

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Camphill Community Callan
Centre ID:	OSV-0003607
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Janice Hyde
Lead inspector:	Noelene Dowling
Support inspector(s):	Paul Pearson
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	1

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: 08 August 2017 09:30 To: 08 August 2017 18:30

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 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 the 4th inspection of this centre which forms part of an organisation which has a number of designated centres nationwide. This was an unannounced monitoring inspection undertaken to ascertain the centre ongoing regulatory compliance. The centre was registered in 2016 following its third inspection.

As a result of concerns regarding overall safeguarding and governance arrangements in the wider organisation, the provider was requested to attend meetings with HIQA in April 2016 and on 16 October 2016. Following these meetings warning compliance notices were issued.

The provider was requested to and submitted a plan to improve safeguarding systems within the organisation.

This was duly received and regular updates were provided. Significant areas of the plan have been addressed at the time of this inspection. These included the appointment of a deputy national coordinator, systems for incident monitoring,

training for managers in safeguarding procedures

How we gathered the evidence:

Inspectors met with most residents and spoke with 4 residents. Other residents communicated in their own way and allowed inspectors observe some of their daily life and routines.

Residents told inspectors they were very happy living in the centre and really enjoyed their activities, their work, social lives and their living space. They said they looked forward to the plans being made for more independent accommodation for them and also enjoyed planning their holidays and events. Inspectors also met with staff members, the person in charge. Three of the premises were visited on this inspection.

Description of the Service:

The centre is designed to provide long term care for up to 12 adult residents, both male and female, of low to moderate intellectual disability and autism.

The findings of the indicate that the service provided is congruent with the statement of purpose. The centre is comprised of two residential units and five separate apartments' where residents are fully supported by staff. It is located in a rural town with various working gardens and farmlands attached .it is in close proximity to all services and amenities.

Overall judgement of our findings:

The registration of the centre was conditional on adherence to the action plans as outlined and also the changes made and agreed to the statement of purpose to reflect the care and support need of residents to whom they could deliver safe and effective care to. To this end there were eight actions required from the previous inspection and all apart from one had been satisfactorily addressed.

Eleven outcomes in total were reviewed on this inspection.

This inspection found that the provider was in substantial compliance with the core regulations which had positive outcomes for the residents.

Good practice was observed in the following areas:

- residents had good access to healthcare and multidisciplinary specialists and good personal planning systems were evident which supported their wellbeing and lifestyles(outcome 5)
- Safeguarding and behaviour support systems were robust and responsive which helped to keep residents safe (outcome 8)
- risk management systems were effective and proportionate which helped to keep residents safe (outcome 7)
- medicine management systems were safe and monitored (outcome 12)
- numbers and skill mix of staff were suitable which provided continuity and supportive care for the residents (outcome 17).

Some improvements were required in the following areas to improve the overall outcomes for residents:

- Unannounced visits and the provision of an annual report by the provider which provides oversight and evaluates the quality and safety of care for residents.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities)

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:

This outcome was not covered in its entirety but from speaking with residents, staff and reviewing personal plans and annual reviews inspectors were satisfied that residents' right to consultation and choice were promoted and respected.

It was apparent that they had choices in their daily lives and routines and chosen lifestyles and were consulted in regard to their living arrangements, work and recreation. Some residents had external advocates to support their decision making and ensure they were fully informed and consulted.

The key worker system introduced also supported resident rights and staff acted as representatives' of the residents. Residents maintained control of their own possessions and these were itemised. In some cases residents choose to lock their bedroom doors when they were not present in the units.

Residents were assessed for competency to manage their finances and the supports available were proportionate to the assessed needs and they were assisted to manage their monies appropriately.

Staff maintained detailed records and receipts of all financial transactions and there was also an overarching internal auditing system which inspectors saw was focussed on protecting residents' finances.

The policy on the management of complaints was in accordance with the requirements with a nominated officer and evidence of oversight by the person in charge. There were

detailed records of complaints made and these were seen to be managed appropriately and promptly at local level.

Where a more formal system for resolution was required this was also managed satisfactorily and the issues addressed to the satisfaction of the complainant. Voting arrangements had also been made to ensure residents who wished to could participate in elections.

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:

No new admissions had taken place since the previous inspection. Inspectors reviewed the documentation in relation to a proposed admission and found that further detail and information was required in order to inform the decision. This included access to the most up to date assessments and current needs evaluation from the previous placement.

The person in charge was aware of these deficits and was addressing them to prior to the final decision being made. This would ensure that residents were protected from potentially abusive integrations. Arrangements were being made for a satisfactory transition should the admission proceed.

As required by the previous inspection the person in charge had reviewed contracts and the sample seen by inspectors showed that they had been signed and agreed by either the resident and or their representative as required.

There was transfer information available should a resident require transfer to acute care services although this requires some additional details which the person in charge agreed to include.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The action from the previous inspection related to access to appropriate multidisciplinary assessment and the implementation of subsequent support plans had been addressed. Inspectors were satisfied that the assessed needs of the current residents could be met within the centre and that the reviews and personal planning systems were effective.

There was evidence of frequent access to and ongoing review by physiotherapy, occupational therapy, and speech and language therapy and where delays occurred the assessment were provided privately.

From a review of a sample of five personal plans and related documentation, inspectors found that resident's needs were identified and plans were made to address these.

Annual or more frequent reviews were held as necessary and as needs changed and the personal plans were revised to reflect this. The reviews were attended by the residents themselves where they wished to participate, family members, and external clinicians and were informed by the multidisciplinary assessments undertaken.

The personal plans reviewed demonstrated that there was a significant level of consultation with the residents and their representatives as required by their needs.

The details seen of the review meetings and the circle of support meetings demonstrated that all aspects of the residents' life and wellbeing were reviewed and the residents own wishes were included in this process. They also had pictorial and easy read versions of their plans.

The outcomes of reviews were incorporated into the resident's daily care including strategies for choking risks, management of nutritional needs, skin integrity or decreased mobility. Very detailed support plans for personal care and day to day activities were also implemented based on each residents' assessed needs.

The social care needs, aspirations, personal and life skill development of the residents

continued to be well supported and meaningful to them.

Inspectors saw and were informed by residents that they attended a variety of social events locally including art festivals and classes, community social days, musical and theatre events at which some residents participated, holiday abroad either with staff or family members. They regularly went swimming horse riding worked locally on the gardens and on the land and told inspectors they enjoyed the activities and the company

Staff were attentive to how residents were responding to these activities and ensured they had opportunities for change and new experiences. A number were actively preparing to transition to more independent living arrangements.

Judgment:
Compliant

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:

Inspectors reviewed the policies and procedures in place for risk management and emergency planning. There were policies in place relating to health and safety and procedures relating to incidents where a resident goes missing. Satisfactory procedures were in place for the prevention and control of infection in the designated centre.

Inspectors reviewed the risk management policy in place. The safety statement and local safety policy was also reviewed. The safety statement had an issue date of May 2013 with a review date of May 2015. Inspectors found no evidence that the safety statement had been reviewed as required since 2013.

Accident and incidents involving residents were recorded. These were reviewed on a regular basis. Preventative actions were implemented where necessary and learning from incidents was evident.

There were daily check lists in place for escape routes and evacuation equipment. Inspectors found that these were completed in the most part but checks may not be completed when individual staff are not rostered to work.

Regular fire evacuation drills were carried out in the centre. The information recorded for each drill included suggested improvements to improve evacuation times. Some of

the fire drill records identified that further training was required in the use of fire evacuation equipment in one of the units. This training was scheduled prior to this inspection and occurred on the day of the inspection.

Inspectors found that the procedure on file for the use of the evacuation equipment in one instance was not accurate and did not reflect best practice.

The mobility and cognitive understanding of residents was accounted for in evacuation procedures. Staff had completed training in fire evacuation. Where required, staff were identified to assist residents in the event of an evacuation.

The records for fire alarm, emergency lighting and fire equipment servicing were reviewed. There were records for the quarterly servicing of the emergency lighting and fire alarm system for most units.

Inspectors found that in one unit it was unclear if the fire alarm system had been serviced on a quarterly basis and the records for another unit stated that upgrade work was required to the emergency lighting system. These notes were repeated on each quarterly report from 2015 as the corrective works had not been completed.

However, the persons in charge clarified this following the inspection and stated that the matter was found not to be substantial and in progress as the systems had been upgraded during the initial fire safety works.

Judgment:

Substantially Compliant

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):

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

Findings:

Inspectors found that the actions required from the previous inspection had been partially addressed with additional training provided for the designated officers in safeguarding vulnerable adults. Inspectors found that both process, implementation of correct procedures and staff knowledge had improved significantly.

However the policy on safeguarding which inspectors had been informed was revised did not correlate with the HSE national guidelines in terms of timeframes and responses required.

There were also some documentary deficits in the detail of safeguarding plans and intimate care plans to guide staff and ensure residents safety personal integrity and consent were maintained. From speaking with staff and residents however, inspectors were satisfied that these were documentary deficits only and the care practices did in fact take account of all of these factors.

There was evidence of good systems of oversight by the national safeguarding officer and a satisfactory system for review of all concerns and actions were evident.

From a review of safeguarding and other incidents inspectors found that staff were observant and responsive to any concerns of this nature. Appropriate reports were made to the relevant authorities and directions adhered to. Allegations of a historical nature not related to this centre had also been reported and notified appropriately and were under review.

Safeguarding arrangements were implemented which included additional staffing, one-to-one supports and behavioural interventions. There was also evidence that that residents were provided with the skills and supports to protect themselves and make staff aware of any concerns they had and did so.

There were no children living within at the time of this inspection. The staff who spoke with inspectors articulated a good understanding of the types of behaviours which would be abusive and the reporting systems. They also expressed their full confidence in the local management team to address issues promptly.

Residents had access to mental health specialists including psychiatry, and psychology, in some instances paid for privately by the provider. Staff had updated training in the management of behaviours that challenge and the person in charge had recently undergone further training in a specific model for intervention with behaviours.

A behaviour support specialist had also reviewed a number of residents and assisted in devising behaviour support plans .These were very detailed and inspectors also found that they were implemented by staff.

Newer volunteers were able to tell inspectors of these strategies but were also adequately supervised by the deployment of senior trained personal. Inspectors also saw that incidents of challenging behaviour were carefully reviewed and any deviations from the support plans were noted and acted upon.

The use of restrictive practices was minimal and had been reviewed by the person in charge as required. The bedrail used was monitored for safety and suitability.

Pro-re-nata (administered as necessary) medicine was not used inappropriately to manage behaviours and such medicine if prescribed was reviewed by the prescribing

clinician.
Judgment: Compliant

Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Services
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: A review of the accident and incident logs, resident's records and notifications forwarded to the Authority, demonstrated that the person in charge was fully in compliance with the requirement to forward the required notifications to the Authority. All incidents were found to be reviewed internally.
Judgment: Compliant

Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: The resident's healthcare needs were identified, monitored and supported. A local general practitioner (GP) was responsible for the healthcare of residents. Records and interviews indicated that there was frequent, prompt and timely access to this service. There was evidence from documents, interviews and observation that a range of allied health services was available and accessed promptly in accordance with the residents' needs. These included occupational therapy, physiotherapy, speech and language, neurology, psychiatric and psychological services. Chiropody, dentistry and

ophthalmic reviews were also attended regularly.

Healthcare related treatments and interventions were detailed and staff were aware of how to implement these. These included dietary supports, skin integrity and mobility. Suitable care plans were implemented and evidenced based assessment tools were also used for example, for increased dependency, falls seizure activity and the risk of pressure areas. Where ongoing treatment was recommended this was also facilitated.

Inspectors saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine health issues and specific issues. Staff were very knowledgeable on the residents and how to support them. Where necessary detailed daily records of, for example, dietary intake or weights were maintained and reviewed.

Where a resident's healthcare needs status changed inspectors saw that all the required additional allied health support and equipment had been sourced in order to support the resident.

Residents' dietary needs were identified and catered for food was freshly prepared each day in the units. Inspectors found that the nutritional needs and preferences of the resident were known and catered for. Food was freshly prepared and in many instances grown on the farm by residents. The residents said they enjoyed the food They also had regular access to local restaurants and meals out.

End of life care was not reviewed on this inspection.

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:
There was a policy on medicines management which was in accordance with legislation and guidance. Systems for the receipt of, management, administration, safe storage and accounting for all medicines was found to be satisfactory. Inspectors saw that there were appropriate documented procedures for the handling, disposal of and the return of medicines.

Inspectors saw evidence that medicines were reviewed regularly by both the residents GP and the prescribing psychiatric service. Sealed systems for dispensing of most medication were used to support the non nursing staff in administration.

Regular audits of medicines administration took place which detailed any discrepancies noted. Regular training was provided for staff in medicines management and a number of staff also had specific training in the administration of emergency medicines. There were protocols in place for the administration of this medicine.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was evidence from the findings of the inspection that the responsibilities of the provider for supervision and support at local level for the person in charge still required improvements to ensure oversight of practice.

Since the previous inspection the records demonstrated that only four formal supervisory meetings had been held with the person in charge, the last one being in March 2017. An annual appraisal had been held in July 2017 but no record was available to inspectors.

One unannounced visit had taken place by or on behalf of the provider since the previous inspection. No record was available of this. There was no annual report on the quality and safety of care available and the person in charge confirmed that one had not been received. They do not support effective oversight and governance.

Despite this the inspector found that the person in charge and the local team had made significant changes to structure, deployment of experienced and qualified staff and oversight mechanisms to promote safe and effective care delivery. The purpose and structure of meetings had been revised to ensure there were appropriate to the

function. House co-ordinate meetings were held weekly.

Inspectors had the opportunity to sit at one of these meetings. From this and a review of other meeting records there was evidence of full review of incidents , good reporting to the person in charge and follow through on all actions required for residents. Action plans were agreed and implemented.

A comprehensive systems of auditing and analysis of data collated had been introduced which included medicines errors, accident and challenging behaviours indicants and complaints. These were seen to inform practice change.

The person in charge was familiar with her responsibilities and was supported by a suitably experienced and qualified deputy person in charge. There was a suitably qualified and experienced coordinator and deputy coordinator in each unit responsible for oversight of care delivery.

In addition, rostering changes had been made to ensure persons with responsibility were available at all times including weekends. The house coordinators were clear on their roles and responsibilities. Staff commented very positively on the support from and clarity of the management functions.

It was apparent that the staff and person in charge knew the individual residents very well and that residents were very comfortable with the teams.

There was evidence of regular line management supervision for staff carried out by the person in charge and house coordinators.

Judgment:

Non Compliant - Moderate

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 there were enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents at all times. The staffing levels

took into account the statement of purpose and the size and layout of the designated centre.

Inspectors observed that residents received assistance in a timely, respectful and safe manner.

Staff and the short term (circa one year duration) volunteers who lived in the units were supervised on an appropriate basis. The supervision in place reviewed care practices and accountability of the staff roles. The volunteers were also supported and supervised on a day-to-day basis by employed and qualified staff which ensured their roles were clear and they did not carry responsibilities above their function or capacity.

Inspectors reviewed a sample of staffing files. These met the requirements of Schedule 2 of the regulations in relation of staff documentation.

A number of volunteers provided support to the residents in the centre. The volunteers had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The roles of volunteers were set out in writing and supervision received was appropriate to their role and involvement in the centre.

Inspectors reviewed the training records and found that staff had up-to-date mandatory training in the areas of fire safety and safeguarding. Staff and volunteers had received training in first aid to various levels as their roles required. Staff had also received additional training in the administration of emergency medication and patient handling where it was required. There were good good communication systems evident with frequent and focused team meetings taking place..

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The policy on safeguarding required review to ensure it provided guidance which was in accordance with national guidelines.
The policy on the management of challenging behaviour did not sufficiently guide practice.

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:

Noelene Dowling
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 Camphill Communities of Ireland
Centre ID:	OSV-0003607
Date of Inspection:	08 August 2017
Date of response:	28 August 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 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 servicing records available did not demonstrate that all units in the designated centre had received a quarterly servicing of the fire alarm/emergency lighting system.

Issues noted on service records had not been adequately addressed.

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

1. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The outstanding upgrade of the emergency lighting in one building will be done by the 8th of September. All units within the designated centre will be checked for compliance with building and fire regulations by the 1st of September. Any outstanding work will be address by the 30th of September. Quarterly servicing fire alarm and emergency lighting of all units will have commenced by the 31/8/17.

Proposed Timescale: 31/08/2017

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 service failed to carry out and report on findings of unannounced inspections.

2. 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:

An unannounced inspection of the Designated Centre took place on the 24th of August 2017. The write up of this inspection will be issued by the 1st September. The commencement of the Regional Manager in post on the 4th September will ensure in future there is capacity to maintain a schedule of unannounced inspections as required.

Proposed Timescale: 01/09/2017

Theme: Leadership, Governance and Management

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

The service failed to undertake and make available a copy of the annual review of the quality and safety of care.

3. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of

the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Provider has commenced the Annual Review of the Designated Centre. As part of the Annual Review consultation with residents and their representatives is currently being undertaken, this includes an annual survey of their views. The findings from this exercise will be incorporated into the finalised Annual Review.

Proposed Timescale: 30/09/2017

Theme: Leadership, Governance and Management

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

Systems for providing support and supervision for the person in charge were not satisfactory.

4. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

A six week schedule of supervision is in place and a standard supervision template for Persons in Charge is in use. Supervision with the Person in Charge was carried out on the 24th of August. Appropriate records of the supervision will be maintained within the Designated Centre. The commencement of the Regional Manager in post on the 4th September will ensure capacity to maintain supervision schedule is in place.

Proposed Timescale: 24/08/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

To review the policy on safeguarding of vulnerable adults and behaviour support to accurately guide practice.

5. 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 policy on Safeguarding is reviewed on September 2016 and copies are in place in the designated centre by 15/8/17.

Proposed Timescale: 15/08/2017