

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group F - Community Residential Services Limerick
Centre ID:	OSV-0003953
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Geraldine Galvin
Lead inspector:	Geraldine Ryan
Support inspector(s):	Julie Hennessy
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 27 July 2016 08:40 To: 27 July 2016 16:15

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 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 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

On 01 and 02 of September 2014 an announced inspection was undertaken in one of the two houses comprising the designated centre. During the inspection, non compliance with the regulations was found in eight of the 10 outcomes inspected against:

- five outcomes were judged as moderate non-compliant
- three outcomes were judged as minor non-complaint.
- two outcomes were judged as compliant.

A further inspection was carried out of the two houses comprising the designated centre, on the 14 September and 15 September 2015. During the inspection, significant non compliance was found with 13 of the 18 outcomes examined:

- four outcomes were judged as major non-compliant. These concerned admissions to the centre; unsuitable design and layout of the centre; the risk management system was not sufficiently robust and it was not demonstrated that the night-time

staffing arrangements met the assessed needs of all residents.

- nine outcomes were judged as moderate non-complaint.
- five outcomes were judged as compliant.

In addition to the above inspection activity the provider attended a meeting at HIQA head offices on 27 November 2015 to outline concerns regarding the findings of the previous inspection and the potential consequences of continued non compliance with the Regulations and Standards. The provider reassured the Authority that every effort would be made to resolve outstanding issues at the meeting.

A further meeting was held on 11 April 2016 with the Chief Executive Officer and provider representatives where a number of centres operated by the provider, including this centre, were discussed. An engineer's plan pertinent to this service was distributed by the Chief Executive of proposed works which indicated that the issues identified in this centre would potentially be addressed in the next couple of months. At this meeting specific mention was made in relation to the issue of multidisciplinary team (MDT) assessment and review of the use of restrictive practice in this centre. The provider was requested to submit a response which was received on 22 June 2016. The providers response stated that 'whereas a plan for a downstairs bedroom area has been drawn up it has been agreed not to proceed as the plan as outlined above, for another location is more cost effective and better long term'. 'The residents in this centre therefore will move to the newly bought bungalow and the residents of the other centre will move to this centre'.

The person in charge and the clinical nurse manager three (CNM3) confirmed this response on the inspection of the 27 July 2016. However, the response from the provider to a subsequent immediate action plan issued on this follow up inspection of the 27 July 2016 clearly stated that an extension was being costed.

An updated response was requested and the provider representative on 8 August 2016, stated that 'the response of 22 June 2016 is still the preferred plan- 'whereas a plan for a downstairs bedroom has been drawn up it has been agreed not to proceed, as the plan as outlined in the response is more cost effective and better long term'. Furthermore, the provider representative stated that she was actively applying for such a property through an assistance scheme and was waiting a decision on this. As a contingency, the chief executive officer (CEO) has instructed the Director of Logistics and the provider representative to continue with the application for mobility grants to adapt the current house and put two bedrooms downstairs'. The provider representative stated that 'if they were unable to purchase a bungalow in a relatively speedy manner they may have to revert to the initial plan of an extension until a suitable premises could be found and altered'.

During the 27 July 2016 unannounced inspection, inspectors noted little improvement since the inspection of the 14 September 2015 and found that there was limited progress made against the provider's action plan from the previous inspection in some areas.

Description of the service:

This centre is a designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Limited. The centre consists of two community residential houses which are based in the outskirts of a city. The residential

accommodation comprised one two-storey semi-detached house and one bungalow. The centre provides residential accommodation and services including nursing care for adults with a moderate to severe level of intellectual disability. The centre provides accommodation and support for nine residents.

How we gathered our evidence:

On this inspection, inspectors reviewed a sample of files pertaining to residents with co-existing healthcare needs and supports, personal care plans, medication management records, risk assessments, accident/incident logs, the complaints log, fire safety records and the centre's policies/procedures. Practices and interactions between residents and staff were observed. Staff engaged with residents in a respectful manner and residents stated how nice staff were to them. Inspectors met and spent some time with four residents and also sought permission to be in their home and access documentation. Inspectors met with staff on duty.

Overall judgement of our findings:

Significant non-compliances were identified on this inspection

- eight outcomes were judged as major non-compliant
- three outcomes were judged as moderate non-compliant
- three outcomes were judged as compliant.

One major non-compliance identified in Outcome 07: Health and Safety resulted in an immediate action being issued in relation to:

- inadequate assessment of risk of residents with mobility issues and with a significant risk of falls.
- a resident (non verbal) with co-existing complex medical and nursing needs had no ability/mechanism to alert staff while in their bedroom. While the resident's risk assessment referred to checking bedrails during waking hours, it did not capture any safe guards/checking of the bedrails from 23:00hrs to 07:30hrs.

The response from the provider satisfactorily addressed the immediate risk posed to residents in relation to safe guards and monitoring of a resident's bedrails from 23:00 hrs to 07:30hrs.

However, the response also stated that an extension was being costed; the person in charge and the acting provider representative, on the day of inspection, stated that a cost based decision had been taken not to go ahead with the extension. On that basis, the response from the provider was not accepted.

Noted in particular on the inspection the provider did not demonstrate an effective capacity to address continued non-compliance in the following matters:

- safe and suitable premises. The design and layout of the premises does not meet the number and needs of residents; insufficient communal space and no private space (outcome 6)
- effective fire safety management systems. Non compliance with regard to fire safety was noted in all inspections carried out in this centre and continues not to be addressed in a satisfactory manner by the provider (outcome 7)
- risk management and assessment of risks (outcome 7)
- the centre's statement of purpose (outcome 13)
- residents access to psychology (outcome 11)

- the admission procedure (outcome 4)
- multidisciplinary (MDT) review of residents' personal care plans (outcome 5)
- recommendations from allied professionals not being implemented (outcome 5)
- residents' finances (an external contractor did not provide receipts to residents) (outcome 8)
- records and documentation (outcome 18).

In addition, on this inspection, non-compliance was noted in:

- resident's communication requirements (outcome 2)
- medication management (outcome 12).

The systems for review of quality and safety in the centre were not satisfactory. While an annual review of the quality and safety of care in the designated centre had been completed, it was not evident on this inspection how the review provided for consultation with residents and their representatives. The provider or provider representative had carried out an unannounced visit to the centre 11 May 2016 and considered aspects of the quality and safety of care in the centre. However, some key issues had not been identified, for example, that the centre may not be suitable for all residents and that a resident did not evacuate the centre during fire drills. These matters were discussed at the time of inspection.

The reasons for these findings are explained under each outcome in the report and the regulations which are not being met are included in the action plan at the end.

The provider has not demonstrated a willingness to be proactive and to date has reacted to non-compliances only when identified by inspectors. The provider representative was unable to ensure effective governance and management of the centre. The systems in place in the designated centre did not ensure that the service provided was safe, consistent and effectively monitored. The service provided was not appropriate to all residents' needs.

While a second day of inspection was initially planned, due to the findings of continued non-compliance noted on the first day of inspection of the 27 July 2016, a decision was taken by the Authority to not carry out a second day. In addition, the provider was put on notice as to the consequences of the continued non-compliances and that HIQA would use its statutory powers, as required, to ensure that residents' health and welfare was protected in this centre.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

On this inspection the inspectors followed up on the outstanding action from the last inspection and found the action generated was completed. This action was in relation to the requirement for a resident to access the en-suite shower of another resident, which impacted on the privacy of that resident.

The provider had renovated the main bathroom in one house to accommodate a shower.

On this inspection, signs were displayed on the bathroom doors indicating if the bathroom was occupied or not. The person in charge stated that, on discussion with the residents accommodated in the centre, the residents had opted not to have a lock installed on the bathroom door.

Judgment:

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:

Residents had access to radio, television and social media. There was evidence of information on local events displayed on notice boards.

Picture Exchange Communication System (PECS) was in use for one resident to support choice and activities. However, on this inspection of the 27 July 2016, inspectors noted that:

- the resident was not facilitated to use the PECs communication tool to support choice around offering drinks at breakfast time
- the resident's nutrition and drinking plan did not include that the PECs system was to be used
- the resident's communication plan did not include guidance or information for staff on how to identify if the resident had pain, or how the resident communicated if they were in pain.

Judgment:

Non Compliant - Major

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

Two actions were generated from the most recent inspection of the 14 September 2015; one action was not completed in a satisfactory manner; one action was completed.

The first action was in relation to the admissions process and how it did not fully consider the wishes, needs and safety of all residents. Residents continued to live in the centre even though it was unsuitable to meet their needs. The person in charge and CNM3 concurred with this and stated that they were aware that residents had expressed a wish to live in a bungalow with no steps or stairs and would like a quiet environment. This matter was actioned on the previous inspection of the 14 September 2015 and to date this has not been addressed.

The second action concerned the policy on admissions, transfer and discharges of residents was completed.

Residents' admissions were not in line with the centre's statement of purpose where it was stated that all admissions were planned in collaboration with the residents. There was evidence that the choices of residents were not considered; one resident stated that she wanted to live in a quiet environment.

Residents did not have access to psychology even though access to psychology was stated under 10.0 of the centre's statement of purpose.

In one house there was no private space for resident to meet staff even though it was stated in the centre's statement of purpose that residents were offered opportunity to meet privately with staff.

The centre's statement of purpose clearly states that one of the houses can accommodate one resident with mobility challenges in a downstairs bedroom. However, there was evidence that a resident with mobility issues and assessed at a high risk of falls, was accommodated on the first floor. This was not in keeping with the centre's statement of purpose.

Judgment:

Non Compliant - Major

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 inspection carried out on the 14 September 2015 generated two actions;
- one action was in relation to the personal plan not being in an accessible manner. This action was evidenced as being completed on the inspection of the 27 July 2016; each resident had a wall mounted plan in relation to their identified goals for 2016. The residents' person centred plans also outlined corresponding goals, complete with timelines and identified persons to ensure that the goal was actioned.

- the second action was in relation to the review of resident's personal care plans (PCPs)

not being multidisciplinary as required by the regulations; the proposed timeline submitted by the provider for completion of this action was 31 December 2015. While there was evidence that residents' PCPs were reviewed, there was no evidence that the review was multidisciplinary as required by the regulations. This was confirmed by the person in charge who stated that multidisciplinary review of the residents' PCPs was not taking place yet.

This matter was actioned on the previous inspection of the 14 September 2015; the proposed timeline submitted by the provider for the completion of this action was 31 December 2015. However, this action has not been completed in a satisfactory manner.

A transition plan, devised by the clinical nurse manager two (CNM2), a physiotherapist, an occupational therapist (OT) and speech and language therapist (SLT), dated 3 March 2016, was in place for two residents accommodated on the first floor. For example; recommendations for one resident were as follows:

- 'due to age and decreased energy levels, a gradual reduction in day service attendance is recommended'
- 'the resident is to have an increase in 'lie ins' in the morning'
- 'staff be allocated to the house to accommodate this'.

While there was evidence that these recommendations were implemented, the resident's plan of care or goal setting to reflect the resident's wishes had not been updated with this new information.

Judgment:

Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

As evidenced on this inspection of the 27 July 2016, the two actions from the most recent inspection of the 14 September 2015 were not completed. The provider's response to the actions generated from the inspection of the 14 September 2015 was not subsequently published in the inspection report generated from that inspection as the response was not satisfactory.

Parts of the centre remained inaccessible to the residents. Residents with significant

mobility needs could not access their bedrooms upstairs unless supervised and accompanied by staff. Stair gates remained in place at the top and bottom of the stairs to prevent residents from accessing the stairs unsupervised. Residents were restricted in their movements and in accessing areas due to the poor design and layout of the centre.

The person in charge stated that consideration had been given to building an extension to the current house, but a decision had been taken not to proceed with the extension.

In one house there was insufficient private and communal space in the centre for the residents. Inspectors observed on this inspection, and as noted on the previous inspection, that the environment was not quiet; other than the resident's bedroom, there was no other private space available for residents to entertain a guest or conduct a conversation in private.

Judgment:

Non Compliant - Major

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):

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

Findings:

On this inspection the inspectors followed up on the three outstanding actions from the last inspection of the 14 September 2015. One action in relation to the prevention of infection was addressed. There was evidence that a hand hygiene audit had been carried out.

One action in relation to risk assessment remained outstanding and necessitated the issuance of an immediate action plan in relation to:

inadequate assessment of risk of residents with mobility issues and with a significant risk of falls:

- a resident with mobility issues and assessed by an OT in February 2016, as being at significant risk of falls, was inappropriately accommodated on the first floor and not as per the recommendations of the OT.

- a resident (non verbal) with co-existing complex medical and nursing needs had no ability/mechanism to alert staff while in their bedroom. While the resident's risk assessment referred to checking bedrails during waking hours, it did not capture any

safe guards/monitoring of residents with bedrails from 23:00hrs to 07:30hrs.

The response from the provider satisfactorily addressed the immediate risk posed to residents in that night staff were now on duty in the centre. However, the response also stated that an extension "to facilitate the residents to not have to use the upstairs due to their significant mobility issues" was being costed: however, the person in charge and the acting provider representative, on the day of inspection, stated that a cost based decision had been taken not to go ahead with the extension. On that basis the response from the provider in this regard was not accepted.

On this inspection it was found that the centre's system for the management, identification of risk with resultant safeguards was not robust.

A resident at risk of falls had two falls risk assessments; one which assessed the resident at a moderate risk of falls. The second falls risk assessment was carried out by an OT in February 2016 where it was assessed that the resident was at:

- 'significant risk of falls'
- 'use of these steps pose a considerable risk'
- 'in the event of an emergency, illness or decreased mobility, the risk is increased'. This resident sustained two falls while outside the centre; one fall (dated 26 June 2016) resulted in the resident sustaining a fracture in her foot.

In addition, the OT outlined recommendations in relation to this resident that were to be implemented. However, inspectors noted that the OT's recommendations were not implemented and the OT's recommendations were not included in the resident's risk assessment for mobility/safe environment.

Also, the inspector noted in this resident's care plan:

- a reference that the resident did not have a manual handling risk assessment. However, this resident required the assistance of one staff while using the stairs and needed assistance getting into and out of the centre's transport
- a reference that the resident had not been seen by an OT; however, inspectors noted documentary evidence that this resident had in fact been assessed by the OT. An unsigned and undated note, adhered to the resident's notes stated that the resident's risk assessment was to be 'updated weekly'. However, there was no evidence of this and the person in charge confirmed that she was not aware of this instruction.

Furthermore, the inspector noted that this resident, who was assessed at being at a significant risk of falls, mobility challenges and accommodated on the first floor, was on occasion, up at night. This was evidenced in the care staff report where it was noted that the resident was up at night; for example; on the nights of:

- 10 May 2016; resident up at 02:00hrs and 05:00hrs
- 18 June 2016; resident up at 06:00hrs
- 20 June 2016; was 'up and about in their bedroom during the night, looking for a book and in and out to the bathroom'.

It was documented in the night care report that assigned 'sleepover' staff had to remain up with the resident while the resident was up and about. However, there was no evidence that this incident had been risk assessed. As noted above, following the issuance of an immediate action plan, the provider representative rostered night duty staff.

Fire risk assessment was highlighted as an issue on this and the previous inspections dated 14 September 2015 and 1 September 2014. A risk assessment, dated 1 September 2014, had been completed by a person competent in the area of fire safety, identifying fire safety improvement works to be completed. However, a costed time-bound plan has not, to date, been submitted to the HIQA in relation to the completion of the required fire improvement works. The fire risk assessment recommended that a review should take place in relation to the residents being accommodated in the upstairs bedrooms to ensure that those residents could negotiate the staircase with limited assistance. There was evidence that this review had taken place and each resident had an up to date personal emergency evacuation plan (PEEP). Staff confirmed that residents required full supervision and assistance to negotiate the staircase.

On this inspection there was evidence from a review of the fire drills carried out that one resident refused to evacuate the centre and on a number of occasions; staff confirmed this. Inspectors noted that minutes of health and safety meetings did not include this information.

Furthermore, an unannounced visit was carried out by the provider representative on the 11 May 2016 whereby the following was noted 'residents all evacuate promptly'. However, records of a fire drill carried out on the 4 May 2016 indicated that one resident refused to evacuate the centre; this information was not captured by the provider representative on the 11 May 2016.

On further review, there was evidence that a resident refused to evacuate the centre on the 22 June 2016 and the 13 July 2016. However, no additional control measures were documented to guide or inform staff on how to address this scenario.

In addition it was noted that one staff member had not received fire safety training. This was confirmed by the staff member.

A resident had a manual handling assessment carried out by the manual handling/physiotherapist on the 18 May 2015. This was overdue review. It was noted in a resident's file that the person in charge was to undertake the review. However, the person in charge confirmed that she was not a qualified manual handling instructor/assessor.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

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

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

Findings:

On this inspection the inspectors followed up on the outstanding actions from the last inspection; three actions were generated from the inspection of the 14 September 2015. The first outstanding action was in relation a resident accessing an allied specialist service was completed. However, the two further actions were not completed, and within the proposed timelines submitted by the provider.

While systems were in place to protect residents from being harmed or suffering abuse, improvements were required in relation to residents' finances. From a sample reviewed, on this inspection of the 27 July 2016, it was evident that an external contractor did not provide receipts to the residents following the provision of a regular service. The person in charge concurred with this finding. This matter was actioned on the previous inspection of the 14 September 2015; the proposed timeline submitted by the provider for the completion of this action was 9 October 2015. However, this action remains not addressed.

Restrictive practices were in use including bedrails. There was evidence of consultation with residents in relation to these restrictions and consent was documented. While restrictions had been reviewed by the restrictive practices committee, it was not demonstrated that suitable alternatives were considered. There were environmental restrictions (stair gates) in place to prevent residents ascending or descending the stairs to their bedrooms unsupervised.

The use of restrictive procedures were not monitored, supervised and reviewed. Staff confirmed that no checks were carried out on a resident who availed of bedrails between the hours of 23:00hrs and 07:00hrs. This matter was actioned on the previous inspection of the 14 September 2015; the proposed timeline submitted by the provider for the completion of this action was 30 November 2015. However, this action remains not addressed.

Inspectors spoke with residents who confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns.

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
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The action from the previous inspection of the 14 September 2015, was completed. This was in relation to the inclusion of any use of environmental restraint in the quarterly report as required by the regulations.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: On this inspection the inspectors followed up on the outstanding action from the last inspection; this was in relation to a robust assessment process to establish each resident's training or skills development. This action was completed in a satisfactory manner; there was evidence of this assessment in the residents' care plans in the day activation service reports.</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):</p>

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

Findings:

On this inspection the inspectors followed up on the two outstanding actions from the last inspection of the 14 September 2015. One action in relation to residents' wishes in relation to care at end of life was completed.

A second action concerning residents' timely access to psychology services was not completed by the timeline submitted by the provider. The proposed timeline submitted by the provider for the completion of this action was 30 October 2015. This action was not satisfactorily implemented.

In addition, on this follow up inspection of the 27 July 2016, the following was noted:

- a resident with specific dietary requirements had been reviewed by SALT. However, the recommendations from the SALT review were not captured in the resident's care plan for 'nutrition'
- a resident's care plan for pain did not include guidance or information for staff on how to identify if the resident had pain
- the recommendations from an OT review of one resident (dated February 2016) were not included in the resident's plan of care.

Judgment:

Non Compliant - Major

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:

On this inspection, the inspectors noted that a particular regime of medication as prescribed for a resident by a general practitioner was not administered. The resident was prescribed a particular prescribed regime on a four weekly basis. However, on perusal of medication administration documentation there was ample evidence that medication was not administered as prescribed; for example;

June 2016: the medication was administered twice on day two and not administered again until day seven where the resident was administered the medication three times

- May 2016: the medication was administered once on day one; three times on day two and once on day three. No further record of administration of prescribed was evident

- April 2016: the medication was administered twice on day one; three times on day two

and once on day three. No further record of administration of prescribed was evident.

On perusal of the resident's daily report notes, it was evident that the resident communicated her distress in a non-verbal manner. While note was taken of the resident's distress, it was evident from the documentation that staff queried the cause of the signs exhibited by the resident but did not administer medication as prescribed by the GP, leading to the resident missing doses of medication.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

On this inspection the inspectors followed up on the outstanding action from the last inspection. The action was not completed and within the proposed timeframe submitted by the provider; 16 September 2015.

The statement of purpose did not contain all of the information required by Schedule 1 of the Health Act 2007 and did not capture:

- the specific care needs that the designated centre is intended to meet
- the facilities provided to meet those needs
- the criteria used for admission to the designated centre
- the name of the person in charge
- the hours staff worked were incorrect.

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):

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

Findings:

On this inspection the inspectors followed up on the two outstanding actions from the last inspection of the 14 September 2015.

The first action was in relation to the fact that the annual review did not provide for consultation with the resident and their representatives; the person in charge stated that satisfaction surveys had been carried out since the last inspection of the 14 September 2015; however, these were not made available to inspectors on this inspection. The provider in response to the action plan generated from the inspection of the 14 September 2015, stated that the survey would be circulated and collated by the 31 January 2016. However, this had not occurred and the person in charge confirmed this.

The second action was in relation to the fact that improvements were required to the arrangements in place to ensure effective governance, operational management and administration of the designated centre.

The post of the person in charge was full-time and was responsible for two designated centres comprising of five premises in total. The person in charge visited the centre formally weekly (one afternoon per week) and stated that she was in contact with the house manager informally on a frequent basis and as issues arose.

However, as highlighted in the previous inspection of the 14 September 2015, the person in charge was in charge of more than one designated centre and improvements were required to the arrangements in place to ensure the effective governance, operational management and administration of this designated centre. This is evidenced by the number and type of non-compliances identified in this report including:

- not ensuring that residents' personal plans were the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances
- not ensuring that the residents' personal plans reviews were multidisciplinary (MDT).
- not ensuring that residents' personal plans were amended in accordance with any changes recommended following a review
- not ensuring that a resident with specific dietary requirements had been reviewed by SALT. However, the recommendations from the SALT review were not captured in the resident's care plan for 'nutrition'.

In the previous inspection of the 14 September 2015, the provider had put in place a formal system for carrying out a bi-annual unannounced visit of the designated centre. While the unannounced visit took place on 11 May 2016 and considered aspects of the quality and safety of care in the centre however, some key issues had not been

identified. For example, the plan did not identify that the centre may not be suitable for all residents; it did not capture the fact that one resident did not evacuate the centre during fire drill.

There was a defined management structure in place in the designated centre. Care staff in the centre report to the social care leader or house manager. The house managers report to the person in charge, who in turn reports to the CNM3. The CNM3 reported to the provider representative.

The provider representative was not on duty on the day of inspection.

Judgment:

Non Compliant - Major

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):

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

Findings:

On this inspection the inspectors followed up on the outstanding three actions from the last inspection carried out on the inspection of the 14 September 2015. On this inspection it was noted that two actions were not addressed and a third action was partially addressed:

- the resident's guide had not been completed and within the proposed timeframe submitted by the provider; 30 October 2015

- not all records as required under Schedule 3 of the regulations were maintained in the centre. These included records of nursing and medical care, ongoing medical assessments, referrals and follow up appointments. These were not kept in the centre but in a central office, located a distance away and were not accessible to staff in the centre should the services of an out of hours doctor be required and should the doctor require additional medical information. The response submitted by the provider to this

action did not satisfactorily address the failings identified in the previous inspection report of the 14 September 2015.

- the action in relation to the updating of the centre's policy on education, training and development; a protected disclosure policy and protection and welfare policy was completed. However, the centre's admission policy had not been updated to take account of the need to protect residents from abuse. The proposed timeframe submitted by the provider for the completion of this action was 31 December 2015.

In addition, on this follow up inspection of the 27 July 2016, the following was noted:

- where a weekly food record was maintained for a resident, there was no evidence that the food record was regularly reviewed by staff or the person in charge. The person in charge confirmed that the records were not checked or reviewed. There was evidence that residents were weighed regularly
- it was not evident that where a resident requiring their food intake to be recorded, that the record captured if a resident refused a meal/meals, that an alternative was offered or that the refusal was reported.

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:

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0003953
Date of Inspection:	27 July 2016
Date of response:	12 September 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 02: Communication

Theme: Individualised Supports and Care

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

A resident was not facilitated to use the PECs communication tool to support choice.

1. Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their

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

full capabilities.

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

All staff have been met by the PIC and advised to utilize the individual PECs communication tool to support the resident make individual choices. The PIC will also address this at the next house meeting to reinforce with the staff the importance of using the PECs communication for the individual resident.

Proposed Timescale: 16/09/2016

Theme: Individualised Supports and Care

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

A resident's nutrition and drinking plan did not include that the PECs system was to be used with the resident

A resident's communication plan did not include guidance or information for staff on how to identify if the resident had pain, or how the resident communicated if they were in pain.

2. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

The individual resident's nutrition and drinking care plan have been updated to reflect that a PECs system is used for the resident as a communication tool. The individual resident's communication plan has been updated to give guidance to staff on methods in identifying if a resident has pain or the means the resident communicates if she has pain. A pain assessment tool is also incorporated into the resident's care plan to support staff document the non-verbal cues that the resident may give as signals to communicate if the resident has pain. A new referral to the Speech and Language Therapist has been made to review to ensure the plan of care incorporating the pain assessment tool is suitable for the resident.

Proposed Timescale: 05/08/2016

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:

It was not demonstrated that the admissions process fully considered the wishes, needs and safety of all residents.

3. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The Provider Nominee has organised for the MDT to complete an assessment of needs to ensure that all resident's wishes, needs and safety are assessed and any recommendations to be followed up. All transfers and admissions are discussed with residents and the MDT to ascertain the residents wishes, needs and safety as per ADT Policy DOCs 013(L).

Proposed Timescale: 20/10/2016

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:

The review of the residents' personal care plans was not multidisciplinary, as required by the regulations.

4. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The provider nominee has organized a full MDT all of resident's personal care plans for 20/10/2016.

Proposed Timescale: 20/10/2016

Theme: Effective Services

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

A transition plan, devised by the clinical nurse manager two (CNM2), a physiotherapist, an occupational therapist (OT) and speech and language therapist (SLT), dated 3 March 2016, was in place for two residents accommodated on the first floor. For example; recommendations for one resident were as follows:

- 'due to age and decreased energy levels, a gradual reduction in day service attendance is recommended'
- 'the resident is to have an increase in 'lie ins' in the morning'
- 'staff be allocated to the house to accommodate this'.

While there was evidence that these recommendations were implemented, the

resident's plan of care or goal setting to reflect the resident's wishes had not been updated with this new information.

5. Action Required:

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

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

The resident's will be reviewed and updated to reflect the resident's wishes, the MDT recommendations and the forward plan for the resident

Proposed Timescale: 15/09/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some parts of the centre were not accessible to residents. Residents with significant mobility needs could not access their bedrooms upstairs unsupervised and unaccompanied.

6. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The Service Provider has applied for capital assistance to buy a bungalow type dwelling for the residents with mobility problems. A house has been sourced and the Provider has directed that the Service Logistics Director make an offer on the purchase of this house. This offer has been made to the vendor on 02/09/2016. The service anticipates that a response to the capital assistance will be received by 30/09/2016. On receipt of this funding, the service will complete the purchase of the property. Modification works will require to be completed and the Service Logistics Director anticipates that the house would be completed for Occupation by 26/05/2017. As a contingency plan in the event that funding is delayed, the service have also drawn up plans to develop an extension to one of the existing house in this centre (Two Storey Dwelling) which would also accommodate the residents with mobility move downstairs where they could access their bedrooms independently.

Proposed Timescale: 26/05/2017

Theme: Effective Services

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

In one house there was insufficient private and communal space in the centre for the residents.

7. Action Required:

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

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

The Service Provider has applied for capital assistance to buy a more spacious bungalow type dwelling for the residents with mobility problems. A house has been sourced and the Provider has directed that the Service Logistics Director make an offer on the purchase of this house. This offer has been made to the vendor on 02/09/2016. The service anticipates that a response to the capital assistance will be received by 30/09/2016. On receipt of this funding, the service will complete the purchase of the property. Modification works will require to be completed and the Service Logistics Director anticipates that the house would be completed for Occupation by 26/05/2017. As a contingency plan in the event that funding is delayed, the service have also drawn up plans to develop an extension to one of the existing house in this centre (Two Storey Dwelling), which would also afford the residents to have more communal and private space.

Proposed Timescale: 26/05/2017

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:

Not having systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

8. 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 risks were reviewed and have been updated with appropriate management strategies. There is an on call system available to the staff where the staff can access a senior manager to support them if there is an emergency. The Health and Safety Officer will provide further input to staff on risk assessment and management in the centre as part of their ongoing training by 29/09/2016

Proposed Timescale: 05/08/2016

Theme: Effective Services

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

A review of the fire drills indicated that one resident refused to evacuate the centre:
- minutes of health and safety meetings did not include this information.

In addition, there was no definitive plan to ensure that all residents were safely evacuated and this was confirmed by the person in charge.

Furthermore, an unannounced visit was carried out by the provider representative on the 11 May 2016 whereby the following was noted 'residents all evacuate promptly'. However, records of a fire drill carried out on the 4 May 2016 clearly indicated that one resident refused to evacuate the centre; this information was not captured by the provider representative on the 11 May 2016.

On further review, there was evidence that a resident refused to evacuate the centre on the 22 June 2016 and the 13 July 2016. However, no additional control measures were documented to guide or inform staff on how to address this scenario.

9. Action Required:

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

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

All fire drills will include all information pertinent to the safe evacuation of all residents. The individual resident's PEEP was updated to reflect the control measures and management strategies to evacuate the resident if she refuses. This resident's management strategies will be discussed at the service next Health and Safety Meeting on 12/09/2016.

Proposed Timescale: 12/09/2016

Theme: Effective Services

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

One staff member had received not fire safety training.

10. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

The outstanding staff is scheduled to attend fire safety training on 19/09/2016

Proposed Timescale: 19/09/2016

Theme: Effective Services

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

Fire risk assessment was highlighted as an issue on this and the previous inspections dated 14 September 2015 and 1 September 2014. A risk assessment, dated 1 September 2014, had been completed by a person competent in the area of fire safety, which identified fire safety improvement works to be completed. However, a costed time-bound plan has not, to date, been submitted to the HIQA in relation to the completion of the required fire improvement works.

11. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The high risk priority works of emergency lighting and fire alarms are installed. All fire checks and documentation are completed. A letter of fire assurance of fire safety for this centre from an external fire consultant has been forwarded to the authority on the 29/06/2016.

Proposed Timescale: 29/06/2016

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:

While restrictive practices were reviewed by the restrictive practices committee, it was not demonstrated that suitable alternatives were considered.

12. Action Required:

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

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

The restrictive practices will be reviewed by the MDT on a date scheduled for 11/10/2016 and all alternatives to the restrictions in place will be discussed and reviewed with a view to ensuring all means to reduce or eliminate restrictions will be explored.

Proposed Timescale: 11/10/2016

Theme: Safe Services

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

Invoiced receipts were not obtained from an external contractor/service provider.

13. 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:

All invoiced receipts are now obtained from external contractors/ service providers.

Proposed Timescale: 28/07/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A resident with specific dietary requirements had been reviewed by SALT. However, the recommendations from the SALT review were not captured in the resident's care plan for 'nutrition'.

A resident's care plan for pain did not include guidance or information for staff on how to identify if the resident had pain.

The recommendations from an OT review of one resident (dated February 2016) were not included in the resident's plan of care.

14. 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 recommendations from the SALT, the OT have been incorporated into each resident's care plan. The individual resident's communication plan has been updated to give guidance to staff on methods in identifying if a resident has pain or the means the resident communicates if she has pain. A pain assessment tool is also incorporated into the resident's care plan to support staff document the non-verbal cues that the resident may give as signals to communicate if the resident has pain.

Proposed Timescale: 05/08/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

It was not evidenced that residents had timely access to psychology.

15. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

All residents will be reviewed by a psychologist at a meeting scheduled for the 20/10/2016

Proposed Timescale: 20/10/2016

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:

Medication as prescribed for a resident by a general practitioner was not administered. The resident was prescribed a particular prescribed regime on a four weekly basis. However, on perusal of medication administration documentation there was ample evidence that medication was not administered as prescribed.

16. 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:

The medication that was to be administered was an analgesic and its use for the residents has now been prescribed as a PRN if staff identify that the resident is displaying signs of pain using the pain assessment tool and as indicated in the resident's plan of care on communication. A refresher course on medication management for all staff will be completed by the service nurse prescriber by 29/09/2016

Proposed Timescale: 29/09/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all of the information required by Schedule 1 of the Health Act 2007 and did not capture:

- the specific care needs that the designated centre is intended to meet
- the facilities provided to meet those needs
- the criteria used for admission to the designated centre
- the name of the person in charge
- the hours staff worked were incorrect.

17. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose will be reviewed to ensure it contains all information as set out in schedule 1 by the Provider Nominee.

Proposed Timescale: 29/09/2016

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:

In the previous inspection of the 14 September 2015, the provider had put in place a formal system for carrying out a bi-annual unannounced visit of the designated centre. While the unannounced visit took place 11 May 2016 and considered aspects of the quality and safety of care in the centre, some key issues had not been identified. For example, the plan did not identify that the centre may not be suitable for all residents; it did not capture the fact that one resident did not evacuate the centre during fire drill.

18. 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 provider Nominee will complete an unannounced visit to the centre and update the written report to reflect the issues arising around the centre suitability for resident's and the plan in place to address this and also the issues with one resident in evacuating promptly.

Proposed Timescale: 29/09/2016

Theme: Leadership, Governance and Management

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

As highlighted in the previous inspection of the 14 September 2015, the person in charge was in charge of more than one designated centre and improvements were required to the arrangements in place to ensure the effective governance, operational management and administration of this designated centre. This is evidenced by the number and type of non-compliances identified in this report.

19. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The Provider Nominee is currently changing the PIC roles as PIC to other centres by 29/09/2016. This will reduce the current PIC responsibilities and allow the PIC more time in this centre to monitor and observe staff practices. The Provider Nominee will change the PIC to this centre when the social care leader from this centre returns from maternity leave in July 2017.

Proposed Timescale: 29/06/2017

Theme: Leadership, Governance and Management

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

The person in charge stated that satisfaction surveys had been carried out since the last inspection of the 14 September 2015, however these were not available on the day of this inspection of the 27 July 2016. The provider in response to the action plan generated from the inspection of the 14 September 2015, stated that the surveys would be circulated and collated by the 31 January 2016. This had not occurred and the person in charge confirmed this.

20. 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:

The provider will circulate the results of the satisfaction survey by 29/09/2016.

Proposed Timescale: 29/09/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The resident's guide had not been completed and within the proposed timeframe submitted by the provider; 30 October 2015.

21. Action Required:

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

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

The resident's guide has been updated and the current copy has been forwarded to the Authority on 08/09/2016.

Proposed Timescale: 08/09/2016

Theme: Use of Information

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

Not all records as required under Schedule 3 of the regulations were maintained in the centre. These included records of nursing and medical care, ongoing medical assessments, referrals and follow up appointments. These were not kept in the centre but in a central office, located a distance away. The response submitted by the provider to this action did not satisfactorily address the failings identified in the previous inspection report of the 14 September 2015.

22. Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

All records under schedule 3 will be maintained in the centre by 22/09/2016.

Proposed Timescale: 22/09/2016

Theme: Use of Information

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

Where a weekly food record was maintained for a resident, there was no evidence that

the food record was regularly reviewed by staff or the person in charge.

It was not evident that where a resident, on a food record chart, refused a meal/meals, that an alternative was offered or that the refusal was reported

23. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The food record was reviewed weekly by senior management but was not signed. The resident was seen by a dietician on 30/08/2016 and was very happy with her dietary management and discharged her from her services. The use of a food diary is now ceased.

Proposed Timescale: 30/08/2016