risk register which recorded a number of risks in the service and the controls in place to address these. Risks identified included fire, chemicals, slips, trips

and falls, medical conditions, behaviour which challenged the staff team and peers and outings. All risks on the register had controls in place and scored as per Risk Management Policy. In addition, there were individual risk assessments and plans evident in residents' personal plans that were reviewed and updated accordingly to reflect any changes. For example, residents at risk of behaviours of concern, self injury, falls and epilepsy.

The inspectors reviewed the accidents and incidents logs for the designated centre, and found a clear system of recording and follow up to address any risks as a result of an incident.

Staff in the centre were trained in safety practices in manual handling and fire. The training records examined by inspectors showed that these were up to date for all staff.

There were adequate fire safety precautions in place. Suitable fire fighting equipment was provided throughout the centre with emergency lighting also in place. There was certification and documentation to show the fire alarms, emergency lighting and fire equipment were serviced by an external company on a regular basis. Staff also completed weekly and monthly checks exits, alarm panels and equipment. The cabin unit had been reviewed by an external fire consultant in 2013 and the inspectors found that works recommended following this review had been completed in order to comply with fire regulations.

Fire drills had taken place and fire drill records recorded the time taken to evacuate and issues identified. Inspectors reviewed a sample of the personal emergency egress plans (PEEPs) of the residents and found them to be concise and informative. The PEEPs included information on mobility, awareness and support needed.

There were procedures in place for the prevention and control of infection and inspectors found that all areas were clean and hygienic. There were adequate hand-washing facilities and sanitising hand gel was available in key areas throughout the centre. Personal protective equipment was available throughout the centre.

Inspectors found that the centres vehicles were appropriately taxed, insured and had a national car testing certificate.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspectors found that measures were not in place to ensure residents were protected from suffering abuse. Improvement was also required in the use and monitoring of restrictive practice and in the documentation of behaviour support interventions.

One action from the previous inspection was satisfactorily implemented and safeguarding training records were available for staff. The inspectors reviewed training records for six staff and all staff had received training in safeguarding within the last year.

There was a policy in place on the prevention, detection and response to abuse however, the inspectors found this policy did not accurately guide staff on the reporting procedures required in order to ensure a timely response to allegations or disclosures of abuse. The inspectors also found the policy was not in line with the Health Services Executive (HSE) policy on Safeguarding Vulnerable Persons at Risk of Abuse.

The inspectors identified a safeguarding concern which had been logged as a complaint the previous year. This complaint had not been recognised as a safeguarding issue and as a consequence the required reporting and safeguarding measures had not been implemented at the time of the incident. The issue was dealt with through the complaints procedures and the inspectors were assured that measures were now in place to ensure the residents' safety. The incident was discussed with the designated liaison person who identified they had attended updated training on safeguarding the previous day and acknowledged that in light of training this issue should have been identified as a safeguarding concern and dealt with through the safeguarding procedures.

Staff members spoken to were knowledgeable on the types of abuse, the immediate measures to protect residents and who to report to in the event of an allegation, suspicion or disclosure of abuse.

Staff members were observed to treat residents with warmth and respect. The inspectors reviewed eighteen questionnaires received by residents and also by residents' representatives and overall they felt residents were safe in the centre.

The inspectors found that a restrictive procedure in use in the centre was not in line with best practice or the centre's policy on the use of restrictive procedures. This restrictive procedure was not subject to regular review or there was no plan in place to reduce this practice. The person in charge outlined that this practice had not been identified as a restrictive practice up to the day of inspection and as such no alternative measures had been tried prior to the implementation of this practice.

There was a policy in place on the use of restrictive procedures which outlined that a comprehensive assessment should be carried out prior to implementation of restrictive procedure and that restrictive procedures should be subject to multidisciplinary team reviews.

There was a policy in place on the provision of behavioural support. Behaviour support plans were in place where required and outlined the defining behaviour and some preventative and reactive responses to incidences of behaviour. The inspectors found that risk assessments for challenging behaviour contained a significant amount of more detail on the plan in place to support residents with behaviours that challenge however, this was not detailed or referred to in the behaviour support plan. Behaviour support plans were subject to regular review. Staff had received training on behavioural support.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that a record of incidents was maintained in the centre however, not all incidents had been reported to the Authority as required.

Notifications in respect of the use of restraint and a notification in respect of abuse had not been made to the Authority as required under the Regulations (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment:
Non Compliant - Moderate

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.

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspectors found residents had opportunities for new experiences, education, training, education and employment.</p> <p>There was a policy in place on access to education, training and development. The assessment and development of educational and training goals formed part of the personal plans for residents. The educational and training achievements of residents were proactively supported through practices in the centre. For example, residents had been supported to attend external courses in computer skills and literacy skills.</p> <p>Residents were also supported to learn new skills through goal setting for example, cookery skills, bike maintenance and working on a farm. The implementation of these goals formed part of the daily routine for residents for example, preparing a meal for residents and co workers, and carrying out farm work. The inspectors also found residents were supported to develop and achieve educational goals through external educational sources, for example, the development of numeracy skills. A number of residents worked in a craft café in a local town which was part of the Camphill services.</p> <p>Residents were involved in a variety of activities external to the centre for example, attending a local gym, martial arts club, horse riding, participation in sporting events, shopping and going to restaurants.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Overall the inspectors found residents' healthcare needs were met however, improvement was required to ensure food choices were facilitated.</p>

The action from the previous inspection had not been satisfactorily implemented. While residents had a varied and nutritious diet, specific requests for meal choices were not always facilitated. Residents attended a weekly meeting and specific requests for meal choices were made and documented at this meeting. The inspector reviewed the records of three meetings in which eight specific requests had been made by residents however, on review of the record of meals only two of these choices had been accommodated.

Residents were actively involved in the preparation of their meals and the inspectors observed residents preparing a main meal on the day of inspection. Residents were also involved in preparing baked goods which formed part of daily meals. One resident told the inspectors of their interest in baking and the types of products they prepare on a regular basis.

Residents healthcare needs were met. Although healthcare plans required improvement, there was evidence in personal plans that residents had been supported to achieve and maintain good health. For example, residents attended regular reviews with the appropriate practitioner, recommended blood monitoring tests were complete and dietary recommendations were implemented. The dietary advice of consultant was implemented in line with residents' needs.

Residents attended general practitioners in the community. Residents also had access to a chiropodist, dentist, psychiatrist, clinical nurse specialist in mental health, neurologist and optometrist through community services and hospital services. Residents were encouraged to take responsibility for their own health for example, self administration of medication and attending external support groups.

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):
No actions were required from the previous inspection.

Findings:
The inspectors found the residents were not protected by the policies and procedures for medication management. There were no prescription sheets in use in the centre and the policy and procedures in relation to medication management did not outline checking of a valid prescription in line with national guidance. Improvement was also required in medication administration records and medication audits. Non compliances in

relation to medication management training are discussed in Outcome 17.

The inspectors reviewed records maintained in respect of prescribing and administration of medication. There were no prescription sheets in use in the centre. Dispensing prescription were stored along with medication administration records however, the person in charge outlined that checking of these prescription did not form part of the administration procedure. Medications were dispensed into a monitored dosage system / blister pack and a corresponding pharmacist label was displayed on these packs. Medication administration sheets did not record the time of administration, for example, the administration record documented 'morning' as a time of administration.

The centre's policy and procedures in relation to medication administration did not clearly outline that a valid prescription sheet signed by a prescribing doctor must be checked prior to the administration of medication.

Annual medication management audits were completed by a pharmacist. The documentation available on the day of inspection outlined the outcome / recommendations of these audits. However, it did not outline the content of these audits and documentary evidence was not available to confirm that the system in place reviewed and monitored all aspects of medication management practices.

Medications were securely stored in a locked medication cupboard. Medications were counted on receipt and a balance of stock was recorded. Out of date or unused medications were stored separately from regular medication and returned to the pharmacy for disposal.

There were no controlled medications in use in the centre.

Individual medication management plans described the support required by residents and formed part of residents' personal plans. In addition individual risk assessments had been completed for residents who self medicated.

Residents availed of a pharmacist in the local town and residents knew the pharmacist well.

Judgment:
Non Compliant - Major

Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that described the services in the centre.

The statement of purpose was reviewed by the inspectors however, improvement was required in some detail outlined in the document such as the specific care and support needs the centre intended to meet, room sizes, the organisational structure, the age range of residents and the total staffing complements in whole time equivalents.

The statement of purpose was subsequently amended and contained all of the information required by Schedule 1 of the Health Act (Care and Support of Residents in Designated Centres for Person (Children and Adults) with Disabilities) Regulations 2013.

The statement of purpose was subject to review a minimum of annually.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Overall the inspectors found management systems were in place however, improvement was required to ensure the delivery of services was safe specifically relating to non compliances in safeguarding and medication management. Improvement was also required in the annual review of the quality and safety of care.

An application had been made to the Authority to register the centre however, as part of that application planning compliance remained outstanding. A change in a director of the company had had not been notified to the Chief Inspector.

The management systems in place did not consistently ensure the service provided was safe. The provider nominee attended a feedback meeting at the end of the inspection

and acknowledged the systems in place in relation to medication management were not in line with best practice and were not consistent with practices in use in other Camphill centres.

Some corrective action had been taken in relation to safeguarding and the designated liaison persons had attended refresher training the day prior to the inspection. The designated liaison persons acknowledged that the refresher training had provided them with a clear understanding on what constitutes abuse. Further improvement was required in the use of restrictive practice and in the policy and procedures relating to safeguarding.

An annual review of the quality and safety of care and support had recently been completed by the provider nominee however, the annual review did not provide for consultation with residents' representatives. Actions had been developed following the annual review with an agreed timescale to complete these actions.

A six monthly unannounced visit by the provider nominee had also recently been completed. A report had been produced following the unannounced visit with actions developed for completion within a specified timescale.

There was a clearly defined management system which identified the lines of authority and accountability in the centre. Staff reported to house coordinators who in turn reported to the person in charge. The person in charge reported to the provider nominee and meetings were held on a monthly basis.

Staff meetings were held approximately every fortnight in which issues such as residents' healthcare needs and changing needs were discussed. Local management meetings were attended by the person in charge, persons participating in management and house coordinators every week to fortnight. Issues such as risk assessments, accidents and incidents, training, and respite services were discussed at these meetings.

A local committee convened every four to six weeks and managers in the centre along with residents' representatives attended these meetings. Areas such as budget, fire safety, health and safety, maintenance and new developments were discussed at these meetings with actions, if required, developed to address any issues identified.

The person in charge worked full time in the centre in a volunteer capacity. The person in charge had been working in the centre for approximately five years and residents knew the person in charge well. The person in charge had attained a qualification in management of health and social care and a vocational qualification in care.

The person in charge was interviewed by the inspectors and demonstrated good knowledge of the legislation and his statutory responsibilities. The person in charge was engaged in ongoing professional development through in-service courses. The inspectors found the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

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 event of the absence of the person in charge. The service had appointed an administrator and a co-worker as persons participating in management, who deputised in the absence of the person in charge.

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:
The inspector found the centre was resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

There were enough resources to support residents' in achieving their individual personal plans. There were sufficient staff working in the centre. Along with the centres' accommodation, there was a bakery and a farm and residents engaged in work and activities consistent with their goals and personal plans. The centre also had a cook who supported residents in meal preparation. There was a large community hall on the site where residents took part in social, leisure and religious events.

Facilities such as a computer with internet access, telephone and television were available in the centre. Four vehicles were available to support residents with social events and transport to day services and appointments.

The facilities and services in the centre were reflective of the centre's 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 inspectors found there were appropriate staff numbers and skills mix to meet the assessed needs of residents however, improvement was required in training records and to ensure medication training was delivered by a suitably qualified practitioner. Improvement was also required in the documentation maintained in relation to rosters.

One action from the previous inspection had not been satisfactorily implemented. The inspectors reviewed a sample of six staff training records. Some staff had received training in the administration of emergency epilepsy medication however, documentary evidence of training was only available for two of the five staff who had completed this training.

The inspectors found that medication management training was not adequate. Medication management training had been provided to those staff who administered medications. Training was delivered by the person in charge however, the inspectors found the person in charge was not suitably qualified to deliver this training and did not have the relevant educational and clinical skills.

Two rosters were maintained within the centre. One was for paid employees and reflected the actual times employees worked in the centre. The second roster maintained outlined the work to which the co-workers were assigned each day / evening. Support at night was by a sleep over arrangement and the person in charge

identified that one staff was on call at night time. However, the inspector found the arrangements at night time were not reflected in the roster.

Mandatory training had been provided to staff in manual handling, fire safety, safeguarding and challenging behaviour. Additional training had been provided in food safety.

There were sufficient staff to ensure residents needs were met. The centre was staffed by co-workers most of whom worked on a volunteer basis. Most co-workers shared the accommodation with the residents while providing the required care and support. There were a number of employees working full time during weekdays.

Staff were observed to provide assistance and support to residents in a timely manner interacting with residents consistent with communication plans.

Staff members spoken to were aware of the procedures in relation to general welfare and protection of residents for example, intimate care procedures, fire safety and safeguarding.

Each staff member had an assigned supervisor and supervision was completed on at approximately two monthly intervals.

All of the requirements of Schedule 2 of the Regulations in relation to staff records were in place. The recruitment procedures in place included checking and recording of all the required information.

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 inspectors found that most of the documentation required by the Regulations was maintained in the centre however, improvement was required in the details in the Directory of Residents.

A directory of residents was maintained however, the inspectors found it did not contain details of residents' general practitioner, the dates at which the residents were not residing at the centre and details of the details of the organisation /authority which arranged residents' admission to the centre.

Most of the remaining records as required by Schedule 3 of the Regulations were maintained in the centre with the exception of health care plans as outlined in Outcome 5.

Most of the records as per Schedule 4 of the Regulations were maintained in the centre however, as outlined in Outcome 17 some training records were not available on the day of inspection. A residents' guide was in place in the centre.

All of the policies and procedures as per Schedule 5 of the Regulations were maintained in the centre and were subject to review at a minimum of three yearly intervals.

An up to date certificate of insurance was reviewed by the inspectors on the day of inspection.

All records were kept secure but were 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

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003621
Date of Inspection:	12 April 2016
Date of response:	20 May 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Documentary evidence was not available to confirm some financial audits of residents' bank accounts were completed.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and

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

possessions and, where necessary, support is provided to manage their financial affairs.

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

Audits of residents bank accounts to ensure support and identify any irregular / unexplained transactions or potential financial abuse have been completed for residents who managed their money independently, but have been identified on financial assessment as being vulnerable. Records maintained in personal files.

Proposed Timescale: 18/04/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Some written agreements were not signed by a representative of the centre.

2. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

All residents contracts signed by Person In Charge

Proposed Timescale: 15/04/2016

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:

Some health care plans were not developed, in order to outline the care and support required to meet residents' assessed health care needs.

3. 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:

Health care plans developed to include health care plans and protocols for specific individual health conditions which identify signs and symptoms and a Treatment Plan to assist in responding to health needs and conditions in an appropriate and timely way.

Proposed Timescale: 16/05/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The en suite facility in one unit required repainting.

4. Action Required:

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

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

En suite facility to be repainted.

Proposed Timescale: 22/04/2016

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 centre's emergency plan did not outline the arrangements for alternative accommodation should this be required.

5. 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:

Emergency Plan reviewed and updated to clarify alternative accommodation arrangements.

Proposed Timescale: 09/05/2016

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 details contained in behaviour support plans were not reflective of the practice.

6. 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:

Behaviour support plans reviewed and updated to include all relevant information and practice, including information contained in individual risk assessments.

Proposed Timescale: 10/05/2016

Theme: Safe Services

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

The use of a restrictive procedure was not in line with best practice or the centre's policy on restrictive procedures.

The restrictive procedure was not subject to regular review, or to review by a multidisciplinary team, there was no plan in place to reduce this restrictive procedure and there had been no alternative measures tried prior to the implementation of this procedure.

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:

GP referral sought for occupational health comprehensive assessment and multidisciplinary review to consider alternative less restrictive practices. Use of baby monitor and risk assessment for epilepsy reviewed with resident and parents taking into account the risk of harm to the individual, our duty of care, local and national policy, procedures and best practice.

Best Practice Guidelines for Occupational Therapists:

Restrictive Practices and People with Intellectual Disabilities identified monitoring technologies as the least restrictive alternative form of environmental restraint and a positive strategy to maintain independent mobility, physical activity and a sense of freedom for the individual. Use of monitor reduced to night time and notified to HIQA in quarterly return.

Proposed Timescale: 01/05/2016

Theme: Safe Services

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

The policy on safeguarding did not accurately guide staff on the reporting procedures required in order to ensure a timely response to allegations or disclosures of abuse.

The policy was not in line with the Health Services Executive (HSE) policy on Safeguarding Vulnerable Persons at Risk of Abuse.

8. 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:

HSE National Policy & Procedures on Safeguarding Vulnerable Persons at Risk of Abuse implemented in the Community, training provided to all co-workers, staff, residents and family members.

Camphill Communities of Ireland Adult & Child Protection Framework, Policy & Procedure reviewed and updated locally to inform and guide staff on best practice and reporting procedures in line with HSE National Policy & Procedures on Safeguarding Vulnerable Persons at Risk of Abuse.

Proposed Timescale: 28/04/2016

Theme: Safe Services

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

One allegation of abuse was not identified at the time as a potential abuse and as a result not reported or investigated in line with national guidance.

9. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

Allegation was identified, investigated and reported using HSE National Policy & Procedures on Safeguarding Vulnerable Persons at Risk of Abuse and updated Adult & Child Protection Framework, Policy & Procedure. Further training given to all staff on HSE National Policy & Procedures on Safeguarding Vulnerable Persons at Risk of Abuse.

Proposed Timescale: 11/05/2016

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:

A notification had not been made to Authority in respect of one incident of alleged abuse.

10. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

Alleged incident of abuse notified to HIQA.

Proposed Timescale: 17/04/2016

Theme: Safe Services

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

The Authority had not been notified of the use of restraint in the centre.

11. 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:

Use of restraint notified to HIQA in Quarterly Notification. All staff given additional training on National Policy & Procedures on Safeguarding Vulnerable Persons at Risk of Abuse.

Proposed Timescale: 01/05/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Meal choices made by residents were not consistently facilitated.

12. Action Required:

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

Residents meal choices discussed and requirements and additional methods to facilitate choices identified and agreed through Community Meetings, House Meetings, Community Diary, Cooking Workshop Diary, menu planning and meal preparations with/for residents including opportunities and arrangements to facilitate choices through outings.

Proposed Timescale: 17/04/2016

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 centre policy in relation to the administration of medication did not guide safe practice in line with national guidance.

There were no medication prescription sheets in use in the centre and the procedure for the administration of medication did not include checking of the dispensing prescription.

Medication administration records did not document the actual time of administration.

13. 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:

Medication Policy updated in accordance with national guidance. Training given in line with new medication policy and procedures. Kardex medication prescription sheets implemented to cross check all prescribed medication administered. Medication Administration Record Charts updated to show precise times of administration.

Proposed Timescale: 07/05/2016

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:

Planning compliance had not been submitted to the Authority as part of the application to register the centre.

The Chief inspector had not been notified of a change in director of the company.

14. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

Engineer engaged on 1st April 2016 to do topographical survey for the cabin building and submit planning application for retention. Planning compliance will be submitted as soon as planning department approves application.

Changes of company directors to be notified nationally for all Camphill Communities through the national office.

Proposed Timescale: 31/10/2016

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 services provided were safe and effectively monitored. The systems in place in relation to safeguarding and medication management were not safe and not effectively monitored.

15. 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:

Safeguarding Policy and procedures have been updated in accordance with HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures. All designated officers for complaints and safeguarding have completed HSE Safeguarding training and given internal training for all staff. We plan to ensure the PIC and all PPIM's have HSE safeguarding training at the first available opportunity, HSE training currently only available for designated officers.

A register of investigations into allegations of abuse will be maintained and monitored by the National Policy & Social Care Co-ordinator. All decisions (outcomes) relating to investigations of allegations of abuse will be kept on the staff and resident's individual file. A hard copy and electronic folder will be set up for each investigation. All information relating to investigations will be stored in a confidential and secure manner by the National Safeguarding Coordinator in the Central Office. Access to the information on file will be strictly limited to the National Case Management Team, the Investigation Team and other relevant parties for the purpose of carrying out the

investigation or monitoring compliance.

Medication Management Policy updated in accordance with national guidance. Training given in line with new medication policy and procedures. Kardex medication prescription sheets implemented to cross check all prescribed medication administered. Medication Administration Record Charts updated to show precise time of administration and provide important information and records for monitoring and review..

Ongoing internal monitoring, audits and review of all medication management systems and records to ensure compliance with current best practice, policy and procedures. All prescription medications will be monitored and reviewed by a medical practitioner. Residents Personal Plans and individual Health Plans document medication and specific health issues, checks, tests and results which are monitored and reviewed by a designated member of staff. Possible side effects, adverse reactions or contraindications of medication are also recorded and monitored by a designated person. Individuals are monitored, assessed and reviewed by a designated member of staff to support self-administration of medication. Medication incidents are recorded, monitored and reviewed in an incident register by the management group and learning shared nationally.

Proposed Timescale: 14/07/2016

Theme: Leadership, Governance and Management

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

The annual review of the quality and safety of care and support did not allow for consultation with residents' representatives.

16. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Survey for residents representatives, family and friends, is being developed and implemented and the resulting feedback will be incorporated into the Registered Providers annual review of the quality and safety of care and support in the designated centre.

Proposed Timescale: 31/07/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The arrangements for on call sleepover staffing at night time was not reflected in the roster.

17. 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:

Roster updated to include on call sleepover staffing.

Proposed Timescale: 18/05/2016

Theme: Responsive Workforce

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

The training provided to staff in relation to medication management was inadequate and had not been delivered by a person with suitable clinical and educational skills.

Training records for three staff to confirm their attendance at training in emergency epilepsy medication were not available on the day of inspection.

18. 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 administering medication have completed additional medication management training for updated policy and procedures from a suitable qualified person on 18/04/16 Epilepsy Awareness & Administration of Buccal Midazolam training has been arranged for previously trained staff to obtain missing training records, the first available training is August 10th.

Proposed Timescale: 10/08/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The Directory of Residents did not contain details of residents' general practitioner, the dates on which the residents were not residing at the centre and details of the organisation /authority which arranged residents' admission to the centre.

19. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

Residents directory updated with all required information.

Proposed Timescale: 15/04/2016