

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Fox's Lane
Centre ID:	OSV-0002366
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Anna Doyle
Support inspector(s):	Thomas Hogan
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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: 30 May 2017 10:00 To: 30 May 2017 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 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 an unannounced inspection to monitor the centre's ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was the Health Information and Quality Authority's third inspection of this centre and was completed over one day by two inspectors. The required actions from the centre's previous inspection in December 2014 were also followed up on as part of this inspection.

How we gathered our evidence

The inspectors met with the residents availing of the services of the centre, spoke in detail with two residents, and spent time observing staff interactions with residents. Inspectors also met the staff team, the person in charge, one service manager and the provider. In addition, documentation and files were reviewed by inspectors.

Description of the service

The service provider had produced a statement of purpose which outlined the service

provided in the designated centre. The centre was situated in a mature residential housing estate in a suburban area. The designated centre was made up of a large bungalow house with six bedrooms, one of which was a staff sleepover room/office, a kitchen/dining area, a large sitting room with a smaller additional lounge area to one side, a shower room, a shared toilet, a larger bathroom/utility room area, an entrance hall, and an enclosed medium sized rear garden. There was capacity for five residents in the designated centre. There were no vacancies in the centre at the time of inspection.

Overall judgment of our findings:

12 outcomes were inspected against and overall the inspectors observed an increase in non-compliance since the previous inspection. There were major non-compliances in the areas of social care needs; health and safety and risk management; safeguarding and safety; and governance and management. Inspectors found that these non-compliances impacted upon residents by way of:

- absence of support plans for healthcare needs
- difficulty in accessing social activities
- absence of appropriate risk assessments
- inappropriate response to incidents which occurred
- inadequate responses to safeguarding incidents
- poor level of understanding of potential restrictions
- non-adherence to the intimate care plans
- ineffective management systems.

These findings along with others are outlined in the body of the report and in the accompanying action plan.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors found that residents were consulted with and participated in decisions about their care and about the organisation of the centre. Residents had access to advocacy services and information about their rights. Each resident's privacy and dignity was found to be respected.

There were no complaints active at the time of inspection. The last complaint made was over two years prior to the inspection and this had been successfully resolved. The complaints procedure was available in easy read format and was prominently displayed in the centre. Staff spoken with were knowledgeable in the procedures for managing complaints received.

Staff members were observed to treat residents with dignity and respect in their interactions through the inspection process.

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):

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

Findings:

Inspectors found that two contracts of care were not signed in the centre. This was an action from the previous inspection.

Residents were not consulted with regarding admissions to the centre. There had been a new admission to the centre since the last inspection, and while this had been an urgent admission, there was an absence of supports in place to support the resident being admitted and their peers.

There was a policy in place on, and procedures in place for admissions, including transfers, discharge and the temporary absence of residents. In addition, the centre's statement of purpose outlined the procedures for admission to the centre.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that the wellbeing and welfare of each resident was not maintained by a high standard of evidence-based care and support. There was no assessment of need completed for a resident who recently moved to the centre. There were no support plans in place relating to the healthcare needs of some residents. There was an absence of the tracking of achievement of goals and monthly reports completed did not record actions relating to identified goals.

The inspectors found that there were difficulties for residents in accessing social activities. In addition there was little progress made in the area of independent living skills for residents, in particular in the areas of baking and spending time on their own in the centre - which were identified goals.

Inspectors found that residents' personal plans did not guide practice in the designated centre. There were no dates by which actions were to be completed, and no persons identified as being responsible for completion of actions. One example outlined in a transition plan stated that a road safety awareness was required for a resident, however, there was no evidence demonstrating that this had taken place.

Judgment:

Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall inspectors found that the design and layout of the designated centre was not suitable for its stated purposes in meeting the residents' individual and collective needs in a comfortable and homely manner. While there was adequate private and communal accommodation for residents, the rooms were found not to be of a suitable size their needs.

The decorative state of the centre was poor, particularly in the hallways, bathrooms and bedrooms. Inspectors observed bathroom tiles missing and falling off the wall, rust on radiators throughout the centre, uneven flooring in parts, damage to plasterworks, chipping of paint throughout the centre, timber floors lifting in the hallway area, and most interior areas required painting.

Inspectors observed infection control and hygiene risks in the designated centre during the inspection. There were areas of mould noticed in three rooms and in addition there were overall poor levels of cleanliness, particularly in the bathrooms.

Storage was limited throughout the designated centre and in one resident's bedroom the entire floor/standing space was used for the storage of personal items. The room was

observed to be very cramped and did not meet the needs of the resident. The resident was required to step over items on the floor of the room to gain access to their bed.

The main bathroom area had access through three doors - an external door to the garden area, a door to the main corridor, and a door to a resident's bedroom. Inspectors found that while the privacy of this resident was not compromised with this arrangement, the level of dignity was of concern given the potential noise levels for this adjacent area. This space was being used to house a washing machine and tumble dryer. Inspectors found the overall condition of this space to be very poor and brought this to the attention of the person in charge and provider at the time of inspection.

Inspectors found that a recommendation of a deep clean for the designated centre in an annual review action plan had not been completed.

Inspectors observed that residents had opportunities to decorate their bedroom spaces in accordance with their personal wishes.

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):

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

Findings:

Inspectors found that overall the health and safety of residents, visitors and staff was not promoted and protected.

One action from the previous inspection, action seven, had not been completed. The risk management policy did not include the measures and actions in place to control accidental injury to residents, visitors and staff.

The risk register for the centre listed just one risk - a manual handling risk for staff members. The person in charge explained that only "higher risks" were entered on the risk register with all other risks being individually listed in residents' files. Environmental risk assessments were reviewed by inspectors and these were found to be limited in the information provided, not signed by the assessor, control measures were ambiguous and did not mitigate the identified risks, and four of the assessments (relating to working with food; accidental injury; slips, trips and falls; and absconding) were not reviewed and/or updated within the specified timeframe.

Inspectors found that there were no risk assessments in place to address the risk of one resident choking despite a modified diet having been prescribed.

Risk assessments which were in place for residents did not correctly calculate the presenting level of risk. One risk assessment reviewed the risk of a resident becoming entangled in the bed rails at night time. The assessor listed the likelihood as low and the consequence as low and therefore an overall risk rating of 'low' despite an incident of this nature occurring the previous night. The follow up to this serious incident was inappropriate and it was unclear whether the actions recommended had been put in place. The person in charge could not confirm if the required 'bed rail bumpers' had been ordered to prevent reoccurrence. In addition, inspectors noted that the personal details of the resident had not been listed on the risk assessment document.

There was an absence of systems in place for the review of incidents or opportunity for learning from incidents which had occurred in the centre. Inspectors found that not all incidents which had occurred were recorded as such in the centre.

A health and safety audit recently completed by the person in charge and signed by the service manager highlighted that there were issues with:

- local risk assessments for workplace hazards/activities specific to the centre
- not all staff had received appropriate in house training on managing behaviours which challenge
- no all floor surfaces were in good condition and of a suitable non-slip finish
- there was not adequate natural ventilation in the centre/all windows opening easily and cleaned regularly

The action plan which arose from the aforementioned audit had six actions listed, three of which had "as soon as possible" listed as the completion date. None of the six actions were completed at the time of inspection.

Inspectors found that while there was adequate fire detection equipment and general fire equipment within the centre, the last available fire alarm service/engineer report was August 2016.

There were emergency egress plans in place for the designated centre and for each individual resident which made specific reference to the arrangements for both day and night time evacuations.

Daily 'fire inspection checklist' documents were completed by staff and highlighted checks of fire exits being clear of obstructions, emergency break glass units containing keys, visual check of fire panel, visual checks of emergency lighting, and visual checks of fire extinguishers.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Inspectors found that there was a policy on, and procedures in place for, the prevention, detection, and response to abuse. This document was dated January 2016. The practice within the designated centre, however, was not guided by this policy and procedures.

Two incidents of peer to peer abuse were mentioned in an incident form relating to another matter. Neither of the two peer to peer safeguarding incidents were reported within the centre, notified to the designated officer, had associated preliminary screenings completed, notified to the Authority, or had safeguarding plans in place.

Inspectors found that the provider and person in charge had not put in place systems to protect residents and ensure that there were no barriers to the identification of abusive incidents.

Inspectors observed staff interactions with residents to be warm and respectful throughout the inspection. Staff spoken with understood what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse.

Training records highlighted that one member of staff had not received training in the management of behaviours which are of concern.

Staff knowledge of restrictive practices was found to be limited. There was little awareness in the centre of what constituted a restrictive practice with both staff and the person in charge unable to identify both chemical and environmental restraints in use at the time of inspection. There was no evidence that all alternative measures were considered before a restrictive practice was put in place. The rights of residents were found not to have been protected in this area.

The use of restrictive practices, including chemical restraint, was not carefully monitored within the centre. Staff spoken with were unable to identify the number of residents for whom chemical restraint was prescribed. The use of restrictions within the centre were not appropriately notified to the Authority as required.

The centre had a policy in place regarding intimate care, however, at the time of inspection it was found that this was not guiding practice. Inspectors sought assurances from the provider regarding the gender and experience of a staff member rostered to work a 'sleepover shift' on the night of the inspection. The gender of the staff member was at odds with the preferred gender of staff expressed by a resident in their intimate care plan.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

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

Findings:

Inspectors found that a record of all incidents occurring in the designated centre was not maintained and, where required, notified to the Chief Inspector.

Two incidents of peer to peer abuse were not recorded as incidents, and were not notified to the Chief Inspector.

Incidents of use of restrictive practices were not notified to the Chief Inspector as required.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

Overall it was found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Inspectors found that residents' healthcare needs were met through timely access to healthcare services and appropriate treatments and therapies. However, there was an absence of support plans in place relating to identified healthcare needs of residents. This was brought to the attention of the person in charge on the day of inspection.

The meal time experience was observed by inspectors. Meals were prepared in house by staff with participation from residents where possible. Foods were nutritious, appetizing, and available in sufficient quantities at the time. Appropriate and sensitive supports were offered to residents who required assistance with eating and drinking. The advice of dieticians and speech and language therapy were implemented during the meal time. Overall the experience was a positive and social one.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors found that overall each resident was protected by the designated centre's policies and procedures for medication management, however, some non-compliances were observed during the inspection process.

The storage of medication was not in accordance with best practice. Inspectors found that the medication press was unlocked at the time of inspection and the procedures for storing medication keys were not appropriate. This was brought to the attention of the person in charge.

While there were PRN (as required medications) protocols in place for all residents, some were not signed by the prescriber and were unclear regarding the circumstances for the administration of the medication.

The person in charge confirmed that a risk assessment and assessment of capacity had not been completed for each resident with regard to self administration of medications.

A review of medication administration sheets found that a signature sheet or 'bank' of staff members administering medications had not been maintained for some residents.

Staff members spoken with were knowledgeable of procedures for disposing of out of date medications, actions to take in the event of a medication error, where to obtain information regarding medication, and on the criteria for administering analgesic PRN medications. However, there was limited knowledge in the area of PRN psychotropic medications and around the definition of chemical restraint.

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):

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

Findings:

Inspectors found that the quality of care and experience of the residents were not monitored and developed on an ongoing basis. Effective management systems were not in place to support and promote the delivery of safe, quality care services.

Supervision processes in place within the designated centre were not appropriate. This was acknowledged by the person in charge at the time of inspection. There were two cases where 'personal development plans' were put in place for separate staff members; however, there was a clear absence of follow up on these plans. This was confirmed through discussions with the provider.

While an annual review of the quality and safety of care in the designated centre was completed, which included consultation with family members as part of this review. However, any of the actions which formed the associated action plan were not followed up on. There was evidence that the provider had completed unannounced visits to the designated centre, however, the actions from these visits were also not followed up on.

Inspectors found that while a staff team was now in place within the designated centre, this was a recent development prior to which the centre depended heavily on an

inconsistent locum staff pool. The person in charge demonstrated sufficient knowledge of the legislation and their statutory responsibilities.

Judgment:

Non Compliant - Major

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):

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

Findings:

Inspectors found that overall there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services.

A review of staff training records highlighted that some staff required completion of safeguarding refresher training, while one staff member had never completed safeguarding training. Another staff member had not completed first aid training, however, inspectors were unable to establish if this was a mandatory requirement within the designated centre as the person in charge was not clear on this.

A review of recent staff rosters confirmed a significance reliance on relief/locum staff within the designated centre until recently. Inspectors found that contingency plans to ensure adequate staffing in the event of sick leave were not appropriate. On the day of inspection a staff member with two days experience of working in the designated centre was rostered to work a sleep over shift. Inspectors were not assured by the person in charge or the provider that this was appropriate. The person in charge then arranged to extend their shift in the centre and finish at a later time in order to support the sleep over staff.

The minutes of staff meetings were reviewed by inspectors and overall were found to be detailed and comprehensive in nature, however, there was an absence of actions arising from meetings. In cases where recommendations were identifiable these had not been implemented - for example follow up meetings did not take place. In instances where residents were reviewed by staff at the team meeting forum, there were no support plans put in place for identified issues raised at the meeting.

Two staff files were reviewed as part of this inspection. Gaps in the employment history

of staff were identified through this process. This was brought to the attention of the person in charge and provider.

Inspectors did not look at volunteers as part of this inspection.

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 actions from the previous inspection were found to be satisfactorily implemented by inspectors. The required policies were now in place in the designated centre.

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:

Anna Doyle
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 St Michael's House
Centre ID:	OSV-0002366
Date of Inspection:	30 May 2017
Date of response:	12 July 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Two contracts of care were found to not have been signed.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

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

terms on which that resident shall reside in the designated centre.

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

Signed contracts of care are now in place for both residents

Proposed Timescale: 15/06/2017

Theme: Effective Services

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

Inspectors found that there was no consultation with residents regarding a new admission to the centre.

2. Action Required:

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

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

- St Michael House has an admissions policy which includes a consultation process with residents.

- A review to the adherence of the Admissions policy by the PIC and staff team with particular attention to the briefing of residents around proposed admissions will take place on 21/7/2017

Admission pack to be developed by the PIC and Speech and Language Therapist, mirroring the admissions policy with specific supports for the residents understanding and communication needs

Proposed Timescale: 30/09/2017

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:

An assessment of need had not been completed for a resident who was admitted to the designated centre.

3. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

Assessment of Need and support plans currently being developed

- Assessment of need has been reviewed for this resident, goals have now been identified with the resident and a tracker sheet is now in place.
- Auditing system has now been put in place to inform the PIC of any supports that may be needed through monthly meetings with the Keyworker.

Proposed Timescale: 30/07/2017

Theme: Effective Services

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

There were no support plans in place for the healthcare needs of residents.

4. 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:

Review of all residents health care needs has been completed by the staff team and SMH medical trainer, Referrals have been made to residents GP or SMH medical officer for specific healthcare interventions where required.

Proposed Timescale: 30/07/2017

Theme: Effective Services

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

Effective systems were not in place to ensure residents were supported to access social activities.

5. Action Required:

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

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

- A review of assessment of need, 'All about me' and Goals identified with the resident has been completed. A tracker is now in place to ensure effective intervention by the team in development and monitoring of residents goals.
- A meaningful day Activity Tracker has been developed and discussed with the

residents every week to ensure the activity is meaningful and reflects their choice and level of participation.

- Communication support needs are being revised with SLT for residents with communication difficulties to ensure all residents have the tools to communicate their specific choices

Proposed Timescale: 30/09/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Inspectors found that the decorative state of the designated centre was poor. Internally the designated centre was not in a satisfactory state of repair. The main bathroom area presented risks to residents, staff and visitors.

6. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- Tracking system has been readjusted to meet the needs of one of the residents.
23/6/17

- All mould treatment to be completed by 30/7/2017

- Deep clean completed in the centre on 15/6/2017

- Replacement of blinds in the house was completed by the 4/7/2017

In line with SMH procurement policy costings / tendering process has commenced for refurbishment and remedial works in the house

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

Inspectors observed cleanliness and hygiene issues in the designated centre. In addition there were remedial works required throughout the centre.

7. Action Required:

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

suitably decorated.

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

- A deep Professional clean of the house was completed on the 15/06/17
- Housekeeping discussed with all staff at Team Meeting and review of present cleaning systems on the 12/06/17
- Environmental Hygiene will be included on the agenda of staff meeting going forward.
- In line with SMH procurement policy costings / tendering process has commenced for refurbishment and remedial works in the main bathroom.

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

There was inadequate storage space within the centre for residents' personal items.

8. 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:

- One resident has a tendency to accumulate items in their bedroom, this is being addressed with input from the psychology department.
- Storage in the centre has been reviewed and technical services are addressing this issue
- Meeting with Psychologist and PPIM on the 6th June to discuss strategies and supports.
- Reviewed by the fire Officer on the 6/6/2017 awaiting report.

Proposed Timescale: 30/07/2017

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 risk management policy did not include the measures and actions in place to control accidental injury to residents, visitors or staff.

9. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

- A Risk assessment is now in place re; accidental injury to residents, visitors and staff.
- A system of tracking accidents and incidents has been implemented by PIC monthly 30/6/2017
- Easy read Visitor guide in place addressing health and safety concerns that may be relevant to visitors while accessing the house. Each visitor should sign as read this visual guide.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

Inspectors found that risk assessments did not consider the risk of choking for residents.

10. 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:

- Choking risk assessments are now in place for three residents who presented with a risk of choking. based on guidelines from the speech and language department

Proposed Timescale: 15/06/2017

Theme: Effective Services

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

There were no systems in place for the review of incidents within the centre or opportunities for learning from incidents which had occurred.

11. 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 reviewed and updated
- Accident and Incident Tracker is now in place which allows for the Comprehensive tracking of all incidents.
- Accidents and incidents are now a set item on staff team meeting agenda.
- Monthly hazard inspections are now completed by the PIC to identify specific risks and supports needed to manage.
- Emergency Plans in place for missing person and accidental injury to residents, visitors and staff.
- Data reports submitted to Service manager on a monthly basis for review.

Proposed Timescale: 30/07/2017

Theme: Effective Services

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

Risk assessments completed had not appropriately rated the level of risk present.

12. 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:

- Monthly Hazard inspections are now carried out by PIC to ensure all areas of environmental risks are being identified and rated on a monthly basis.

- Risk register has been reviewed to reflect this rating.

- All risk assessments have been reviewed by the PIC and Service Manager and have appropriate level of risk identified.

Proposed Timescale: 15/06/2017

Theme: Effective Services

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

Records were not available to show regular servicing/testing of the fire alarm system was taking place.

13. Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

- A full servicing of the fire alarm system was carried out on the 1/6/2017 and outstanding servicing records are now on site.

Proposed Timescale: 02/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Restrictive practices in place in the designated centre were not the least restrictive option for the shortest time required.

14. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- Restrictive practice audit tool has been revised and through this a comprehensive auditing of restrictions and alternate strategies to be trialled and recorded before the introduction of restrictive practices
- A log of all Restrictive practices are now in place

Proposed Timescale: 30/06/2017

Theme: Safe Services

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

Staff members and the person in charge were not aware that some restrictive practices in place in the designated centre were considered to be restrictive practices - this included the use of chemical restraint.

15. Action Required:

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

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

- All medication has been reviewed by consultant Psychiatrist.

•No Chemical Restraints are currently in use.

•A briefing session for staff has been scheduled on the 21/7/2017 in relation to restrictive practices.

Proposed Timescale: 21/07/2017

Theme: Safe Services

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

Not all staff had completed training in the management of behaviour which is challenging including de-escalation and intervention techniques.

16. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

•The staff member in question has been put forward for Positive Behaviour Support training on 12th October to be completed on the 23rd November

Proposed Timescale: 23/11/2017

Theme: Safe Services

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

Systems were not in place to ensure that all incidents of abuse were reported, recorded, notified to the appropriate agencies, followed up on internally, control measures put in place, and opportunities for learning from safeguarding incidents.

17. Action Required:

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

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

•Designated Officer contacted and all supporting relevant documentation submitted for a retrospective assessment 27/06/17.

•Briefing of staff on the 21/7/2017 re; safeguarding of residents and policies re; reporting of safeguarding concerns to the relevant personnel.

•Review of all incidents and accidents at staff meetings and discussion with service manager at monthly meetings.

Proposed Timescale: 21/07/2017

Theme: Safe Services

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

Measures were not in place for ensuring that staff providing intimate care to one resident, who required assistance, did so in line with the their personal plan and in a manner which respected the resident's dignity and stated preference.

18. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

- The resident, while having a preference for staff of the same gender attending to their intimate care support needs, understands that this may not always be possible. The resident reviewed the support plan with staff. The resident is happy with this arrangement and advised staff of this.

Proposed Timescale: 15/06/2017

Theme: Safe Services

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

One member of staff had not completed safeguarding training, while others had not completed safeguarding refresher training in the required timeframe.

19. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

- Refresher Safeguarding training will take place for one staff on 25/08/17
- Safeguarding training for other staff scheduled for the 18/7/2017

Proposed Timescale: 25/08/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Written reports submitted to the Chief Inspector did not include details of any occasion on which a restrictive procedure including physical, chemical, or environmental restraint was used.

20. Action Required:

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

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

- All notifications including any restrictive practice will be forwarded to the Authority in a timely manner
- Environmental restraints when used will now be recorded in a Restrictive practice log and submitted in Quarterly returns.
- Designated Officer contacted and all supporting relevant documentation submitted for a retrospective assessment 27/06/17.

Proposed Timescale: 30/06/2017

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:

Inspectors found that the storage of medications in the designated centre was not secure.

21. Action Required:

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

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

- SAM Policy was discussed at staff meeting 12/06/17 all staff are aware that medication press should be locked at all times.
- Medication keys are now in a locked press and the keys for this press are held on the day staff at all times.
- A random audit of staffs administration of medication through the Medication audit

tool was completed on the 30/6/2017

- SAM Policy will be discussed and presentation given at next staff meeting (21/07/17) by SAM Trainer (CNM 2)

Proposed Timescale: 21/07/2017

Theme: Health and Development

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

PRN protocols were not signed by prescriber and did not provide clarity on the criteria for administration of the medication.

22. 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:

- PRN guidelines have been forwarded to the prescriber to reflect the prescribers signature and criteria for administration.

Proposed Timescale: 30/07/2017

Theme: Health and Development

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

Risk assessments and capacity assessments had not been completed for each resident relating to the self administration of medications.

23. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

All residents have now a support plan in place specific to their independent medications management needs.

An easy accessible information leaflet 'how I take my meds' has been individualised and available to all residents

Proposed Timescale: 10/06/2017

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:

Actions from the unannounced six monthly visits had not been followed up on.

24. Action Required:

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

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

- Review of 6 monthly audits by PIC and completion of all identified actions has taken place

Proposed Timescale: 10/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were insufficient arrangements in place to ensure the continuity of care and support for residents while covering staff sick leave periods.

25. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

A protocol is in place to support occasions when staff report sick.

Where possible existing team members cover colleagues sickness, failing this SMH relief staff familiar with organisational policies and procedures are used and if unavailable an agency staff is engaged. Requests are always made for a staff member who are familiar with the house and the service users

Proposed Timescale: 30/05/2017

Theme: Responsive Workforce

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

Full employment history was not available for all staff members working in the designated centre.

26. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

- This information was forwarded to The Authority after the inspection as requested

Proposed Timescale: 01/06/2017

Theme: Responsive Workforce

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

The training requirements for staff was not clear within the designated centre.

27. 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:

- SMH training officer has forwarded training records for staff in residential.
- a review of all staff training will be undertaken in the centre to ensure that staff are equipped and appropriately skilled to meet the needs of residents.
- List of all relief staff working in the centre, forwarded to relief co ordinator for record of in house training.

Proposed Timescale: 30/07/2017

