

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Limelawn Green - Community Residential Service
Centre ID:	OSV-0003065
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Helen Thompson
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 25 January 2017 09:25 To: 25 January 2017 19:00

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 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 13: Statement of Purpose
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 that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was HIQA's third inspection of this centre. The required actions from the centre's registration inspection in July 2015 were also followed up as part of this monitoring event.

How we gathered our evidence

The inspector met with two of the staff team of social care workers. As the person in charge was on a day off, the inspector also met with two of the service's clinical nurse managers 3 to garner additional information on this centre.

The inspector met and spoke with all four residents who expressed their satisfaction with the quality of the service provided. Also, in assessing the quality of care and support provided to residents, the inspector observed staff engagement and interactions with residents. Staff had good knowledge and understanding of

residents' needs with positive interactions consistently observed.

As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files, the centre's self assessment documentation and a number of the centre's policy documents. The inspector also completed a walk through the centre's premises.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was a semi-detached house, located in a residential suburb. It had a large sitting room and a kitchen with a dining area. There were four bedrooms upstairs, one with an en-suite and one bedroom downstairs. The main bathroom was upstairs and there was another toilet available downstairs. A garden and patio area was located to the rear of the house.

The statement of purpose stated that the centre provided a community based, person centred residential setting where residents are cared for, supported and valued within a homely environment that promotes the health, independence and wellbeing of service users. Residents' support needs concurrent to their intellectual disability included mental health conditions, autism and some specific medical supports. The centre was home to four female residents over 18 years of age.

Overall judgment of our findings

Twelve outcomes were inspected against and six outcomes were found to be of moderate non-compliance. This included the core outcomes of residents' health, safety and risk management, safeguarding and safety and workforce. Areas for improvement identified in these outcomes included the ensuring of fire containment in the event of a fire, adherence with best practice and the facilitating of informed consent when utilising restrictive practices as an intervention with residents, and the provision of additional staffing to more comprehensively support residents' individual needs.

The centre's premises and notification of incidents were also found to be moderately non-compliant due to maintenance issues and a lack of full reporting in the centre's quarterly reports. Admissions and contract for the provision of services required clarification regarding the practice of utilising a resident's bed for respite when they were temporarily absent.

The inspector found that residents' healthcare and social care needs were compliant with regulatory requirements. Medication management, governance and management, the statement of purpose, and records and documentation to be kept were found to be in substantial compliance.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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):

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

Findings:

The inspector found that one of the two previous actions from the centre's registration inspection had been addressed. The reduced capacity of the centre facilitated all residents to have their own individual room and subsequently sharing was not required if respite was facilitated.

However, with regard to the other action, the centre's annual review recorded that a resident's bedroom was used to facilitate an emergency respite admission without prior consultation and consent from the resident who permanently resided there. The resident was informed on her return from her holiday.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plan. Residents had opportunities to participate in meaningful activities in line with their interests. Both residents and their representatives were involved in the personal planning process and accessibility in residents' documentation was noted.

From a review of files, discussion with the residents, staff and general observation the inspector found that the needs and wishes of residents were assessed as required. Subsequently, plans were available to inform and guide staff in supporting residents' needs and wishes. The file was organised according to a traffic light system to ensure that residents' critical and immediate needs were highlighted to staff. Residents' social goals were identified and documented with evidence of implementation, review and evaluation. Residents were found to be very familiar with their files, plans and goals with one resident noting to the inspector that her file would tell new staff "how to keep her happy".

The inspector observed that both the resident and their family had participated in the review process of their plan, with evidence of prior preparation and planning. This included exploratory goal discussion and the sending of invitations. Alternate media formats, for example, PowerPoint presentation and IPAD usage were also utilised in the review process. The inspector found that generally there was good usage of accessible documentation when communicating with residents.

In general, the inspector observed that residents participated in meaningful and community based activities of their choosing and self-direction. The four residents attended a day service four days a week and were each facilitated with a day off where they could complete their personal goals and activities. On the day of inspection a resident had planned to do her personal shopping and attend to her banking business.

Judgment:

Compliant

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):

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

Findings:

Overall, the inspector found that the design and layout of the centre was suitable for its stated purpose and met residents' needs. However, some issues were observed regarding the maintenance and decoration of the premises.

During a walkabout of the premises the inspector found that a number of areas required attention. These included painting and decorating in the bathroom and downstairs toilet, broken tiles in the bathroom, broken kitchen presses with no kick board underneath, a broken shelf in a resident's bedroom and mould on the ceiling of the sleepover room. A resident's shower was also out of order and the inspector was informed that it required a new thermostat. The recent provider six monthly visit had also identified some of these issues.

The inspector found that the reduction of the capacity of the centre to four residents addressed the non-compliances identified during the previous inspection as all residents now had their own room.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, the inspector found that there were systems in place to ensure the health and safety of residents, staff and visitors. However, some improvement was required with the fire management system.

The centre had appropriate fire equipment in place. The inspector reviewed certificates that fire equipment extinguishers, the fire alarm and emergency lighting was serviced. Fire checks were completed by staff.

The fire evacuation plan was prominently displayed. Fire evacuation risk assessments considered the resident's capabilities. Drills were regularly conducted and reflected on during residents' meetings. Staff knowledge of the fire evacuation procedure was good. However, there was an issue with fire containment due to the quality of the doors in the house.

The required policies, procedures and documentation were present to underpin the centre's risk management system. This included a health and safety statement, a policy

relating to incidents where residents go missing, a risk register and an emergency plan. Risk assessments were completed in line with centre and resident related risks, for example, challenging behaviour, transportation of service users and kitchen safety. There was evidence of communication with residents' other support areas, for example, day services, regarding their risk assessments. Health and safety walkabouts were completed on a weekly basis.

There was a system for reviewing and learning from incidents with the inspector noting that staff were very aware of incorporating learning into residents' future supports. In line with the previous HIQA action plan there was now a shift sign off sheet to be completed by relief and agency staff.

The centre had systems in place for infection control. The inspector found the centre to be clean. There was a cleaning rota with the residents noted to be involved in some household chores. Colour coded chopping boards were available in the kitchen. There was adequate hand wash facilities. A hygiene audit was also planned.

The vehicle used by the centre was not inspected as part of this inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. There was a positive behaviour support approach evident for residents that engaged in behaviour that was challenging. The centre promoted a restrictive free environment for residents but some improvement was required to meet regulatory requirements.

The inspector found that there were systems in operation for responding to incidents, allegations and suspicions of abuse and that these were being appropriately utilised to ensure that residents were protected. In autumn 2016, there had been an increase in the safeguarding needs of some residents. The inspector observed that following a

review of incidents, actions had been taken to more comprehensively support these identified needs and safeguarding plans were present for three of the four residents. From a review of the data, these actions were observed since mid-November to have reduced the safeguarding risk for residents.

Staff were found to be very knowledgeable regarding residents' safeguarding needs and interacted with them in a sensitive, individualised and calm manner. Staff's general safeguarding knowledge was also good. Intimate care guidelines were available to guide staff practice and supports to residents.

The inspector found that residents' positive behaviour support needs were acknowledged and supported. Residents were supported by the multidisciplinary team which included occupational therapy, psychology, social work and psychiatry with evidence of case review meetings. However, the inspector noted that consent for the usage of chemical restraint was not clearly documented nor was there clear systematic evidence of a multidisciplinary review process for this restrictive practice for some residents. A protocol document was available to inform staff practices.

The policies as required by regulation were present to inform staff practices.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of incidents occurring in the centre was maintained. However, the inspector noted that the chief inspector had not been notified as required in the most recent quarterly report.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents in this centre were supported to achieve and enjoy the best possible health.

A review of residents' plans showed that their healthcare needs were being responded to in a timely manner, assessed, supported and reviewed. Care interventions were documented and available to inform staff practices and support, with the inspector observing the implementation of cited actions. Information sheets on specific medical conditions were also available in the file.

The inspector found that residents were supported by a multidisciplinary team which included psychiatry, psychology and occupational therapy. Residents also attended allied health care services which included the dentist, optician and chiropody services.

The inspector observed that residents had access to a general practitioner of their choice and an out of hours service when required.

Food available in the house was observed to be nutritious, appetising and varied. The inspector found that residents' food choice and preferences were acknowledged and supported. Menus for the week were discussed and planned at the residents' weekly meeting and a shopping list drafted. Residents participated in the shopping for food and the mealtime preparation, and were observed to be particularly involved when on their day off. Drinks and snacks were freely available outside of residents' mealtimes.

Residents noted their satisfaction with the food to the inspector.

In general, a healthy lifestyle was promoted and the inspector noted that a dietician supported residents as required.

Judgment:

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:

Overall, the inspector found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines in the centre were stored as required and residents' medication records were kept in a safe and accessible place. However, some improvement was required in ensuring the secure storage of all medication.

The inspector met with a resident who self-administers her medication. Her knowledge of her medical and medication needs was strong. However, the risk assessment process and subsequent control measures for the resident's self-administration was not current as it did not capture a recently identified issue regarding the secure storage of the resident's medication. This was highlighted during the inspection process and the inspector was subsequently forwarded evidence of the addressing of this matter.

A pharmacist was available to the residents and there was evidence of review of residents' medical status and their medication needs.

Medication in this centre was administered by staff who had received training in the safe administration of medicines. A staff signature list was present in the residents' medication record.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that the centre's current statement of purpose (revision number 8) did not fully reflect all the services provided. It was recorded in the centre's 2016 annual review of the quality and safety of care and support, that a planned and an emergency respite admission had been facilitated in the centre. However, the current document does not outline any procedure regarding a planned or emergency respite situation. This was previously identified during the centre's registration inspection.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the management systems in place in the centre ensured the delivery of safe and quality services. There was evidence of self-assessment as per regulatory requirements, however improvement was required to ensure that the required timeframe was consistently followed.

The inspector observed evidence of oversight of health and safety systems for residents and of the auditing process being utilised, for example, in care planning and a hygiene audit was planned.

Staff meetings occurred regularly and from a review of minutes the inspector noted that the meetings included a review of centre and resident related matters.

The inspector found that an annual review of the quality and safety of care in the centre had been completed for 2015 and 2016. The inspector reviewed the documentation from the review completed in September 2016. Residents and their representatives had participated in this process and this was clearly documented. The review incorporated a visit to the centre and also assessed the centre's progress against the HIQA action plan and the actions from the preceding provider's unannounced visit process. However, the inspector found that the unannounced visits were not carried out within the required six monthly timeframe. The last three provider visits were completed in January 2017, May 2016 and March 2015.

The inspector found that there was a clearly defined management structure in place with clear lines of authority and accountability. The Person in charge (PIC) was directly supported by a clinical nurse manager (CNM)³ and the provider nominee. The PIC was not present on the day of the inspection but the inspector noted that she was identifiable to the residents. Staff highlighted the PIC's availability and support. Staff additionally noted the daily support available from the service's CNM3s and the new night manager system.

In general, the inspector observed that there were arrangements in place for staff to exercise their responsibilities and express any concerns regarding the quality and safety of the services provided.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector observed that an increase in staffing support was required to ensure that some residents' evolving needs were consistently supported. Also, there were gaps in staff training requirements. Continuity of care for residents was maintained with positive staff interactions with residents observed.

From a review of the residents' and centre documentation, recent incidents, interviews and observations, the inspector noted that an increase in staffing hours was required to meet some resident's variable needs and to facilitate individual support when required. A recent staff meeting had also highlighted this matter.

A sample of staff training records were reviewed. Gaps were identified with regard to the completion of full safeguarding training and in training to further inform staff's supports to residents' individualised needs, for example, positive behaviour support, mental health conditions and autism.

A planned and actual staff rota was maintained by the Person in charge (PIC). There was little use of relief staff as gaps were filled by permanent job sharing staff members.

The inspector observed that supervision was provided to staff both formally and on the days that the PIC worked alongside the staff team.

Throughout the inspection staff member's knowledge of residents' needs was particularly evident, with positive respectful interactions consistently observed.

Staff files were not reviewed as part of this inspection as they were found compliant

during the previous registration 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):

No actions were required from the previous inspection.

Findings:

The inspector observed that some improvement was required in the maintenance of a resident's documentation. Also, a risk related policy document required review.

Judgment:

Substantially 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:

Helen Thompson
Inspector of Social Services
Regulation Directorate

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003065
Date of Inspection:	25 January 2017
Date of response:	19 March 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:

A resident's temporarily vacant bed was used to facilitate a respite situation, without prior communication and consultation with the resident that was effected by this action.

1. Action Required:

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

Under Regulation 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:

All residents will be consulted prior to their vacant bed being used if a respite situation arises again.

Proposed Timescale: 20/03/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

As identified in the body of the report a number of premises areas required attention to ensure that they were fit and homely for residents.

2. 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:

All outstanding maintenance has been completed.

Proposed Timescale: 31/01/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

All measures were not in place to ensure the containment of a fire in this centre.

3. Action Required:

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

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

The provider will consult with the fire officer to cost and install fire doors in the centre.

Proposed Timescale: 30/07/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Consent from the resident or their representative for the usage of chemical restraint was not clearly documented.

4. 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:

Written consent has been received from the residents family for the use of chemical restraint.

Proposed Timescale: 20/03/2017

Theme: Safe Services

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

Evidence of a systematic multidisciplinary review process was not present for some residents' restrictive practice usage.

5. 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:

A review of residents restrictive practice usage of chemical restraint will be reviewed at all MDT meetings.

Proposed Timescale: 30/04/2017

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:

The usage of chemical restraint with a resident was not notified as required.

6. 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 future usage of chemical restraint not in line with protocol and HIQA guideline on therapeutic use of PRN medications will be reported as required.

Proposed Timescale: 30/03/2017

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:

Inadequate measures were present to robustly support a resident's self-administration of their medication.

7. 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:

Residents' individual medication plans have been updated and staff have introduced a spot check form also to support service users in safe medication practice.

Proposed Timescale: 26/01/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not provide a full and accurate description of the service that had been provided in the centre, primarily the facilitation of respite.

8. Action Required:

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

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

The statement of purpose will be updated to reflect the facilitation of respite.

Proposed Timescale: 15/04/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider's unannounced visits were not completed within the required six monthly timeframe.

9. 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:

All future provider visits will be carried out within the required six monthly timeframe.

Proposed Timescale: 20/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

As identified in the body of the report additional staffing hours were required to comprehensively and consistently ensure the supporting of some residents' needs.

10. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The provider, director of HR and director of client services will review the current staffing at the designated centre.

Proposed Timescale: 30/04/2017

Theme: Responsive Workforce

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

Staff training requirements needed to be addressed to ensure their understanding of and comprehensive support of residents' needs.

11. 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:

A training needs analysis has been submitted highlighting areas of training required.

Proposed Timescale: 20/03/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

One of the centre's policy documents was outside of the three year review timeframe.

12. Action Required:

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

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

The authors of the policy document has been informed of the need to review the policy.

Proposed Timescale: 20/03/2017

Theme: Use of Information

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

The additional control measures on a risk assessment document for a resident was handwritten and needed to be clearly updated.

13. Action Required:

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

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

Additional control measures on risk assessments are being updated and typed.

Proposed Timescale: 30/04/2017