

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|---------------------------------------|
| Centre name: | St Margaret's Centre |
| Centre ID: | OSV-0004043 |
| Centre county: | Dublin 4 |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | St Margaret's Centre |
| Provider Nominee: | Breda O'Neill |
| Lead inspector: | Anna Doyle |
| Support inspector(s): | Conan O'Hara |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 18 |
| Number of vacancies on the date of inspection: | 6 |

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 compliance with National Standards. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

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|-------------------------|-------------------------|
| From: | To: |
| 13 September 2016 10:00 | 13 September 2016 19:00 |
| 14 September 2016 09:30 | 14 September 2016 14:30 |

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

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| 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 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 the third inspection of the designated centre. The purpose of this inspection was to follow up on actions from an announced registration inspection carried out in the centre in March 2015 and to monitor on-going compliance with the regulations.

Description of the Service:

The centre is situated in South Dublin. It is a campus based setting and comprises of four individual apartments and two residential units that have ten single bedrooms. It is close to local shops and transport links. The centre provides care to female residents who have an intellectual disability, some of whom have mobility and healthcare needs. Care is provided using the social care model of support. Respite care is provided in the centre and the provider is not taking any other admissions to the centre.

How we gathered evidence:

Over the course of this inspection inspectors met eight residents. They stated that

they were happy living in the centre and spoke about being very happy with the staff in the centre. Two residents were not in the centre on the day of the inspection. Inspectors observed practices, met with staff, reviewed documentation such as: care plans, medical records, risk assessments and fire records.

Overall findings:

Overall the inspectors found that residents appeared well cared for in the centre and staff were observed to interact well with residents. However, significant improvements were required to ensure that the provider is meeting the requirements of the regulations.

The actions under outcome 1, 4 and 5 and were followed up from the last inspection. However, no other aspects of these outcomes were inspected against with the exception of Outcome 5 which was fully inspected against. Of the five actions from the last inspection, inspectors found that only two had been followed up to a satisfactory level. The details of which are included in this report.

Six outcomes were found to be moderately non compliant under admissions and contracts of care, social care needs, health and safety, safeguarding, health care and the statement of purpose. Four outcomes were found to be substantially complaint with some improvements required in medication management, governance and management, workforce and documentation. The remaining outcome was judged to be complaint. The action plan at the end of this report addresses the improvements required.

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:

The inspectors found that the actions from the last inspection had been completed. The complaints policy had been updated to reflect that an appeals process was available if complaints were unresolved. In addition, from the records viewed by inspectors the record of complaints now outlined whether the complainant was satisfied with the outcome of their complaint.

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):

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

Findings:

The inspectors found that the actions from the last inspection had not been implemented to a satisfactory level.

Since the last inspection the provider had undertaken to ensure that the admission policy reflected the actual practice in the centre. Inspectors found that the admission policy was in draft format. The inspectors were informed that the centre was not accepting new admissions from external agencies and were only accepting respite admissions from other community services that were managed by the provider. This was not outlined in the policy and the draft policy did not include the process for respite admissions to the centre.

In addition, the provider had undertaken to ensure that a contract of care was in place for each resident. The inspectors found that there were contracts of care in place for residents; however, they did not outline all of the fees.

Inspectors were shown a draft copy of new contracts of care that were being drawn up by the provider. On review inspectors found that the draft contracts required more detail to reflect the services being provided and the fees to be charged. Therefore this action had not been completed to a satisfactory level.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall inspectors found that a comprehensive assessment of need was not in place for residents in the centre.

Since the last inspection the provider had undertaken to ensure that all personal plans were up to date and reflected residents' current circumstances. This action had not been

fully implemented. Inspectors were informed that the centre was in the process of implementing new personal plans that contained a comprehensive assessment of need for residents.

This had been instigated as a result of an action plan from an unannounced quality review of the centre, which had taken place in April 2016. However, inspectors found a number of personal plans had no assessment of need in place and the information contained in them was not reflective of residents' current circumstances. For example one residents plan stated that there was a falls risk assessment completed due to mobility issues; however this was not contained in the personal plan.

In addition the inspectors were shown an example of the healthcare assessment that was being introduced and found that this was not comprehensive enough and did not include all identified needs. There was a lack of health action plans in place to guide practice in some plans. For example there were no health action plans in place for residents who had high blood pressure and mental health issues.

There were some examples of support plans in place that identified residents' goals. For example one resident wanted to go on a trip in Ireland. This had been broken down into steps and the resident spoke to inspectors about the trip that was due to take place next month.

Six residents were currently undergoing a discovery process in the centre. This process is a detailed assessment of the residents likes/dislikes and their desires for the future. Inspectors were informed that one resident was being supported to find their own home in the community. However this information was not included in the residents plan. Inspectors acknowledge that this is currently being addressed as part of the actions from the quality review completed in April 2016.

Eight residents attended day services externally. Residents spoken to who did not attend a formal day service stated that they were happy with the level of activity available to them in the centre. Activities for each day were agreed at residents meetings and displayed in areas around the centre. Some of them included a knitting club and art. Residents spoken to also spoke about attending daily Mass in the centre, going on holidays and trips to meet their friends.

There was no evidence in personal plans to support that residents' plans were reviewed to assess their effectiveness. Some staff spoken to said that there was no process in place to do this. Inspectors were shown a template at the inspection of a new three monthly review form that was due to be implemented in order to address this.

In addition it was not clear whether residents' representatives were included in the review of personal plans in line with residents' wishes.

Personal plans were not in an accessible format for residents.

A medical transfer information sheet was contained in personal plans that detailed residents support needs, should they be temporarily transferred to another centre/hospital.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that there were policies in place for the management of risk in the centre. However, improvements were required in fire safety and risk management practices in the centre.

Fire records were available which included up to date maintenance records of fire equipment in the centre. Fire drills had been completed, however the records did not indicate the time the evacuation took place and did not record how residents responded to the alarm/evacuation. In addition, no night time drill had been completed in the centre to ensure a safe evacuation of residents when staffing levels were at their lowest.

Residents had personal emergency evacuation procedures (PEEP's) in place. However, some of them were out of date and did not consider the cognitive and mobility status of residents, for example a hearing impairment was not highlighted. In addition a number of staff had not received training in fire safety in the centre.

There were policies and procedures on health and safety, risk management and emergency planning in the centre. General risk assessments and individual risk assessments were in place. However, some of the information contained in the individual risk assessments was out of date.

Incidents were recorded on a computer generated form and there was evidence of incidents being reviewed in the centre so as to guide future practice.

Personal protective equipment was available in the centre. Hand washing facilities were provided. Household staff were employed in the centre and inspectors found that the centre was clean and well maintained.

There was a policy in place around residents been absent from the centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Inspectors found that allegations/suspicions of abuse were not appropriately investigated in accordance with policy and national guidance in the centre.

Inspectors found from a review of the information contained in a personal plan that a number of allegations regarding safeguarding issues had been recorded. This had not been followed up in accordance with the policy of the centre. Inspectors found that while some of the issues had been addressed and actions had been taken, a safeguarding plan had not been implemented to support and guide practice.

The issue identified was a personal family related matter the detail of which is not provided within this report to protect the anonymity of those concerned. The issue was discussed in detail with the person in charge. However, the inspector found that policy of the organisation was not being followed in dealing with the situation and was therefore failing under their responsibilities and in meeting the requirements of the regulations.

Inspectors were informed that no restrictive practices were in place in the centre at the time of the inspection.

Some residents had behaviour support plans in place. Inspectors reviewed one and found that they were detailed enough to guide practice for staff. The records showed that the resident was included in the review of the support plan.

Residents had intimate care plans in place, however they were not detailed enough to guide practice and ensure that residents privacy was maintained.

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):**Findings:**

Inspectors found that in general residents' health needs were met; however there were significant deficiencies in the records maintained in personal plans.

Inspectors reviewed a sample of personal plans and found that residents had access to allied health professional. Staff spoken with were aware of the actions to take if they felt someone's healthcare needs were changing or they became unwell. However, there were significant gaps in residents' plans specifically in relation to health action plans and the assessment of need in order to guide practice. In addition, one resident had no access to an allied health professional, despite this been an assessed need of the resident.

Residents were offered the option of going to the canteen in the main building for lunch. Other meals were provided in the centre and residents spoke about preparing some meals themselves. Generally positive feedback was given by the residents on the quality of the food available in the centre. Snacks and drinks were available to the residents at all times. Residents stated that choices were available to them if they did not like the food available to them.

Residents had end of life plans in place where appropriate and there was evidence where it had been recorded on one residents' plan that they did not wish to discuss end of life plans. A family representative had been included in this decision.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspectors found that there were adequate arrangements in place to ensure each resident is protected by the designated centres' policies and procedures for medication management.

There were written operational policies relating to the ordering, prescribing, storing and administration of medication in the centre. All staff had completed training in the safe administration of medication.

Inspectors reviewed a sample of prescription sheets and medication administration sheets and found two discrepancies relating to as required medication. One related to the administration of rescue medication for epilepsy and the other related to a steroid cream prescribed for a rash. Neither of which had the indications for use clearly outlined on the prescription sheet.

Medications were stored securely in the centre and there was a policy in place for the disposal of unused/out of date medications.

There were processes in place for the handling of controlled drugs in the centre. Inspectors observed the practice involved for the management of controlled drugs and found that the systems in place were in accordance with current guidelines and legislation.

Some medications needed to be crushed prior to administration and there was signed consent from the resident's general practitioner for this.

Some residents were responsible for their own medication and an assessment had been completed. Inspectors met with one resident who self medicated and they were knowledgeable around the medications prescribed for them.

Inspectors found that medication errors that occurred in the centre were reviewed and followed up. For example one viewed by inspectors found that it had been followed up appropriately with the resident's general practitioner. In addition all errors were followed up with staff members and additional training supports for staff were implemented where required.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that the Statement of purpose which was found complaint at the last inspection had been reviewed. The reviewed document now included information relating to another community service that the provider oversees. This information was not relevant to this designated centre. Examples of some of the information contained included:

- The amount of residents in the designated centre was not correct and included residents from other parts of a community service supported by the service provider.
- The organisational structure was not correct.
- Information relating to properties was not correct and included centres from the community services.
- The whole time equivalents included staffing from the other community services.

This was discussed at the feedback meeting.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspectors found that there was a clearly defined management structure that, identifies the lines of authority and accountability in the centre.

The person in charge was present on the day of the inspection. They had been

appointed since the last inspection and had been interviewed by HIQA at an earlier date. They were found to be suitably qualified and knowledgeable of the regulations. Residents spoken to could identify the person in charge.

Inspectors were also informed that the person in charge was also responsible for the provision of care to residents in a community service separate to this designated centre. This was not having an impact of their role as person in charge for this designated centre as they were supported in their role by three team leaders who were responsible for some of the provision of services in the centre.

In addition a new director of person support had been appointed in August 2016. The person in charge will report to this person. Inspectors were informed that this person will deputise for the person in charge in the event of their absence and will act as a person participating in the management of the centre. The provider is to notify HIQA of this.

Staff spoken to felt supported in their role. Supervision was in place for all staff and regular staff meetings were held in the centre.

An external auditor had been commissioned in April of this year to carry out an unannounced quality review of the centre. This review had included a review of certain outcomes under the regulations. An action plan had been developed from this and inspectors found that some of the actions were still in process.

An annual review had been completed last year. However, it had not included input from residents or family members.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspectors found that there were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents in the centre.

On the day of the inspection, inspectors observed staff sitting interacting with residents who remained in the centre. While some of the residents had assessed healthcare needs, this was provided through public health nurses or community supports as required. For example residents who required support around wound care attended out patient services or a public health nurse attended the centre in some instances.

Staff were trained in first aid and were knowledgeable when spoken to about what to do if a resident became unwell. An out of hours on call system was in place for staff, should they require assistance.

There was a planned and actual roster in place. There were gaps identified in staff training records. However, inspectors were shown a schedule in place to address this.

Inspectors were informed that there were no volunteers employed in the centre. Personnel files were not reviewed as part of this inspection.

Judgment:

Substantially 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:

Inspectors found that the some of the records contained in personal plans had gaps. For example daily progress notes were not recorded for each resident every day. Inspectors were informed that progress notes were only completed when a significant event occurred for the resident. However, there was no guide or policy in place on what constituted a significant event. Inspectors found that this did not guide best practice and found that residents who may have been unwell did not have daily progress notes consistently completed in order to assess the resident's progress.

No other aspects of this outcome were inspected against

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| 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:

Anna Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by St Margaret's Centre |
| Centre ID: | OSV-0004043 |
| Date of Inspection: | 13 and 14 September 2016 |
| Date of response: | 05 December 2016 |

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:

The contracts of care in place for residents did not fully outline the services been provided and the fees charged to residents.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each

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

resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The contracts of care have been updated to include a detailed breakdown of all fees charged and services provided to residents, including consultation with residents. An easy read was also made available for each person using the service. All residents signed their contracts by 1st December 2016 with the exception of two residents who are currently in hospital. The contracts for these two people will be completed with them when they return to the Centre.

Proposed Timescale: 06/12/2016

Theme: Effective Services

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

There admission policy was in draft format.

The draft admission policy did not reflect the practice in the centre.

The draft admission policy did not include the process for respite admissions to the centre.

2. Action Required:

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

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

The admission policy will be changed. The admission policy will be signed off and implemented. The admissions policy does include process for respite admissions. The policy will:

- 1) include detailed information on the respite process and practice;
- 2) specify no permanent admissions to the centre i.e. only respite admissions will be accepted.
- 3) will include details of discharge and transfer process and practice for temporary transfers (e.g. hospital, convalescence care) and temporary absence (e.g. holiday) from the service and also for return to the centre.

Proposed Timescale: 14/12/2016

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:

The assessment of need did not include all residents' health care and social care needs.

Some residents had no assessment of need contained in their personal plan.

3. Action Required:

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

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

The assessment of supports template has been reviewed and updated to include all areas for resident's health and social care needs.

Each resident will have a completed & up to date assessment of supports to guide their personal plans.

Template for assessment of supports completed on 1st December 2016 and currently implemented with each individual using the service.

Proposed Timescale: 06/12/2016

Theme: Effective Services

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

Personal plans were not in an accessible format for residents.

4. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

The updated assessment of supports includes the requirements for accessible formats of documents for residents & their preferred format for accessibility.

Once completed this will be available to the resident and kept in a location of their choice.

Proposed Timescale: 02/01/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

There was no system in place to review personal plans so as to assess their effectiveness.

5. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

A personal plan review document and schedule has been implemented, this document will identify the effectiveness of the plans by assessing what is/is not working and the need for any changes with actions clearly identified.

Document was completed and has been implemented with each person in relation to their identified support needs.

Proposed Timescale: 06/12/2016

Theme: Effective Services

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

It was not clear whether residents' representatives were included in the review of personal plans in line with residents wishes.

6. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The review document identifies who has been involved in the review of the resident's personal plan, any concerns raised, discussions held and signatures of all attendees, in full consultation with the resident and their wishes.

Document was completed and has been implemented with each person in relation to their identified support needs.

Proposed Timescale: 06/12/2016

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:

Some of the information contained in residents individual risk assessments was out of date.

7. Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

All risk assessments are being updated to ensure they contain relevant and up to date information; this is being completed in line with the review of resident's personal plans.

All risk assessments have been reviewed. Updated process for review and identification is in place.

Proposed Timescale: 06/12/2016

Theme: Effective Services

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

Information contained in residents PEEP's was out of date and did not consider the cognitive and mobility status of all residents.

There was no fire drill completed at night in order to ensure the safe evacuation of residents from the centre.

Fire drills records did not record the times of the evacuation.

8. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The PEEP's document is now amended to reflect all supports required for residents, including cognitive and mobility status, these were reviewed in line with personal plans and risk assessments.

A scenario based night time fire drill was completed on 1st December and included full evacuation for residents and staff and will reflect staffing levels for night duty.

A new fire drill template has been implemented and includes times of evacuation and any issues raised from the drill with actions.

Proposed Timescale: 06/12/2016

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:

Safeguarding incidents reported in the centre had not been followed up in accordance with the services own policy.

9. Action Required:

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

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

All safeguarding incidents are now addressed and followed up in line with the services policy.

Proposed Timescale: 06/12/2016

Theme: Safe Services

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

Some intimate care plans were not detailed enough to guide practice.

10. Action Required:

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

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

A new support plan template is being implemented which includes areas for personal and intimate supports with specific details of each residents required supports and their preference in receiving these supports. These will contain all relevant information to ensure staff have clear guidance on supports.

Proposed Timescale: 02/01/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There were no health action plans in place for residents assessed health care needs.

11. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The new templates for resident's support plans now include specific areas relating to physical and mental health supports, with residents' preferences on how they receive these supports. These are in line with the updated assessment of support document.

Proposed Timescale: 02/01/2017

Theme: Health and Development

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

One resident had no access to an allied health care professional.

12. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Each resident that has been assessed as requiring professional allied health supports is referred to the relevant professional and documentation recorded to ensure all supports are completed and followed up with any recommendations actioned and support plans updated.

Proposed Timescale: 06/12/2016

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:

Two as required medications prescribed, did not have the indications for use clearly outlined on the prescription sheet.

13. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

All medication, including as required, have clear directions for use recorded on the prescription sheet.

Proposed Timescale: 06/12/2016

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 reviewed statement of purpose now included information that was not relevant to this designated centre. Examples of which are included in this report.

14. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The statement of purpose has been reviewed and all information that is not relevant to the designated centre removed and includes all areas required in line with regulations.

Proposed Timescale: 06/12/2016

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 annual review did not consider the views of residents or their representatives.

15. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

A new annual review template has been designed and the 2016 annual review will be completed which includes views of residents/families and staff.

Proposed Timescale: 16/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were gaps in staff training records on the day of inspection.

16. 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 staff are scheduled for and complete mandatory and resident specific training, records have been updated to identify all training completed and refreshers due.

Outstanding mandatory training is now up to date for remainder of 2016.

Proposed Timescale: 06/12/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Daily progress notes were not consistently completed in order to assess their progress.

17. 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:

There are no daily notes in the service, there are progress notes completed for each resident when there are any changes to supports or follow up from appointments etc. Staff are scheduled to receive training in record keeping and a workshop for all documents that have been now implemented which will include appropriate record keeping and follow up records associated with each change/action.

Report writing training has commenced and been delivered to the first group of staff and will be scheduled throughout next few months to include all staff.

Proposed Timescale: 06/12/2016

