

**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 Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0005418
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Breda Noonan
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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:
07 June 2016 09:25	07 June 2016 18:15
08 June 2016 07:30	08 June 2016 15:00

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

Background to the inspection

This was an 18-outcome inspection carried out to monitor compliance with the regulations and Standards and to inform a registration decision by the Health Information and Quality Authority (HIQA).

How we gather our evidence

The inspector spent time with six residents, who did not use verbal communication. Residents were comfortable in the presence of staff, and staff were very familiar with residents' means of communication. Assistance and support was provided in a

dignified and respectful manner. Residents were also observed to be offered meaningful choice, and their choices were respected.

The inspector also met with one relative and a number of staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector also reviewed residents and relatives' questionnaires submitted to HIQA after the inspection, and their feedback is included in the report.

The person in charge, clinical nurse manager and the director of services were interviewed by the inspector.

Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. The centre was a bungalow located on a campus providing numerous facilities for people with intellectual disabilities in addition to residential accommodation. The campus was close to a village, which was on the outskirts of a large city. The bungalow contained single occupancy bedrooms for the residents as well as communal living facilities. The service was available to adult women who had severe and or profound intellectual disabilities.

Overall findings

Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements in place to promote the rights of residents and the safety of residents.

The inspector was also satisfied that the provider had put systems in place to ensure that the regulations were being met. The provider and person in charge displayed adequate knowledge and competence during the inspection, and the inspector was satisfied that both were fit persons to participate in managing the centre.

This resulted in positive experiences for residents, the details of which are described in the report.

Good practice was identified in the following areas:

- strong links with family were promoted (Outcome 3)
- admissions were safe (Outcome 4)
- strong governance arrangements were in place (Outcome 14).

Improvements were required in the following areas:

- developing specific goals in residents' personal plans (Outcome 5)
- providing accessible sanitary facilities (Outcome 6)
- medicines management practices (Outcome 12).

The reasons for these findings are explained under each outcome in the report. The regulations that are not being met are included in the Action Plan at the end of this 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):

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

Findings:

Interaction between residents and staff was observed and the inspector noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance. Residents' representatives spoke positively about their care and the consideration provided. They also reported that nothing is said or done for the resident without the resident's input.

The centre actively promoted the involvement of the residents and their representatives in the centre. Minutes of regular monthly house meetings were made available to the inspector. Items discussed included the upcoming HIQA inspection, the complaints procedure, advocacy, hygiene, infection control, environment, menu choices and social outings. A blackboard in the main sitting room was used to communicate issues discussed at staff meetings with residents and their representatives. Staff endeavoured to ensure that the residents were consulted about, and participated in, decisions about the support provided and the organisation of the centre. New curtains had been fitted throughout the centre and had been chosen in partnership with the residents. A representative from the centre was supported to attend regular local advocacy meetings attended by peers who lived in designated centres on the campus. Feedback from the local advocacy meetings was brought to the centre's advocacy steering committee.

The person in charge confirmed that residents had access to an independent advocate which was facilitated through the National Advocacy Service and information in relation to this service was available for residents.

Residents' ability to choose and control their daily life was actively promoted as far as possible. Daily activities were observed to be led by the residents. Residents were

facilitated to get up and to go to bed at a time of their individual choice and directed their daily routine. For example, when a resident refused to participate on a trip to the local shops, her choice was facilitated and an alternative activity was provided. Meaningful choices in relation to menu options were provided.

Staff were seen by the inspector to promote each resident's dignity and maximise their independence, while also being respectful when providing assistance. Respectful and positive language was used at all time when talking about and with residents. Inspectors saw support being provided in a dignified and respectful manner. The residents' capacity to exercise personal independence was promoted. For example, the ability to perform personal hygiene and dressing tasks was identified through intimate care competency assessments, and residents were encouraged to perform these tasks. Personal communications were respected and access to a telephone was provided.

Staff provided support to ensure that the resident maintained their own privacy and dignity. Staff were observed to knock on bedroom doors before entering. Locks were provided on the doors of sanitary facilities. Sanitary facilities were shared and the inspector noted that staff took appropriate measures to promote the privacy and dignity of residents during personal care. Intimate care plans were in place which clearly outlined these measures. The inspector observed that staff respected the centre as the residents' home, rang the front door bell or announced their presence and waited for a response before entering.

There was a complaints policy, which was also available in an accessible format, and which had been reviewed in February 2015. The complaints policy included an independent appeals process as required by legislation. The policy was displayed prominently. Residents' representatives were aware of the policy and the nominated complaints officer. The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The complaints form also recorded whether the complainant was satisfied. The inspector saw that no complaints had been recorded and this was confirmed with the person in charge and staff. The person in charge demonstrated a proactive and positive approach to complaints management. However, the complaints policy required update as it did not reflect a recent change in the nominated complaints officer.

Residents were encouraged and facilitate to retain control over their own possessions. There was adequate space provided for storing personal possessions. Records in relation to residents' valuables were maintained and updated regularly in line with the centre-specific policy. Residents were supported to do their own laundry if they wished, and adequate facilities were available. A good system was in place to ensure that residents' clothes were laundered regularly and returned to the resident.

The person in charge confirmed that residents had easy access to personal monies. A transparent system was in place for managing residents' finances, and an itemised record of the all transactions with the accompanying receipts was kept. The itemised record was checked daily and reconciled monthly with bank statements by staff. An audit of residents' financial records was completed monthly by the clinical nurse manager and quarterly by the person in charge. The inspector saw, and the person in charge confirmed, that full support was provided to all residents in relation to finances.

However, an assessment of each resident's competency in relation to finances had not been completed to identify measures that could be put in place to promote financial independence.

At the time of inspection, residents were facilitated to exercise their civil, political and religious rights. Easy-to-read information was provided to residents in relation to their rights. Residents were supported to access religious services and supports in line with their wishes.

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):

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

Findings:

Residents were facilitated to communicate in line with the centre-specific policy, reviewed in July 2015 but documentation was inconsistent. The residents did not use verbal communication.

A comprehensive assessment of each resident's individual communication needs was completed annually and this informed the personal plan developed for this area. In addition, residents had access to specialist input from speech and language therapists, in line with their needs, who completed comprehensive communication assessments. Residents were facilitated to access assistive technology, aids and appliances to promote their full communication capabilities. Communication passports were developed for each resident.

The inspector noted that visual aids and picture books were available to facilitate communication with some residents, in line with the recommendations from the speech and language therapists.

Staff were very familiar with each resident's individual communication needs. Effective and supportive interventions were provided by staff to maximise residents' communication. However, the information contained in personal plans was limited and did not highlight each resident's individual communication requirements. For example, a number of personal plans outlined that staff should familiarise themselves with the resident's system of communication without outlining what this system was. Personal plans did not reflect the presence of communication passports. There was no

information in relation to the meaning of the resident's signs and gestures to ensure that the resident could communicate effectively with all staff.

Judgment:

Substantially Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

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

Positive relationships between residents and family members were supported. Residents were supported to spend time with family including day trips. Regular contact was maintained with family. The inspector spoke with a resident's representative who outlined that family members were made welcome when visiting. There were adequate facilities for each resident to receive visitors and a number of areas were available if residents wished to meet visitors in private.

Staff stated and the inspector saw that families were kept informed of residents' well being on an ongoing basis. Records confirmed that families and residents attended personal planning meetings, birthday parties and reviews in accordance with the wishes of the resident.

The inspector reviewed the policy in relation to visitors, which had been reviewed in June 2014. The policy outlined that visitors were 'valued and supported in line with the wishes of individual residents'.

Residents were supported to participate in a range of activities in the local and wider community. Activities available on the local campus included swimming, art, music and attractive walking routes. On the first day of the inspection, some residents went to a disco organised by the service on the campus, while other residents went for a drive and to buy ice cream. On the second day of the inspection, some residents were supported to go shopping and for a coffee in a local shopping centre. Activity planners indicated that residents enjoyed meals out, walks in local parks and shopping. Overnight trips away were facilitated, and residents had recently attended a concert with an overnight stay in a hotel incorporated in the trip. The person in charge outlined that plans were in place for residents to go to the seaside over the summer for a short holiday.

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):

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

Findings:

The policy on admissions, transfers and discharge of residents, which had been reviewed in October 2015, was made available to the inspector. The policy outlined the transparent criteria for admission and took account of the need to protect residents from abuse by their peers. Residents' admissions were seen to be in line with the centre's statement of purpose.

A written contract was in place which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided. The fees and additional charges were included.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

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

Findings:

A sample of residents' plans was reviewed. An assessment of the health, personal, social care and support needs of the resident was completed annually and the information recorded was individualised and person centred. The assessment formed the basis of an individual plan of care, which had been developed for each resident. The plan of care outlined residents' needs in many areas including communication, comprehension and decision-making, eating and drinking, mobility, personal care, safe environment, sensory needs, spirituality and relationships. The residents and their representatives were consulted with and participated in the development of the plan of care.

Goals and objectives were clearly outlined. There was evidence of resident involvement in agreeing and setting these goals. There was also evidence that individual goals were achieved. The goals outlined would have a positive impact on residents' personal development such as organising a party, moving to the community setting, building on family relationships, going for an overnight stay and attending concerts. A tracking sheet was used to ensure progress against the achieved goals. The person responsible for supporting the resident in pursuing these goals was clearly identified. However, the timeframe for the completion of goals was not identified. In addition, the person in charge confirmed that, where a goal had been set for a resident in August 2015 to move to the community setting, this goal had not been progressed and an assessment of need in relation to this goal had not been completed.

Staff and the person in charge outlined that the plan of care was subject to a review on an annual basis, or more frequently if circumstances changed. The inspector saw evidence that the review was carried out with the maximum participation of the resident and the resident's representatives. The review addressed the effectiveness of the plan and reviewed the goals and aspirations that had been identified.

Changes in circumstances and new developments were included in the personal plan and amendments were made as appropriate. The inspector saw that personal plans were made available in an accessible format in line with the needs of residents.

A booklet ('hospital passport') was available for staff to record relevant and important information in the event of a resident going to hospital. The hospital passport was completed in advance and contained comprehensive information in relation to the resident's needs including communication, personal care and healthcare. However, the inspector noted that the hospital passport had not been updated for one resident to reflect a change in the resident's mobility and the associated assistance which would be required. The hospital passport outlined that the resident used a walker in familiar areas, but the resident now needed to use a wheelchair at all times.

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):

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

Findings:

The design and layout of the centre was in line with the centre's statement of purpose and was homely and comfortable. However, there was insufficient storage space for mobility aids, and the size of the shower room was inadequate.

The centre was a purpose-built bungalow located in a housing development on a campus which provided residential and day services for people with intellectual disabilities. The campus was near a village, which was on the outskirts of a large city.

During the inspection, the bungalow was warm, clean and homely. The building was in a good state of repair throughout, and it provided accommodation for six residents, who each had their own bedroom. The bedrooms were tastefully decorated and personalised with the resident's choice of soft furnishings, photographs of family and friends and personal memorabilia. Each bedroom was provided with a built-in wardrobe and wash-hand basin.

The bungalow provided residents with a dining room and two sitting rooms. An adequate number of sanitary facilities were provided with a bathroom, wet room shower and toilet facilities. The bathroom contained a toilet, sink and accessible bath. However, the inspector noted that the wet room shower was limited in space (being 4 square metres). The inspector noted that some residents required two staff to assist with personal care and showering. Staff confirmed that the size of the shower facilities limited residents' choice in relation to sanitary facilities. This had also been identified by the provider during an unannounced visit in January 2016.

Adequate personal storage was provided for residents. However, it was noted that mobility aids used by a number of residents and that the storage of these, when not in use, presented an issue to staff. The lack of storage space for these was confirmed by staff and been identified in an assessment report by the occupational therapist.

There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings. The main entrance and internal circulation spaces were noted as being suitable for use by residents utilising mobility aids such as wheelchairs. The routes were sufficiently wide and handrails were provided within the hall. Assistive equipment was provided to meet the needs of the residents and found to be adequately maintained.

Adequate laundry facilities were provided and the person in charge outlined that residents were supported to launder their own clothes if they so wish. A separate sluice room was available for the safe management of such waste.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, there was evidence that a proactive approach had been implemented in relation to risk management to promote and protect the health and safety of all. However, improvements were required with adequate hand hygiene facilities and documentation of fire drills.

There was a health and safety statement in place which outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy, last reviewed in March 2015. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigating accidents, and a range of centre-specific risk assessments. The policy also detailed an assessment of each risk and the controls identified as necessary to reduce each risk.

The inspector reviewed the risk register and saw that there was a system to identify and review hazards on an ongoing basis. The risks identified specifically in the regulations had been included in the risk register. There was evidence that risk assessments had been implemented in practice and were being kept under continual review.

A comprehensive health and safety audit had been completed in June 2016. It had examined areas including the safety statement, waste disposal, lighting, accessibility, hazard identification, fire safety and risk assessments. This was augmented by weekly health and safety 'walkabouts' within the centre, where areas such as fire safety, electrical appliance, trailing leads, lighting, maintenance, floor covering, ventilation and waste management were examined. Any actions required as a result were seen to be completed in a timely fashion.

A comprehensive emergency plan was in place which covered events such as natural disasters and utility (for example, electricity) failure. Provision was made to cover an

event where the centre may require full evacuation and residents are unable to return.

The inspector reviewed a sample of completed incident forms and saw that accidents and incidents had been identified, reported on an incident form and that arrangements were in place for investigating and learning from accidents. The inspector noted that the improvements identified were implemented in a timely fashion. Incident forms were reviewed by the senior staff in a timely manner.

Suitable fire safety equipment was provided throughout the centre. Fire safety equipment was serviced on an annual basis, most recently in May 2015. The fire hydrants were serviced every two years, most recently in January 2016. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas.

The fire panel and emergency lighting was serviced on a quarterly basis. Records of daily, weekly and monthly fire checks were kept. These checks included inspection of the fire panel, escape routes, fire doors, emergency lighting and fire equipment.

Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire. The training matrix confirmed that regular fire training was completed for all staff. Fire drills took place every month and staff reported that they had all attended a recent fire drill. Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire. The training matrix confirmed that regular fire training was completed for all staff. Fire drills took place every month and staff reported that they had all attended a recent fire drill. A detailed description of a number of fire drills, their duration, participants and any issues identified was maintained. However, for three fire drills since January 2016, the number of residents present at the time of the drill had not been recorded.

A comprehensive personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and had been updated every month and in line with resident's changing needs. The PEEP outlined the aids and assistance required, and residents' visual impairments, communication and mobility needs.

Procedures were in place to for the prevention and control of infection. A comprehensive infection prevention and control policy was available, dated July 2015. The centre was visibly clean throughout. Staff stated that personal protective equipment such as gloves and aprons were available. A procedure was in place for the safe handling of laundry and alginate bags were available for the safe handling and segregation of soiled laundry. The training matrix indicated that all staff members had completed infection prevention and control training. However, the inspector noted that hand washing sinks were not provided in the laundry and sluice room to prevent the transmission of infection.

The training matrix confirmed that moving and handling training had been completed by all staff. Comprehensive manual handling plans were in place and had been developed in consultation with the occupational therapist and the physiotherapist. Staff demonstrated adequate knowledge of the plans, while safe moving and handling practices were observed by the inspector. Equipment was serviced regularly, in line with manufacturers' recommendations

Bedrails were in use in the centre. Risk assessments had been completed and were reviewed regularly. Adequate controls were in place including regular documented checks of the residents while bed rails were being used for these residents. Regular documented checks were completed to ensure safety and to prevent entrapment due to ill-fitting bedrails.

Vehicles were available for residents' use and records confirmed that the vehicles were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Systems were in place to protect residents from being harmed or suffering abuse. Supports were in place to ensure that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. However, some gaps were noted in relation to managing behaviour that challenges.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in January 2016. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if an allegation was made against a member of the management team.

The intimate care policy, dated May 2015, outlined how residents and staff were protected. Each resident had an intimate care plan which was reviewed on a regular basis.

Training records outlined that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff who spoke with the inspector were aware of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Staff outlined that there was a 'zero tolerance' approach taken by the organisation in relation to abuse. Residents' representatives who spoke with the inspector said residents were safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was implemented, staff stated that there was an open culture of reporting within the organisation and all staff received ongoing training in understanding abuse.

The person in charge confirmed that staff worked alone in the centre at night and robust measures were in place to safeguard residents including unannounced visits from the night supervisor, an open visiting policy and mandatory staff training. The contact details for the designated safeguarding officer and the Confidential Recipient were easily accessible in the centre. Measures were in place to assist and support residents to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. However, these measures were not outlined in the lone-working risk assessment. This was brought to the attention of the person in charge who arranged for the lone-working risk assessment to be updated

The person in charge and provider said there had been no incidents, allegations and suspicions of abuse since the commencement of the relevant regulations. The person in charge and provider demonstrated comprehensive knowledge in relation to the recording and appropriate investigation of such incidents in line with national guidance and legislation.

A policy was in place to support residents with behaviour that challenges, which had been reviewed in May 2014. The policy was comprehensive and focused on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records recorded that all staff had completed training in managing behaviour that is challenging, including de-escalation and intervention techniques.

The inspector reviewed a selection of plans in relation to supporting residents manage behaviour that challenges and spoke with staff. Residents and their representatives were involved in discussions and reviews that had been arranged to support residents to manage their own behaviour. Specialist input had been sought and clear strategies were in place to support residents to manage their own behaviour, and staff were able to describe the strategies in use. However, the inspector observed that, where a change in behaviours had taken place, evidence-based tools were not used to track the behaviours and to identify the underlying cause.

The policy in relation to restrictive practices was made available to the inspector. The policy had been reviewed in July 2014, was comprehensive and was in line with evidence-based practice. Staff who spoke with the inspector were knowledgeable in

relation to the policy. Where restrictive practices were in use, the use was guided by a centre-specific policy and followed an appropriate assessment. A risk balance tool was used before the use of restrictive practices; a clear rationale was documented; multi-disciplinary input was sought; and less restrictive alternatives were considered. There was evidence that efforts had been made to reduce or eliminate the use of restrictive practices.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector noted that a comprehensive record of all incidents that require notification to HIQA was maintained. Notifications to HIQA had been made in line with the requirements of the regulations.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was a policy in place on access to education, training and development which was made available to the inspector. A number of day services were available to residents in line with their needs. Staff outlined that residents attended a day service on campus for

a number of hours each week. A number of development activities were provided including swimming, music, arts and crafts, relaxation and beauty therapy.

The person nominated to act on behalf of the provider outlined that each resident's educational, training and employment goals were to be discussed at the annual review of each resident's personal plan. However, for the majority of personal plans reviewed, the educational, training and employment goals were not documented in the personal plan.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Residents were supported on an individual basis to achieve and enjoy best possible health. However, improvements were required in documenting each resident's wishes in relation to care and support during times of illness.

Residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. Access to a medical practitioner was facilitated regularly. There was clear evidence that where treatment was recommended and agreed by residents, this treatment was facilitated. Residents' right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry, dietetics, speech and language therapy, occupational therapy, physiotherapy, dental and psychology. However, the inspector noted that a referral had been made to the occupational therapy department for a resident in July 2015. The referral had been accepted and had been assigned a priority and risk rating. However, at the time of the inspection, the resident's referral was still outstanding and the resident had not been reviewed by the occupational therapy department.

A sample of residents' healthcare plans was reviewed. Plans of care had been developed in line with residents' individual healthcare needs such as epilepsy, high blood pressure,

mobility, oral care, women's health, constipation, continence, mental health, skin care and nutrition. Staff who spoke with the inspector were knowledgeable about the implementation of the plans of care.

The management of epilepsy was in line with evidence-based practice. Residents were supported to attend regular reviews in relation to epilepsy management. Staff who spoke with inspectors knew how to manage epilepsy and seizures. Where 'rescue medicine' was prescribed to be used in the event of a seizure, the inspector saw that the medicine was available at all times and staff had been trained in the administration of this medicine. Individualised epilepsy care plans had been developed for all residents with a diagnosis of epilepsy which outlined type of epilepsy, description of seizures, identified triggers, medicines prescribed, frequency of review, 'rescue' medicines prescribed and management of seizures.

The end-of-life policy was made available to the inspector. It described the procedure to be followed in the event of a sudden or unexpected death. The inspector noted that a comprehensive and sensitive discussion had taken place with residents and their representatives to ascertain residents' views in relation to end of life. A plan of care for end of life was developed based on this discussion. However, much of the information contained in the plan of care related to care after death. Therefore, information would not be available to guide staff in meeting residents' needs at end of life and times of illness while respecting their dignity, autonomy, rights and wishes.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents had access to a speech and language therapist, clinical nurse specialist in nutrition and dietician, in line with their needs. A robust system was in place to ensure that recommendations were implemented. Residents were encouraged to be active through swimming and walking.

Breakfast and snacks were prepared in the residents' home whilst dinner and the evening meal were prepared in the main kitchen. Food preparation was observed by the inspector to be a social and inclusive activity. Staff also outlined that residents were encouraged to participate in baking. The inspector saw that a meaningful choice of food was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. A healthy choice of cereals, cooked eggs, hot and cold beverages, fresh fruit and yogurt were available for breakfast. On second day of the inspection, dishes available for the evening meal included a cold meat salad or toasted sandwiches. Staff said an alternative hot, light evening meal could be prepared if required. Staff on night duty outlined that a snack was provided to residents before retiring and the kitchen was accessible at all times if residents requested refreshments during the night.

The inspector observed meals to be unhurried and dignified. The décor of the dining room was tasteful and homely. Dining tables were attractively and invitingly set. During the inspection, meals were plated and attractively presented in an appetising manner. Assistance was observed to be provided in a respectful manner.

There were ample supplies and choice of fresh food available for preparing meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks. A bowl of fresh fruit was observed in the dining room and the inspector saw that

residents were regularly offered a choice of hot or cold beverages. Residents could easily store food in hygienic conditions. Adequate supplies of suitable dietary alternatives were provided for residents who had a dietary intolerance, and staff demonstrated adequate knowledge of suitable food choices..

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents' needs was available in an easy-to-read format.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Medicines for residents were supplied by a community pharmacy. Staff confirmed that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. The inspector saw a notice of an upcoming visit by the pharmacist to the centre.

There was a centre-specific medicines management policy and this had been reviewed in July 2015. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines. Staff who spoke with inspectors demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. During the inspection, medicines were stored securely.

The inspector reviewed a sample of medication prescription and administration records. Medication prescription records were current and contained the information required by legislation. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. However, the inspector noted that, where a medicine was being administered in a liquid form due to residents' swallowing difficulties and the generic name for the liquid preparation did not match the prescription, clarification had not been sought from the prescriber.

The person in charge outlined that nursing staff administered medicines. Nurses with whom the inspector spoke demonstrated good knowledge in relation to medication

management and confirmed that they had completed training in this area. The inspector observed the administration of medicines by a nurse and saw that the practice was in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais (Nursing and Midwifery Board of Ireland). The nurse outlined the indications of the medicines to be administered and medicines were administered in a respectful manner.

The medicines management policy outlined that residents were encouraged to take responsibility for their medicines, in line with their wishes and preferences. A comprehensive and individualised risk assessment had been completed for all residents which took into account cognition, communication, reception and dexterity. At the time of the inspection, the inspector saw and staff confirmed that no resident was taking responsibility for her own medicines. Appropriate controls were outlined in the policy to ensure that the practice was safe.

Staff outlined how medications which were out of date or dispensed to a resident, but which were no longer needed, are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was kept of the medicines returned to the pharmacy. This allowed for an itemised, verifiable audit trail.

Staff who spoke with the inspector said a checking process was in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. A system was in place for reviewing and monitoring safe medicines management practices. The results of the most recent medication management audit in April 2016 were made available to the inspector. The inspector confirmed that actions had been completed.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and or their representative. This record was signed by staff and the resident and or their representative. A similar record was maintained when the resident returned to the centre and the quantities and medicines returning with the residents were reconciled by staff.

The inspector saw that medication related errors were identified, reported in an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented.

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):

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

Findings:

The statement of purpose consisted of the aims, objectives and ethos of the designated centre, and it outlined the facilities and services that were to be provided for residents. The statement of purpose was made available to residents and their representatives.

The statement of purpose contained all of the information required by Schedule 1 of the regulations and the inspector found that the statement of purpose was clearly implemented in practice. The statement of purpose had been reviewed in March 2016

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):

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

Findings:

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of the service. A director of services had been appointed, and the person in charge stated that she formally and regularly met with the director of services. The person in charge was also appointed as the person in charge in one other centre which was also located on the same campus. Two clinical nurse managers (CNM) I and II were appointed in the centre to ensure its effective governance, operational management and administration.

The CNM I told the inspector that the person in charge was effective, accountable and accessible at all times. The inspector observed a good and supportive working relationship between the person in charge and the persons participating in management.

The person in charge provided effective governance, operational management and administration of this centre. The person in charge was a registered nurse in intellectual disability (RNID) with a number of years' experience working in the sector. She was undertaking a postgraduate qualification in healthcare management at the time of the inspection and was employed full-time. The person in charge demonstrated an in-depth knowledge of the residents, and the residents were very comfortable in her presence.

The provider had arranged for an unannounced visit to the centre in the last six months to assess quality and safety of the care and support in the centre. There was evidence of progress against the action plan arising from this visit.

The inspector examined the annual review of the quality and safety of care in the centre, which was comprehensive and based on the Standards and regulations. Areas for improvement had been identified and actions completed in a timely fashion. There was evidence of ongoing quality assurance and improvement through regular audits in areas such as restrictive practices, health and safety, incident management, handovers and mealtimes. Improvements were brought about as a result of learning from these audits.

An annual survey of residents' representatives had been completed in December 2015, with the results demonstrating a high level of satisfaction with the service.

A quality improvement register had been put in place by the person in charge which outlined a number of areas including advocacy, communication, links with the community, goal setting and care planning.

Judgment:
Compliant

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

Findings:

The person in charge had not been absent from the centre for 28 days or more since the commencement of the regulations.

A clinical nurse manager deputised for the person in charge in her absence. The clinical nurse manager demonstrated that she had a good understanding of her responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for managing the designated centre in the absence of the person in charge. The provider was aware of the regulatory requirement to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre.

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):

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

Findings:

The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the statement of purpose. Sufficient resources were available to support residents to achieve the goals. The inspector observed that there was sufficient transparency in planning and deployment of resources in the centre. The facilities and services available in the designated centre reflected the statement of purpose.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There was a planned and actual staff roster in place which showed the staff on duty during the day and the sleepover staff on duty at night. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The inspector noted that a regular team supported residents and this provided continuity of care and support.

Staff files were kept centrally at the organisation's head offices and were not examined as part of this inspection. There was evidence of effective recruitment and induction procedures, in line with the centre-specific policy, which had been last reviewed in June 2014.

Staff were observed to be supervised appropriate to their role on a formal and informal basis. Regular staff meetings were held and items discussed included health and safety, fire safety, concern and welfare and residents' needs; audits, and infection prevention and control were also discussed. A formal and meaningful supervision and appraisal system was in place for all staff.

Staff who spoke to inspectors were able to convey clearly the management structure and reporting relationships. The inspector saw that copies of both the regulations and the Standards had been made available to staff, and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. The programme of training and development reflected the needs of residents.

Records confirmed that volunteers received supervision and were vetted appropriate to their role and level of involvement in the centre.

Judgment:

Compliant

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):

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

Findings:

The records listed in Schedules 2, 3 and 4 of the regulations were maintained in the centre. However, the inspector noted that, where a dose range was prescribed to be administered (e.g. one or two tablets), the dose administered was not recorded on the medication administration record.

All of the key policies as listed in Schedule 5 of the regulations were in place. These policies were stored in the centre and were easily accessible for staff. A process was in place to ensure that policies and procedures were reviewed and updated to reflect best practice and at intervals not exceeding three years. However, the medicines management policy did not contain information to guide staff on the safe administration of a number of dosage forms/routes including topical, inhalers, nebulisers, eye/ear/nasal drops and injections. The inspector noted that some residents were prescribed topical preparations at the time of the inspection.

Records were kept securely, were easily accessible and were kept for the required period of time. A system was in place to store residents' records were stored securely. The inspector found that the system in place for maintaining files and records was very well organised.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the regulations.

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:

Louisa Power
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-0005418
Date of Inspection:	07 June 2016
Date of response:	11 July 2016

Requirements

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

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

Outcome 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:

An assessment of each resident's competency in relation to finances had not been completed to identify measures that could be put in place to promote financial independence.

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

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

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

Financial capacity assessments completed for all residents in the centre.

Proposed Timescale: 11/07/2016

Theme: Individualised Supports and Care

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

The complaints policy required update as it did not reflect a recent change in the nominated complaints officer.

2. Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

Changes to nominated complaints officer will be updated and circulated to the centre by the quality and Risk officer.

Proposed Timescale: 15/07/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The information contained in personal plans was limited and did not highlight each resident's individual communication requirements.

3. 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 assessment of need and the plans of care to reflect the resident's communication needs have been updated for all residents. The communication passport and the hospital passport for one resident have been updated to reflect needs.

Proposed Timescale: 30/06/2016

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 timeframe for the completion of goals was not identified.

A goal set in August 2015 had not been progressed.

4. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

An assessment of need for this resident is scheduled for 10/08/2016 which will set out clear recommendations regarding future residential placement needs in the community, the goal for transfer to the community will be reviewed at the residents person centred planning meeting on 24th of August, with achievable and measurable timeframes set. Continued support for this resident to access community facilities will be ongoing with the named nurse and key worker ensuring that goals are tracked and achieved.

Proposed Timescale: 24/08/2016

Theme: Effective Services

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

The hospital passport had not been updated for one resident to reflect a change in mobility and associated assistance required.

5. Action Required:

Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

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

The hospital passport for this resident since inspection has been updated.

Proposed Timescale: 30/06/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Insufficient storage was provided for equipment including mobility aids.

6. 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 Director of Logistics will review the centre on 10/09/2016 to address a means for providing additional storage space for the centre, and recommendations will be made to the nominee provider re same.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

The wet room shower was limited in space and was not accessible to all residents.

7. 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 wet room shower area will be reviewed by the Director of Logistics on 10/09/2016 and recommendations for alterations to meet the needs of all residents will be made.

Proposed Timescale: 31/01/2017

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:

Hand washing sinks were not provided in the laundry and sluice room.

8. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with

the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The Director of Logistics will review the hand washing facilities in the laundry and sluice room and make recommendations to the nominee provider to address this failing.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

For three fire drills since January 2016, the number of residents present at the time of the drill was not recorded.

9. Action Required:

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

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

Since inspection the number of residents present during fire drills is documented at on the recording form. This has been raised with all staff by the person in charge at a staff meeting. This issue has also been raised with the Quality and Risk officer and the document will be amended to reflect this change.

Proposed Timescale: 30/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Evidence based tools were not used to track the behaviours

10. 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:

ABC (antecedent, behaviour and consequence) charts have been introduced to track the behaviours of one resident since the inspection.

Proposed Timescale: 05/07/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

For the majority of personal plans reviewed, the educational, training and employment goals were not available.

11. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The person centred plan for one resident is due for review in August; part of this review will include outlining the educational, training and employment goals for the resident. The person centred plans of the other residents in the centre will be reviewed also to ensure the training, educational and employment goals are identified and support given to the individual to help in goal achievement.

Proposed Timescale: 30/10/2016

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:

A referral for occupational therapy from July 2015 was still outstanding.

12. 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:

The provider nominee has raised this with the multi-disciplinary team members and the assistant Chief Executive Officer, referrals are taken and scheduled based on priority.

The person in charge will complete a risk assessment re the behaviour and forward again to the occupational therapist.

Proposed Timescale: 31/07/2016

Theme: Health and Development

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

Much of the information contained in the plan of care for end of life related to care after death.

13. Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

End of life care plans will be further reviewed by the person in charge and staff team, to include the resident, the social work team, other relevant team members as appropriate and the resident's family.

All plans will have a review completed and additional information included.

Proposed Timescale: 30/10/2016

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:

Where a medicine was being administered in a liquid form due to residents' swallowing difficulties and the generic name for the liquid preparation did not match the prescription, clarification had not been sought from the prescriber.

14. 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:

All medications prescribed and administered will have matching names on both the medication and the prescription sheet. This will be amended by the prescriber on the prescription sheet for the resident.

Proposed Timescale: 20/07/2016

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 medicines management policy did not contain information to guide staff on the safe administration of a number of dosage forms/routes including topical, inhalers, nebulisers, eye/ear/nasal drops and injections.

15. Action Required:

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

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

This has been raised at the Drugs and Therapeutics Committee meeting, a review of the policy is currently underway to include the above. This will be circulated to the centre when the changes are completed.

Proposed Timescale: 30/09/2016

Theme: Use of Information

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

Where a dose range was prescribed to be administered (e.g. one or two tablets), the dose administered was not recorded on the medication administration record.

16. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The person in charge has raised this with all staff in the centre. All future administrations of medications with a dose range prescribed will clearly record the dosage administered in the recording sheet.

Proposed Timescale: 05/07/2016