Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Cairdeas
Centre ID:	OSV-0002651
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Mary Moore
Support inspector(s):	Margaret O'Regan
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
17 December 2014 09:45	17 December 2014 19:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was the first inspection of the centre by the Authority. The provider having entered into an agreement under the relevant legislation provided respite services on behalf of the Executive to a defined cohort of residents with physical and sensory disabilities. The service ordinarily operated on a Monday to Friday basis for 222 nights per year and could accommodate a maximum of six residents.

On the day of inspection the centre was operating at full capacity. Inspectors were satisfied that staffing levels were adequate, residents presented as relaxed and content and the feedback that they provided to inspectors on staff and the care and services provided was positive.

There were clear organisational policies and procedures for the identification, assessment and management of risks, record keeping and incident reporting. There were national structures including a health and safety manager, risk manager and health and safety officers that had oversight of the measures in place to protect and promote the health and safety of residents, staff and visitors to the centre.

While improvements were required overall inspectors were satisfied that policies and procedures were in place to support the safety of medication management practice.

However, there was ambiguity in relation to the services, supports and model of care to be provided by the provider to meet care needs and as such it was not possible for inspectors to be definitive as to the stated purpose and function of the centre. This ambiguity led to deficits in practice and consequently impacted negatively on the level of regulatory compliance evidenced.

Nine regulatory outcomes were inspected and the provider was found to be in moderate non-compliance with four outcomes and in major non compliance with five; the statement of purpose, governance and management, admissions and contracts for the provision of services, social care needs and healthcare needs.

The centre was inspected again in August 2016. Inspectors found clarity on the stated purpose and function and significant improvement; of the full eighteen Outcomes inspected the provider was judged to be compliant with nine, in substantial compliance with three and in moderate non-compliance with five outcomes. One major non-compliance was identified in Outcome 11; Healthcare needs; action was taken by the provider to address the identified failings with immediate effect.

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

Theme:
Effective Services

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

Findings:
The inspector saw that there were policies for the admission and discharge of residents to the service. There was a service level agreement and a committee that met on a quarterly basis to monitor and discuss the provision of respite services in the catchment area; a representative of the provider attended these meetings. There was documentary evidence of an initial assessment of need and a medical assessment provided by the resident's General Practitioner (GP).

However, there was evidence that admission and discharge policies and practice were not consistent with the needs of the cohort of residents that availed of respite.

The person in charge said and records seen confirmed that respite services were provided to a cohort of residents that presented with a broad range of sensory and physical disabilities, many of a progressive nature. However, it was of concern to inspectors that policy did not commit to provide support to any resident that became unwell while on respite. In this context inspectors were not satisfied and there was evidence to support that admission procedures did not give due consideration to the ability of the provider to meet resident needs. This invariably meant that once admitted a resident was potentially at risk of discharge from the centre. This is discussed again in Outcome 11 Healthcare, Outcome 13 Statement of Purpose and Outcome 14 Governance.

There was a written contract for the provision of services signed and dated as agreed between the person in charge on behalf of the provider and the resident. The contract set out the supports and services to be provided to the resident and the fee to be charged. The contract however was not consistent with the statement of purpose and was not transparent as it did not include the criteria/terms set out in the statement for the discharge of a resident from the centre in the event of ill-health.

Judgment:
Non Compliant - Major

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Overall, the standard of the support plans seen was good and they were personalised to each resident, their strengths, abilities, choices and preferences and the areas in which they required support. The identified supports were clear and specific. However, deficits were identified in the reassessment process, in the accuracy with which the support plan reflected the resident's actual needs and in discharge procedures.

Based on the sample of support plans reviewed by inspectors there was an initial assessment of need completed with the resident or their representative that informed the support plan; a reassessment of identified supports was completed on each readmission. Each support plan had a quick reference guide/synopsis of the supports required by each resident and the plan was supported by a suite of clinical risk assessments such as the use of bedrails, manual handling, the consumption of tobacco and the delivery of personal care.

The multi-disciplinary supports for each resident were established by staff, reviews and recommendations were sourced and integrated into the centres support plan for the resident; for example speech and language swallow care plans and occupational therapy reviews.

However, inspectors were not assured as to the robustness of the reassessment process; the standard entry recorded was "no change". For example records seen indicated that on a previous admission staff had identified concerns for a resident in relation to weight loss, yet on the following readmission and support plan review these concerns were not followed up or referred to. There was clear evidence that the supports required by another resident had altered and required additional input from another service provider but the reassessment was completed as "no change" and there was no alteration made to the support plan. There was no reference to the current

arrangements in place between both services to meet the resident's needs and any measures required to ensure the continuity, safety and quality of the care and services provided to the resident. The standard of assessment and its effectiveness in establishing that a resident's needs could be met in the centre was also of concern given the criteria for discharge from the centre.

The statement of purpose and function stated and staff confirmed that the model of care provided was social rather than medical and that in the event of ill-health it may be in "the best interest" of the resident for them to be returned home. On a general level this was of concern to inspectors and these concerns were exacerbated based on records seen and staff spoken with; there was a deficit of assurance that residents did receive the required support in times of illness, that the policy and procedure on discharging a resident was adhered to so as to support a planned and safe discharge from the centre.

Where following an extended period of respite and where the resident's discharge was imminent, there was no explicit discharge plan.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
There were clear organisational policies and procedures for the identification, assessment and management of risks, record keeping and incident reporting. There were national structures including a health and safety manager, risk manager and health and safety officers that had oversight of the measures in place to protect and promote the health and safety of residents, staff and visitors to the centre; relevant details were recorded and reported locally and progressed through the local management structure. Information was analysed and feedback including any measures required for improvement was provided to local staff. There was a nominated safety representative who had undertaken appropriate training.

Procedures were in place for the ongoing identification, assessment and management of hazards through the completion of monthly audits. Staff had the autonomy to rectify minor deficits; more significant issues were addressed through the established structures.

A record was maintained of accidents and incidents occurring in the centre. Staff reported a low incidence of accidents and incidents in the centre and this was reflected in the records seen by the inspector.

The consumption of tobacco by residents was facilitated. The inspectors saw that there were risk assessments in place, smoking was only permitted outdoors and recorded identified controls such as staff supervision and the use of fire retardant aprons were observed to be implemented by staff.

There were personal emergency evacuation plans in place for the current residents. In the event of an emergency staff had access to assistance from staff on other areas of the campus and relevant emergency information was shared with these other service areas. Records seen indicated that simulated fire evacuation exercises were convened on a regularly basis and most recently on 15 December 2014.

A suitably qualified person was contracted by the provider to review and maintain fire equipment and in the fire register the inspector saw that equipment was inspected and tested at the prescribed intervals. The fire detection system was inspected quarterly most recently in November 2014; fire fighting equipment was inspected and tested in September 2014 as was the emergency lighting.

Contracts were in place for the servicing and maintenance of equipment such as the staff call bell system and pressure relieving equipment.

However, inspectors were not satisfied that the procedure and equipment in use for monitoring blood glucose levels were in line with current best practice. The lancing device required manual removal of the exposed used lancet and therefore exposed staff to the risk of needle stick injury and the risk of a blood-borne virus.

Deficits were identified in staff attendance at mandatory training including manual handling and fire safety training and this is discussed again in Outcome 17.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
There were measures in place to protect and safeguard residents however these were compromised by the deficit identified in the provision of staff training.

There was a suite of organisational policies in place to protect and safeguard residents including policies on the prevention, detection, reporting and investigation of any alleged, suspected or reported abuse; the management of behaviours that challenged and the use of restrictive practices. There were two designated persons available with responsibility for the investigation of any reported abusive incidents.

There were no reported behaviours that challenged and this was reflected in the sample of support plans seen by the inspector.

Bedrails were in use in the centre. Records seen supported their evidence based use including the rationale for their use; resident safety. Based on the records seen the inspector was satisfied that the rationale provided was reasonable. There was evidence of discussion and agreement for their use, risk assessment of their use, the implementation of required controls such a lower bed height, staff observation and protectors to prevent injury.

The sample of support plans seen all contained a personal/intimate care plan that referenced resident choice, permission and respect for privacy and dignity.

The feedback received by inspectors from residents was positive.

However, the report of a recent internal audit identified that following employment and induction there was no procedure for the ongoing training of staff on protecting persons at risk of abuse. The person in charge said that this had been rectified and training had been provided in July 2014. This was reflected in the training records seen; however there was no recorded attendance at training for ten staff employed including agency and relief staff.

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):

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

Findings:
Respite was provided to a defined cohort of residents with physical and sensory disabilities. The person in charge told inspectors that while on respite residents retained access to the services of their own GP but medical review and care was also provided as necessary by a local GP. Given the duration of the care period residents were not routinely referred to other healthcare services such as for example, physiotherapy or occupational therapy but the person in charge said that residents were facilitated to have continued access to scheduled appointments and established day services; there was documentary evidence to support this. Records were also in place as relevant to each resident's needs, of review by and the recommendations of specialist/allied healthcare services.

Meals prepared by staff were observed to reflect resident's meal choices. Inspectors saw that there was a social dimension to meals but individual choice and flexibility was also facilitated. The feedback received from residents on the choice and quality of the meals provided was positive.

However, the statement of purpose and function stated that that the model of care provided was social rather than medical and that in the event of ill-health it may be in "the best interest" of the resident for them to be returned home. Staff spoken with including the person in charge recalled two occasions when this had occurred. On a general level, given the needs of residents and the deficits identified in the assessment process this was of concern to inspectors; these concerns were supported by records seen and staff spoken with.

Judgment:
Non Compliant - Major

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
Overall inspectors were satisfied that policies and procedures were in place to support the safety of medication management practice. However, improvement was required in the procedures and documentation that supported and informed practice where residents were facilitated to retain responsibility for their own medications.

Medicines management practice was guided by a comprehensive organisational policy and a centre specific policy that staff had signed as having read and understood; there was a staff signature sheet in place of staff who administered medication.

Records seen indicated that there was a system for the unannounced audit of staff competency in the administration of medication.

The inspector saw that medications were securely stored and the system in place was robust as it necessitated two staff at all times to access medication. The person in charge confirmed that no controlled drugs were in use but facilities were available if required for their storage in line with regulatory requirements.

There were procedures and records in place for the return of unused, unwanted or out of date medications to the pharmacy.

Given the respite nature of the service each resident was responsible for the supply of their own medication on admission but staff confirmed that support was available from the local pharmacy and a local General Practitioner (GP) if required. For example the inspector saw that procedures were in place to establish the accuracy of the prescription on each admission; the medication prescription sheet was reviewed by staff and updated as needed by the GP on each repeat admission and further prescribed items were dispensed as necessary by the pharmacist.

The person in charge confirmed that no resident was in receipt of medication in an altered format (crushed) and that medical authorisation was always obtained from the GP if this was necessary.

The inspector saw that staff completed a stock balance check of medications twice daily and procedures were in place for the management of any discrepancies, near-misses or errors identifed.

There was a suite of documentation used by staff including the medication support plan, the individual medication plan and a plan for residents who wished to self-administer their medications. However, there was confusion and conflicting information between these records and no one clear plan specifically setting out how the resident's medication was managed. While inspectors saw that staff facilitated residents to retain control over their medication regime it was unclear from the records whether a resident was fully assisted or independent, whether some medications were managed and administered by staff and what aspects of the medication regime were managed independently by the resident.

This led to a further lack of clarity in relation to the medications that were listed on the medication sheet as medications managed by residents were not listed; it was of concern to inspectors that this included insulin that required some assistance from staff in its administration.

While staff supported residents to retain responsibility for their own medicines, there was no evidence that this was informed by an assessment of risk and capacity.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose reviewed by inspectors was dated August 2014. While the statement contained all of the information required by schedule 1 of the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 there was a concerning ambiguity to the information. The ambiguity in relation to the services and supports to be provided by the provider to meet care needs was such that it was not possible for inspectors to be definitive as to the stated purpose and function of the centre.

It was clear from the statement that the provider provided a respite service to a defined cohort of residents with a physical and/or sensory disability; residents had to be "medically well" on admission. A stated objective was to provide the highest standard of care and allow carers to have a break in the confidence that their family member was well cared for. The model of care was stated to be social rather than medical. However, the service had a weekly nursing allocation of 70.5 hours per week and it was also stated that additional nursing support could be arranged if required as could clinical and normal medical intervention. It was also stated that should a service user's needs alter from a requirement for respite care to extended care that this could be facilitated by the provider in the centre until such time as a suitable residential placement was available.

In the context of these commitments as to the supports that could be provided it was unclear and contradictory as to why it was also stipulated that in the event of a service user becoming unwell it "may be in their best interest" to be discharged home; the rationale provided were infection prevention and control, and demand on available staffing resources. Inspectors were not reassured as to how the provider could commit to meeting the needs of a service user on an extended care basis if they were also stating that they may not meet all needs within a five day period of respite. Based on records seen and staff spoken inspectors were not assured that robust procedures were in place at all times to support such decisions.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

Findings:
There was a management structure in place with clearly defined roles, responsibilities and lines of authority and accountability. The person in charge worked full-time and was also responsible for two other services. The person in charge said that she had a system in place to manage her attendance/presence in each service and she was onsite an average of three to four days every week. In the absence of the person in charge there was a nominated team leader who also worked full-time and worked solely in the centre. Staff had access to and the support of a nominated manager in the evening and at weekends.

There were systems in place for evaluating the quality and safety of services provided and these included seeking feedback from residents. While the person in charge reported that not all residents choose to provide feedback there was a quantity available for inspection that was sufficient to be meaningful; the feedback seen was positive.

The person in charge reported and there was documentary evidence to support that the provider had put in place arrangements for unannounced visits to the designated centre as required by Regulation 23 (2) (a) and (b). The report of the unannounced visit of August 2014 was made available for inspection. The report indicated that the review was comprehensive and concluded that a good level of compliance was evidenced but areas requiring improvement were also identified such as training for staff on protecting and safeguarding residents.

However, inspectors concluded that the ambiguity in the statement of purpose and function including the emphasis on the provision of a social model of care did not promote and support the delivery of safe, evidence based quality care and services at all times for all residents. It did not support the effective utilisation of the available skill-mix to ensure that residents could receive if necessary the required supports in times of illness. there was evidence available to inspectors that measures for promoting and supporting the quality and safety of care and services, that is policies and procedures, were not at all times adhered to.

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

Findings:
There was a planned and actual staff rota maintained. From the rota and based on their observations inspectors were satisfied that there were appropriate staff numbers to meet the assessed needs of the residents and the delivery of services that they required. Night time staffing consisted of one waking staff member and one sleepover staff; records seen and residents spoken with confirmed that this arrangement met their needs.

The centre had an allocation of 70.5 nursing hours weekly and the person in charge told inspectors that these hours were planned and allocated to meet residents' needs but there was normally a nurse on duty each day. However, the skill-mix and the utilisation and purpose of this nursing input are discussed again in the context of the statement of purpose and function.

A sample of staff files were provided for the purpose of inspection and the sample reviewed by the inspector were complete and satisfied the information requirements of Schedule 2.

There was a formal process in place for the regular supervision of all staff including management grades; records were seen of these supervisory meetings.

Individual and collective records of completed staff training were available for inspection; the records indicated that there were significant deficits in both the scope of staff training and attendance at staff training; this was confirmed by staff spoken with. The centre employed permanent, relief and agency staff and while there were deficits in all categories there was a significant deficit in relation to the training provided to agency staff. While training on safeguarding, fire safety and manual handling had all been provided in 2014 the inspector concluded from the records available that of a total of 19 staff listed 10 had not attended education on safeguarding vulnerable adults; eight had

not attended an annual fire safety update and 12 had no record of having completed manual handling training within the mandatory timeframe.

Given the diagnoses of the cohort of residents that supports were provided for there was no evidence to support that education and training reflective of these needs had been provided to ensure that staff had the knowledge and skills to respond to the needs of the residents.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary Moore
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 report[1]

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002651
Date of Inspection:	17 December 2014
Date of response:	15 January 2015

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:
Admission and discharge policies were not consistent with the assessed needs of the cohort of residents who availed of the respite service.

The contract for the provision of services was not consistent with the statement of purpose and was not transparent as it did not include the criteria/terms set out in the

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

statement for the discharge of a resident from the centre in the event of ill-health.

1. Action Required:
Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

Please state the actions you have taken or are planning to take:
Admission and Discharge policies are now fully implemented and practices are now consistent with diagnosis and assessed needs of guests and the respite care model. The contract for provision of service is now consistent with the statement of purpose and function which includes the criteria for the discharge of a guest in the event of ill health.

Proposed Timescale: 08/01/2015

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:
Inspectors were not satisfied as to the effectiveness of the reassessment process; the standard entry recorded was "no change".

2. Action Required:
Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
Guest's needs are assessed on an ongoing basis through the review of the support plans. Admission templates identify details regarding changes in circumstances or supports. This will be recorded in an effective manner

Proposed Timescale: 08/01/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The support plan did not accurately reflect the resident's needs and/or changing circumstances.

3. 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:
Support plans and their reviews have always been completed in consultation with the guests and/or families. Support plans are updated if there are any changes to circumstances or support requirements. The annual review of support plans for all guests commenced on 5th January and will be updated in line with changed needs or support requirements.

Proposed Timescale: 31/01/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The standard of assessment and its effectiveness in establishing that a resident's needs could be met in the centre was also of concern given the criteria for discharge from the centre

4. Action Required:
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
The criteria for discharge have been reviewed and details of these criteria are included in the contract of care and the statement of purpose. These criteria are in line with the centre's assessment process.

Proposed Timescale: 08/01/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records seen and staff spoken with indicated a lack of assurance that residents received the required support in times of illness, that the policy on discharging a resident was adhered to and allowed for residents to be discharged from the centre in a planned and safe manner.

5. Action Required:
Under Regulation 25 (4) (b) you are required to: Discharge residents from the designated centre in a planned and safe manner.

Please state the actions you have taken or are planning to take:
In line with the statement of purpose and function, the contract of care and the policy on discharges, guests receive appropriate supports in times of illness. Should there be a requirement for them to be discharged prior to their planned departure date, this is

completed in a planned and safe manner. The ongoing practice in the service is that guests return home to the responsibility of their primary carers or back into the community with the same community supports in place that would have been in place prior to the guests accessing respite. Should there be any changes to the guests conditions during their respite breaks these are communicated to the primary carer, or those with responsibility for the provision of community supports, so that they can put in place the necessary community supports to support the individuals in their own homes or refer on to acute or other services as appropriate

Proposed Timescale: 08/01/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Where a resident's discharge was imminent there was no explicit discharge plan.

6. Action Required:
Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

Please state the actions you have taken or are planning to take:
In line with the statement of purpose and function and contract of care, all discharges are discussed, planned and agreed with all stakeholders. Guest's reserve or are offered short stay breaks in the service, these are agreed for a specific period of time in advance of the person arriving to the service. The situation above refers to a person availing of extended respite; there was ongoing contact and updates from family members.

All discharges are planned in a safe manner and all details are recorded in the discharge template. The ongoing practice in the service is that guests return home to the responsibility of their primary carers or back into the community with the same community supports in place that would have been in place prior to the guests accessing respite. Should there be any changes to the guest's conditions during their respite breaks these are communicated to the primary carer or those with responsibility for the provision of community supports so that they can put in place the necessary community supports to support the individuals in their own homes.

Proposed Timescale: 08/01/2015

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 procedure and equipment in use for monitoring blood glucose levels were not in line with current best practice.

7. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
There is an Infection Control Policy and Procedures in place in the service. The new standards for the prevention and control of healthcare associated infections which relate to procedure and equipment in use for monitoring blood glucose levels were published by the Authority on the 15th of December 2014 and have now been implemented. The equipment has now been replaced and practice is in line with the current evidence based practice.

Proposed Timescale: 09/01/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Eight of nineteen staff listed had not attended an annual fire safety update

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

Please state the actions you have taken or are planning to take:
Staff had attended annual fire training in other services which was not recorded in the service training records. All staff attended fire training in this service on the 12/1/2015.

Proposed Timescale: 12/01/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were measures in place to protect and safeguard residents however these were compromised by the deficit identified in the provision of staff training.

9. 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:
All staff have completed protection training this is now reflected in the training records. For any new staff or staff returning from long term leave we will conduct needs analysis and provide relevant training as soon as practicable.

Proposed Timescale: 08/01/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The policy of discharging a resident in the event of ill-health was of concern to inspectors.

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

Please state the actions you have taken or are planning to take:
All guests are supported in times of illness in line with the statement of purpose and contract of care. Of the 300 admissions in 2014, two guests were discharged during their respite break; one to hospital and one to the next of kin as they considered it to be in the guest's best interest to see their own G.P.

Proposed Timescale: 08/01/2015

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:
There was confusion and conflict in the procedures and documentation that supported and informed practice where residents were facilitated to retain responsibility for their own medications.

There was no evidence to support that where residents took responsibility for their own medication that this was informed by an assessment of risk and capacity.

11. 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:
There is an Administration of Medication Policy in place with procedures and a self assessment tool that prescribe how we assess and support guests who wish to take responsibility for managing their own medication. They are fully supported by staff to retain their independence in this aspect of their life with the required measures outlined in their support plans. These supports are reviewed on an ongoing basis to assess for any physical deterioration which may impact on their ability to continue to self medicate.

Proposed Timescale: 08/01/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a concerning ambiguity in the statement of purpose and how it was implemented in practice. The ambiguity in relation to the services and supports to be provided by the provider to meet care needs was such that it was not possible for inspectors to be definitive as to the stated purpose and function of the centre

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

Please state the actions you have taken or are planning to take:
The statement of purpose and function has been reviewed and updated in line with these recommendations.

Proposed Timescale: 08/01/2015

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 ambiguity in the statement of purpose and function including the emphasis on the provision of a social model of care did not promote and support the delivery of safe,

evidence based quality care and services at all times for all residents.

13. 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:
The statement of purpose and function has been reviewed and updated. Staff are facilitated to exercise their professional responsibility in line with the updated statement of purpose and function.

Proposed Timescale: 08/01/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Given the cohort of residents supported, training records indicated that there were significant deficits in both the scope of staff training and attendance at staff training including mandatory training.

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

Please state the actions you have taken or are planning to take:
All mandatory training was up to date, but not recorded in local records. It is now updated on the local training records. Disability specific training programme is being developed whilst training and professional development with the statutory body will also continue.

For any new staff or staff returning from long term leave we will conduct needs analysis and provide relevant training as soon as practicable.

Proposed Timescale: 28/02/2015