

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Clara
Centre ID:	OSV-0001690
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Company Limited by Guarantee
Provider Nominee:	Marie Farrell
Lead inspector:	Karina O'Sullivan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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: 16 June 2017 10:00 To: 16 June 2017 20:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of this designated centre. This inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

How we gathered our evidence:

As part of the inspection, the inspector visited the designated centre, met with four residents, the person in charge, three staff members and one family member. The inspector viewed documentation such as, care plans, person-centred support plans, recording logs and policies and procedures. Over the course of this inspection residents communicated in their own preferred manner with the inspector. Residents allowed the inspector to observe their daily life in the centre. This included meal times and activities. The inspector spoke with two residents, some residents allowed the inspector to view their bedroom. One resident stated "I love coming here for a break, it's a great place to be" another resident identified "I get to come when my friend is here too". The family member identified that staff are person-centred when allocating places and will try and ensure friends are placed together to maximise the

break for residents to ensure they enjoy their stay.

Description of the service:

This designated centre is operated by Sunbeam House Services Limited by Guarantee and is based in Bray County Wicklow. The centre provided respite service for residents, a typical stay ranged from one to three nights. One resident also received their day service from the centre every second week.

Overall judgments of our findings:

Ten outcomes were inspected against, two outcomes were compliant and two outcomes were substantially compliant. Six outcomes were found to be moderately non-compliant. The inspector found significant improvements were required in relation to the information available to staff members in relation to the needs of residents attending the service.

The person in charge along with the assistant manager facilitated the inspection.

All proposals outlined and plans agreed will be verified at the next inspection.

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):

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

Findings:

The inspector reviewed this outcome in relation to the non-compliances identified on the previous inspection. Some improvements had occurred in relation to consultation, however, further improvements were also required.

The inspector viewed minutes of family meetings, these were held once to twice per year. For these meeting family members were invited to the centre for tea and to discuss areas such as, outings, activities and allocation of days.

The inspector was unable to view any meetings taking place with residents' when they were staying within the centre. The inspector spoke with two resident's about various aspects of their stay in the centre. Both residents identified staff allocated the bedrooms they would use in the centre. When speaking with staff members they identified that residents would chose their own bedrooms, however, if residents had particular needs staff would then allocate bedrooms, for example, mobility issues.

Staff members spoken with identified they consult with residents, however, this information was not recorded, examples were outlined such as, meal planning and activity planning.

In relation to complaints there were no complaints recorded in the centre since the previous inspection. Residents spoken with were clear who they would speak with should they have a complaint to make.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Some social care needs for residents were supported and facilitated in the centre. However, the documentation viewed was not reflective of practice within the centre.

The system of personal social plans within the centre involved personal outcome measures encompassing 23 quality of life indicators as an assessment. This plan was to be completed once every three years. The information gained during the process contributed to the development of a personal plan. This plan was to be completed annually and reviewed every six months. The day service which the resident attended was responsible for completing this assessment and a copy of this was to be provided to this centre. This was outlined within the centre's statement of purpose as residents came to this centre for a break, however, this was not occurring on a consistent bases.

The inspector viewed several email requests sent to various day services requesting updated information. Some of these were dated since 24 January 2016. On the day of inspection, this information remained outstanding.

One resident received a day service from the centre every second week, however, their plan did not contain current information and the review process did not assess the effectiveness of the areas identified.

The inspector was informed social plans were the responsibility of the day service. One plan viewed contained goals which included to stay in the respite centre. However, records viewed confirmed the resident had stayed four times in the centre. Staff members identified some plans within files were not current and as a result they had made contact with the day service, however, plans had yet to be updated or received. The inspector was informed staff members from the centre were not invited to part take in the resident's assessment and planning process of their social goals. The person in

charge identified this could be facilitated within the rota to assist in a consistent approach to social care delivery in line with residents' preferences. The volume of out dated information and the lack of knowledge staff had in relation to what goals residents wished to achieve was clearly evident. Instead staff members relied on residents and their family members to inform them of their goals in some instances. Therefore, it was unclear to the inspector if some residents' had chosen to participate in social goals while in the designated centre.

The inspector asked one resident to talk them through their plan, however, the resident themselves was able to identify what was in their current plan in the centre was not the updated version. The resident identified various activities facilitated within the centre, however, none of these were reflected within the resident's plan.

From discussions with staff members and residents, the inspector identified residents were facilitated to participate in meaningful activities appropriate to their interests while staying in the centre such as attending social activities within the community. Other residents went out for meals and walks within the community during their stay in the designated centre.

The inspector acknowledged that the designated was a respite house and therefore, the volume of information required was significantly reduced compared to fully time residential centre.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The layout of the premises prevented some residents from accessing the service, this was due to the number of steps leading up to the centre. The inspector was informed as residents' needs increase in relation to mobility, the premises would not be suitable. Currently this was managed, as the person in charge did not accept referrals from residents with visual or mobility impairments. However, some residents currently attending the service had developed issues in relation to mobility and sight. The inspector was informed these residents managed within the centre due to their level of

familiarity with the house. On the day of inspection no resident was present with mobility or visual impairments.

The inspector requested to view any assessments completed to ensure residents with mobility or visual impairments could be safely accommodated and if required what suitable aids or appliances were installed. The person in charge identified this was an area not assessed currently by the organisation.

During the inspection, the inspector identified one resident was unable to hang their clothes in the wardrobe in their bedroom, as this was full of other household items. The inspector brought this to the attention of the person in charge on the day of inspection.

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):

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

Findings:

The inspector found the designated centre was suitable for the number of residents. Improvements were required in relation to the risk management systems and fire containment measures.

It was unclear if there was sufficient fire containment in the house, the inspector requested to view any assessment completed in this area however, none were available.

Certificates and documents were present to show the fire alarm, emergency lighting and fire equipment were serviced by an external company, this was dated December 2016.

The inspector also viewed individual resident's risk assessments in place in areas such as, self-harm, road safety and vulnerability in the community. The inspector found the information and the rating contained within these documents were not reflective of practice. One-to-one staffing levels were not reflected within some resident's risk assessments and two to one was specified within other areas, however, staff informed the inspector two-to-one staffing was not required for the resident. These documents were dated 2015. The location specific risks were dated 2014 and some were not reflected of practice such as, the regulation of hot water. The inspector identified these were not guiding staff members in the provision of care in relation to risk management.

The inspector viewed records of monthly fire drills, however, evidence that all residents

could safely evacuate the centre was not evident. Some individuals were assessed as safe for a specific duration of time, to remain on their own in the centre. However, this information was inconsistently documented. The inspector also found measures were not in place to ensure these residents could safely evacuate the centre without the assistance of staff members.

The inspector viewed resident's PEEP's (personal emergency evacuation plans) these plans identified what assistance from staff was required. The inspector viewed records of a fire drill dated 26 February 2017, all residents present evacuated centre with the assistance of one staff member.

The inspector viewed training records for nine staff members and all had received training in the area of fire management.

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

The centre had an organisational risk management policy in place, this included the specific risks identified in regulation 26.

The centre had an emergency evacuation plan in place for a number of various events such as, fire, adverse weather conditions, flooding and power failure.

There was a system in place for recording accidents and incidents occurring in the designated centre.

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):

No actions were required from the previous inspection.

Findings:

There were appropriate measures in place to protect residents from being harmed and to keep people safe.

The inspector viewed training records for a sample of nine members of staff and found they had received training in the area of adult protection and safeguarding training. Staff members spoken with were clear in relation to the reporting structure in place should an allegation of abuse arise. Residents spoken with were also clear should they observe or experience aspects of service delivery in an inappropriate manner that they would report this.

The inspector was informed no residents using the centre at present required behavioural support plans.

The centre did not have any restrictions in place from a chemical, physical and environmental perspective.

There was a policy in place on the prevention, detection and response to abuse.

There was a policy in place for providing intimate care and plans were in place for residents whom required support in this area.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents healthcare needs were supported within the centre. However, improvements were required in the information contained in resident's healthcare plans to reflect actual practice and the follow through of healthcare recommendations.

The healthcare needs of residents were completed via a plan entitled 'my health development plan'. From this a care plan and or support plan was developed. The inspector viewed 14 resident's healthcare plans.

The inspector found some healthcare conditions were not identified within the assessment despite a support plan in place for the condition. The inspector also identified some conditions were identified within the assessment, however, no support

plan was present in relation to the specific healthcare need for example, respiratory disorders. The details contained within some care plans were not sufficiently detailed to ensure staff members could effectively implement the interventions. This was identified and discussed with the person in charge on the day of inspection. However, the inspector was informed there was a significant delay in receiving up-to-date information from resident's day services.

The inspector found healthcare plans contained generic information not relevant to residents. For example, the document stated "staff teach me personal care, eating well, being more active, smoking, alcohol and drug intake". The inspector discussed this with the person in charge and some of these areas were not relevant to residents.

Contact information in relation to residents G.P. (general practitioner), and other healthcare professionals were contained within files viewed should the needs arise while residents were staying in the centre.

Regarding food and nutrition the inspector found residents participating in mealtimes within the centre in accordance to the residents' preferences in relation to food choices.

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):

No actions were required from the previous inspection.

Findings:

The inspector found the medication management system within the designated centre required some improvement in relation to the management and administration of medication.

No guidance was available in relation to the administration of some PRN medicine (a medicine only taken as the need arises). The inspector found staff members were not always guided effectively and consistently in the administration of medication. For example, residents were prescribed two medications for pain without guidance for staff on which to administer.

The inspector found some PRN medication was not available within the centre.

Administration recording documents were in place for each resident and a number of

these were viewed by the inspector. These were found to be up-to-date and showed staff administered and signed for medication. However, the time conversation stated on the administration recording sheets did not match the administration records, for example, 24 hour clock was identified in one and the 12 hours was specified on the other.

The inspector also viewed guidelines in relation to the administration of rescue medication; however, there was two version of this plan in place within the centre containing different information.

The inspector crossed checked balances of some medication and found accurate records maintained.

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines. Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received and a stock check was carried out once a week.

There was a system in place for recording, reporting errors and reviewing medication. The inspector viewed incidents which occurred within the designated centre and found preventative measure were put in place to mitigate the risk of future reoccurrences.

The inspector viewed some self assessments in place, for resident's to administer their own medication these were completed by staff members in collaboration with the resident and signed and dated.

The inspector found the signature bank within the designated centre was completed.

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:

The inspector found some improvements had occurred in relation to the governance and management of this centre. Improvements were required in the area of auditing to ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The inspector found limited audits were available within the centre, the person in charge identified they had a number of audits to complete. Due to the number of centres within their cluster, they had not been able to implement this. The person in charge identified, the provider conducted a recent review resulting a reduction from four centres to three. Therefore, the person in charge outlined they would have more time to conduct audits on the service provided within the centre.

Staff identified it was difficult to obtain relevant up-to-date information for residents from the day service attended. The inspector also viewed evidence where this was causing a delay in some residents accessing this respite service. The inspector discussed this with the person in charge, who also identified the difficulty in retrieval of documentation. The inspector was presented with numerous emails sent to various services requesting information; however, some of these requests were not fulfilled. The person in charge also confirmed that one person was waiting for a place since 2016. This person and their family had visited the centre and the centre was deemed suitable for the person. However, due to lack of appropriate information in the form of resident's social and healthcare documents, the service was not in a position to offer this service to the resident. The person in charge had escalated this issue to the senior service manager, on the day of inspection no progress was made in relation to this. The inspector found this practice was not consistently applied within the centre, as numerous files viewed did not contain up-to-date information yet these residents continued to access the service.

There was a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis. This reviewed the safety and quality of care and support provided in the designated centre. The inspector viewed one completed on the 31 May and 01 June 2016 and another one completed on the 25 and 26 May 2017, the action plan for this was being developed at the time of inspection. The lack of accurate resident's documentation was also identified during the most recent providers visit.

The inspector viewed minutes of staff meetings within the centre, areas relating to residents along with organisation issues were also discussed with staff members.

The person in charge met with their senior service manager to review service provision. The inspector viewed minutes of meetings dated 28 February 2017 and 28 March 2017.

The inspector viewed minutes of the person in charge attending the senior management team meeting.

The annual review of the quality and care present within the designated was dated 15 October 2015. The inspector viewed another annual review in place this was undated, however, the inspector received an email post inspection to identify this was the annual review for 2016. This document also outlined residents' files were still being requested

by staff in the designated centre this action was dated November 2016.

The person in charge facilitated this inspection. Throughout the course of the inspection the inspector observed residents knew the person in charge and were very comfortable in their communication with this member of staff. The person in charge worked on a full time basis within three designated centres.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspector found there were sufficient staff numbers deployed to meet the needs of the residents. Improvements were required in relation to staff training, supervision and the rota for the centre, to ensure staff members on duty within the centre were identified.

The inspector viewed nine staff members training records; two staff members required training in the area of first aid, one staff member required training in the area of epilepsy and five staff members required training in the area of diabetes mellitus and one staff member required refresher training in people moving and handling.

The inspector requested to view a sample of three staff members supervision records and identified effective arrangements to support, develop and performance manage all members of the workforce was not evident. One record viewed was dated 2014, no other record was maintained. The inspector found this system did not facilitate staff members to exercise their personal and professional responsibility for the quality and safety of the services they delivered. The person in charge identified this was impacted by the fact they had four designated centres, however, the provider had recently reviewed. The resulted in the person in charge having three designated centres.

The inspector viewed the actual and planned rota and found improvements were required in relation to the planned and actual staff rota. The document did not always identify staff members on duty at any time during the day and night within the centre

for example, some staff members may be in another designated centre, however, were identified as present in this centre.

The inspector did not view staff members' files during this inspection.

These were no volunteers within the centre.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector identified schedule 5 policies were accessible to staff members from the main website of the organisation.

No other aspect of the outcome was inspected.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Karina O'Sullivan
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 Sunbeam House Services Company Limited by Guarantee
Centre ID:	OSV-0001690
Date of Inspection:	16 June 2017
Date of response:	1 September 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no evidence to demonstrate how residents were consulted and participated in the organisation of the designated centre.

1. Action Required:

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

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

A daily meal and activities planner will be introduced and will reflect the clients wishes in the daily organisation of the location

Proposed Timescale: 15/09/2017

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:

Reviews of personal plans viewed did not assess the effectiveness of each plan and take into account changes in circumstances and new developments within residents lives.

2. Action Required:

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

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

All information will be updated on CID (Client Information Database) by relevant Keyworkers and this will be accessible to all staff in Clara in relation to residents who avail of respite. In this process respite residents will be prioritised.

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

Residents did not have a person plan which reflected the residents current assessed needs.

3. Action Required:

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

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

Residents needs will be assessed no later than 28 days after admission to any service in SHS. All information will be updated on CID (Client Information Database) by relevant Keyworkers and this will be accessible to all staff in Clara in relation to residents who

avail of respite. In this process respite residents will be prioritised

Proposed Timescale: 30/11/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Suitable storage facilities were not available for some residents.

4. 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:

A request has been made for a shed to provide adequate storage in the location

Proposed Timescale: 30/09/2017

Theme: Effective Services

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

The layout and access to the premises was not suitable for residents with mobility or visual impairments.

5. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

There is no respite provided in the building for people with high mobility support needs. (i.e. Wheelchair usage in the building)

Risk assessments will be carried out for people with a lower level of mobility support needs or those who have a visual impairment and the necessary additional supports will be put in place to meet their individual needs.

Proposed Timescale: 31/12/2017

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:

The systems in place in the designated centre for the assessment, management and ongoing review of risk, required improvement in relation to individual and location risk assessments.

6. 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 risk assessments will be reviewed for all residents and the Location Risk register will be reviewed. Local practice will reflect what is recorded in the risk register.

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

It was unclear if the arrangements for containing fires within the designated centre were adequate.

7. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Maintenance has been requested to check the arrangements for containing fires within the location.

Proposed Timescale: 30/09/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some healthcare plans viewed did not contain up-to-date information.

Healthcare plans contained generic information not relevant to residents within the centre.

8. 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 information will be updated on CID (Client Information Database) by relevant Keyworkers and this will be accessible to all staff in Clara in relation to residents who avail of respite. In this process respite residents will be prioritised. This will enable staff to have access to residents updated personal plan.

Proposed Timescale: 30/11/2017

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:

No guidance was available in relation to the administration of some PRN medicine.

Some PRN medication was not present within the centre.

The time conversation stated on the administration recording sheets did not match the administration record document.

Guidelines in relation to the administration of rescue medication was unclear as two version of this plan in place within the centre containing different information.

9. 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:

Only one rescue medication administration guideline is in place now.
PRN protocols will be put in place for those requiring PRN medication

Proposed Timescale: 30/09/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The management system in place in the centre required improvement to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored as audits were limited within the centre.

The provision of services required improvements to ensure a consistent approach to all residents.

10. Action Required:

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

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

Regular internal audits on cleaning, staff knowledge, documentation and the area of medication will be carried out.

A recent internal Medication Audit was commenced on 11th August 2017.

Health and Safety Audit was conducted on 27th April 2017

Provider Audit was conducted on 25th/26th May 2017

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The planned and actual staff rota, did not always identify staff members on duty at any time during the day and night within the centre.

11. Action Required:

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

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

The current and planned staff rota details if Staff members are on administration duties or on frontline duties.

Proposed Timescale: 01/09/2017

Theme: Responsive Workforce

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

Staff were not supervised on a consistent bases.

12. Action Required:

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

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

A Supervision Timetable will be drawn up to ensure all staff members are supervised in a consistent basis.

Proposed Timescale: 30/09/2017

Theme: Responsive Workforce

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

From the sample of nine training records viewed two staff members required training in the area of first aid, one staff member required training in the area of epilepsy and five staff members required training in the area of diabetes mellitus and one staff member required refresher training in the area of people moving and handling.

13. Action Required:

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

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

Staff training will be up to date by the end of October 2017 with the exception of first aid training. SHS training coordinator has booked 3 extra first aid courses: End of September, End of October and End of November 2017. Therefore all staff training will be up to date by the end of November 2017.

Proposed Timescale: 30/11/2017