

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Winterdown
Centre ID:	OSV-0005302
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Provider Nominee:	Shane Kenny
Lead inspector:	Jillian Connolly
Support inspector(s):	Helen Thompson
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
31 January 2017 15:30	31 January 2017 19:30
01 February 2017 10:30	01 February 2017 18:30

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

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

Summary of findings from this inspection

Background to the inspection:

This was the fourth inspection of the centre. An inspection had been conducted in October 2016 which identified significant deficits in the safety and quality of care provided to residents. Following the inspection, a regulatory meeting was held with the provider in which HIQA outlined the concerns to the provider. An action plan was submitted to HIQA which outlined the actions the provider intended to take to address the failings. The purpose of this inspection was to ascertain if the provider had taken the appropriate action.

How we gathered our evidence:

As part of this inspection, inspectors met with six residents. Inspectors also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The designated centre is one house located in Co. Kildare. The centre is registered for individuals over the age of 18. Services were provided to male and female residents. The centre is operated by Nua Healthcare.

Overall findings:

The findings of this inspection demonstrated that, in the main, the actions taken by the provider had improved the quality and safety of care provided to residents. This included changes to the management team and the provision of a nurse five days per week. Staff reported that they found significant improvement in the care and support to residents. Residents reported satisfaction with the service provided to them. Inspectors acknowledge that there was a relatively short time period between inspections and inspectors were assured that sufficient action had been taken to address immediate risk, additional work was required to ensure compliance with the regulations. The key areas of non-compliance identified were:

- Risk management
- Admissions
- Staff did not have the appropriate knowledge and skills to ensure that all needs of residents were met
- Positive behaviour support

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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):

No actions were required from the previous inspection.

Findings:

The centre had policies and procedures for the admissions of residents to the centre. However, inspectors found that they were not implemented to ensure that admissions to the centre were based on clear and transparent criteria. Admission records did not provide clarity of the rationale for an admission and why the centre was deemed suitable to meet the needs of residents.

The resident reported that they were informed of the move. They also had the opportunity to visit the centre prior to admission. The resident informed inspectors that they had no choice but was alright with the decision.

There was no written agreement in place between the resident and / or their representative prior to or on admission.

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:

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

No actions were required from the previous inspection.

Findings:

Assessments had been completed for the majority of residents which resulted in the development of a personal plan. However, inspectors found that personal plans did not consistently identify the supports residents required to ensure that their long-term goals or wishes were being progressed.

Inspectors found that there was an absence of a comprehensive assessment completed prior to or on admission for a resident to the centre.

Residents informed inspectors that they were supported to access supported employment and access opportunities for education and learning such as language classes. Residents also reported that they were supported to choose how they spent their time. Personal plans also identified long-term goals for residents. However, they did not adequately identify the current needs of a resident and the supports required to indicate progress towards meeting the desired goal.

Furthermore, not all important areas were updated following a change in need. Inspectors identified conflicting information in documents and information provided by staff. Staff also confirmed that the majority of their knowledge of the supports residents required was from speaking with other staff as opposed to personal plans.

Residents were supported to access allied health professionals and residents and / or their representatives were encouraged to attend reviews of residents' plans.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inspectors did not review all aspects of this outcome on this inspection. Inspectors reviewed the risk management systems as there were deficits identified on the previous

inspection. Inspectors identified improvement had occurred since the last inspection. However, improvements were required to ensure that systems in place identified all risk within the centre.

The systems in place for the assessment and management of risk included a safety statement and risk management policy which outlined the measures in place to reduce risks to residents as required by Regulation 26. There was also a corporate assessment of risk and assessment of risks relevant to each resident. Staff also reported that they felt that they were working in a safer working environment. There had been a reduction in the number of adverse events occurring in the centre.

However, a room in the centre had recently been converted to a designated smoking area. This decision had not been adequately assessed and as a result the control measures in place to reduce the impact to residents had not been identified. For example, inspectors noted a smell of smoke in communal areas of the centre at various times throughout the inspection. Inspectors also found that risk assessments were completed and agreed by one member of staff who did not have the appropriate qualification to do so.

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):

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

Findings:

There were policies and procedures in place for the protection of vulnerable adults. Residents stated that they felt safe and happy with their home and were observed to be comfortable with the staff supporting them. However, training records viewed by inspectors identified that a staff member had not received safeguarding training. The provider had informed HIQA of allegations and suspicions of abuse as required by regulation. There had been a reduction in the number of allegations and suspicions of abuse in the centre. Inspectors found that they were processed in line with procedure and actions were taken to prevent a reoccurrence.

Positive behaviour support and restrictive practice was required in the centre. Staff had received training in de-escalation and breakaway techniques. Residents were also supported to attend allied health professionals and in some instances, there was the provision of multi-element support plans. Notwithstanding this, inspectors found that not all efforts had been made to identify and alleviate the cause of a resident's behaviour. When restrictive practice was used, it was not demonstrated that it was the least restrictive option and implemented for the shortest duration of time. An incident record demonstrated that a high-level physical restraint was used. A review had not occurred within an appropriate time frame. Evidence in support of this judgment has been withheld to protect anonymity.

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):

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

Findings:

Inspectors found significant improvement in the supports in place to ensure that the healthcare needs of residents could be met. Following the findings of the last inspection, the provider informed HIQA of the actions that would be taken to address the significant failings identified by inspectors. This included the employment of a registered nurse five days a week and a review of the healthcare needs of residents. However, additional work was required to ensure that health management plans adequately identified the supports residents required to ensure that the needs of residents with a formal mental health diagnosis were met.

There were health management plans in place for residents which provided information on the supports residents required. Staff reported that they were informed of the health supports residents required for physical conditions such as diabetes, asthma and epilepsy. However, there was an absence of appropriate care plans identifying the supports residents required to ensure that their mental health needs were met. Inspectors also found that staff did not have adequate knowledge of residents' individual needs in this respect.

Residents had access to their general practitioner (GP) and a range of allied health professionals including occupational therapy and speech and language therapy.

Inspectors found that pain assessment tools had not been reviewed following adjustments to residents' pain medication. Daily notes did not consistently reflect that the daily care provided to residents was in line with their health management plans.

There were end-of-life care plans in place for residents, if appropriate. There were also links with the relevant community services. The end of life care plans provided holistic guidance. For example, inspectors found that spiritual care was provided in line with the resident's wishes.

Residents reported that the food in the centre was good and of their choosing. Inspectors observed residents to be involved in the preparation of meals. Residents were facilitated to have meals at times of their choosing. Inspectors also observed alternative food available if a resident chose not to have the planned meal for the day.

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):

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

Findings:

Inspectors did not review all aspects of this outcome on this inspection and followed up on actions arising from the previous inspection. At that time, inspectors found that there was an absence of appropriate guidelines in place to support the administration of PRN medicine (medicines to be taken as required). This included the administration of psychotropic medication for the management of anxiety and controlled drugs.

The provider stated that a review of PRN medication guidelines in the centre would be completed. This had not occurred. Therefore the failing is repeated at the end of this report.

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):

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

Findings:

Inspectors found that there had been improvements to the application of the governance and management systems in the centre since the last inspection. This had a positive impact which is reflected in the findings of this report. However, additional work was required to ensure that all deficits in the delivery of service were identified and addressed in a timely manner.

There was a new person in charge in place who was found to be knowledgeable of their statutory duties and actively involved in the management of the centre. Residents and staff spoke positively of the role of the person in charge and the improvements in the quality of service provided since they commenced. However, the person in charge was appointed to post on the 16 November 2016. Regulation 14(3)(b) requires that the person in charge holds an appropriate qualification in health or social care management. While the organisation had provided internal management training to the person in charge, this training does not constitute an accredited qualification.

The person in charge was responsible for two designated centres. There were two deputy team leaders in place to ensure the day to day operation of the centre in their absence. At the time of writing this report, the deputy team leaders had applied to be persons participating in management under the Health Act 2007 and their suitability for this role is currently being assessed.

The provider submitted numerous audits to HIQA which had been completed since the last inspection which identified deficits in service delivery. Management acknowledged that additional work was required to ensure compliance with the regulations. This is confirmed by the cumulative findings of this report. Therefore the failing from the previous inspection is repeated at the end of this report.

Unannounced inspections had been conducted by individuals nominated on behalf of the provider. Reports were generated from these inspections and an action plan developed.

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):

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

Findings:

Following the previous inspection, there had been improvement in the continuity of care provided to residents by the development of a stable workforce. Residents and staff stated that this had a significant impact on the quality of service provided. However, inspectors found that additional improvement was required to ensure that staff directly supporting residents had the appropriate skills and expertise to ensure residents received the appropriate support they required in line with their identified needs.

A review of rosters demonstrated that the number of staff members on duty was consistent seven days per week. However, inspectors met with staff and found that they had not received adequate training to develop an understanding of mental health which was a need that the statement of purpose stated the centre could meet. While efforts had been made, following the last inspection, to develop staff knowledge of mental health through meetings with relevant professionals, inspectors found that the impact of these meetings was inadequate. Staff were not able to adequately inform inspectors of the specific diagnoses of residents and the impact on the individual concerned. This deficit in staff knowledge was further demonstrated by the deficits in personal plans.

A programme of formal staff supervision had also been developed. Informal supervision was also occurring on a day-to-day basis. Individuals facilitating the supervision had received training in delivering supervision to staff. However, inspectors were not assured that individuals providing supervision had an adequate understanding of the needs of some residents to ensure the supervision delivered was effective.

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:

Jillian Connolly
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 Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0005302
Date of Inspection:	31 January 2017 and 01 February 2017
Date of response:	11 May 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:

It was not clear why the centre was deemed suitable to meet the needs of a new admission.

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 new admissions to the Centre can only be admitted if it is clear and transparent and that it is done so in accordance with the Statement of Purpose for the Centre [Due date: 01 May 2017]

Conduct a more comprehensive assessment of need prior to admission [Due date: 01 May 2017]

•

Update the Admissions Policy and Procedures to take account of the above [Due date: 26 May 2017]

•

Provide training on the amended Admissions Policy to PIC's and Deputy Team Leaders in Centre [Due date: 09 June 2017]

Proposed Timescale: As Above

Proposed Timescale: 09/06/2017

Theme: Effective Services

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

There was no written agreement between a resident and the provider.

2. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The Service User that was required to sign the written agreement did so on the [Due date: Complete – 05 February 2017]

Ensure a written agreement is signed by each Service User or their representative prior to the commencement of their placement and where a Service User or their representative chooses not to sign the agreement, a note to that effect will be taken and placed on the Service User's file [Due date: 01 May 2017]

In instances where a communicative difficulty exists, the Person in Charge (PIC) and assigned key workers to develop communicative aids to help the service user better understand the terms and conditions in which they reside in the Centre [Due date: 01 May 2017]

Proposed Timescale: As Above

Proposed Timescale: 01/05/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was not a comprehensive assessment completed prior to or on admission for a resident.

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:

A comprehensive review of the Admission process to be completed to ensure that it meets all requirements under Regulation 05. Conduct a more comprehensive assessment of need prior to admission.

Proposed Timescale: 07/05/2017

Theme: Effective Services

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

Not all aspects of personal plans were reviewed following a change in need.

4. 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:

The PIC facilitated a review of Personal Plans on the 20.02.17 and they were updated to reflect the changing needs of residents. Plans for a further more comprehensive review have been agreed and will involve all the necessary allied professionals

▪

A standing agenda will be placed on team meetings linked to addressing Personal Plans which require updating following an identified change in need and or circumstance for the resident

▪

All staff to receive refresher training on Personal Planning implementation

Proposed Timescale: 07/05/2017

Theme: Effective Services

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

Personal plans did not adequately identify all of the supports residents required to ensure that their needs were met.

5. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

The PIC facilitated a review of Personal Plans on the 20.02.17 and they were updated to reflect the changing needs of residents. Plans for a further more comprehensive review have been agreed and will involve all the necessary allied professionals

•

Following this review of the resident's needs, all Personal Plans will be updated to include any necessary supports required to meet the changing needs of each resident

Proposed Timescale: 07/05/2017

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:

Improvements were required to ensure that systems in place identified all risk within the centre.

6. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Provide further training and development for the Person in Charge and staff team in risk assessment and the management and ongoing review of risk [Due date: [12 May 2017]

The PIC to undertake a review of the Risk Register to ensure that all the risks have been identified and all actions have been taken to mitigate identified risks [Due date: 20 May 2017]

•

A standing agenda item to be added to the Safety Committee meeting which specifically

asks question of our systems in place in each Designated Centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies [Due date: 28 April 2017].

- Senior management and a rota of representatives from the PIC's to take a more proactive role in the monthly Safety Committee meetings. Their key focus will be on risk management (prevention before mitigation) [Due date: 28 April 2017]

Proposed Timescale: 20/05/2017

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:

An incident record demonstrated that a high level physical restraint was used. This restraint had not been reviewed within an appropriate time frame.

7. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

All staff in the Centre to undergo training in Restrictive Practices ensuring awareness upon a restraint been used to reviewed within an appropriate timeframe [Due date: 12 May 2017]

- Debrief the Centre's Team with the learnings from this inspection on the use of MAPA in the overall support of a Service User exhibiting behaviours that challenge [Due date: 26 May 2017]

- PIC, with the support of the Behavioural Specialists, to review all the Restrictive Practises in the Centre [Due date: 02 June 2017]

- Provide training to staff on Restrictive Practices policy [Due date: 12 May 2017]

- PIC to Monitor Restrictive Practises on a Weekly basis in the Centre to include physical restraints [Due date: Immediate]

- All incidents where physical restraint is used will be reviewed by the PIC and the Centre's PPIM's within 72 hours, furthermore, weekly trend analyse is to be complete and reviewed at bi-weekly Clinical meetings [Due date: 26 May 2017]

Proposed Timescale: As Above

Proposed Timescale: 02/06/2017

Theme: Safe Services

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

Training records viewed by inspectors identified that a staff member had not received safeguarding training.

8. Action Required:

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

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

Debrief the Centre's Team with the learnings from this inspection on the use of MAPA in the overall support of a service user exhibiting behaviours that challenge. [Due date: 12 May 2017]

▪

PIC, with the support of the Behavioural Specialists, to review all the Restrictive Practises in the Centre. [Due date: 28 May 2017]

▪

PIC to review and revise the process and related Policy and Procedures on Restrictive Practices [PL-C-005] and supported by the Director of Services to ensure compliance with National Policy [Due date: 28 April 2017].

▪

PIC to update any necessary documentation and thereafter prepare a debriefing for the staff team on practices with an emphasis on every effort being made to ensure non-recurrence of poor practice [Due date: 12 May 2017]

▪

All staff to receive Safeguarding Training [Due date: 12 May 2017]

Proposed Timescale: 28/05/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Additional work was required that health management plans were reviewed and provided adequate information to of the support residents required and that daily notes consistently reflected that the daily care provided to residents was in line with their health management plans.

9. 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:

Health management plans to be reviewed and updated to ensure adequate information therein to support residents requirements and that daily notes consistently reflected that the daily care provided to residents is in line with their health management plans.

Proposed Timescale: 07/05/2017

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:

There was an absence of appropriate guidelines in place to support the administration of p.r.n (as required) medication including the administration of psychotropic medication for the management of anxiety and controlled drugs.

10. 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:

A full review of PRN protocols has taken place in the Centre and the following was complete; Symptom assessment tool (anxiety focused) requiring PRN intervention were implemented to reflect each resident's assessed presentation, management plan, PRN intervention guidance and monitoring arrangements necessary to support each resident [Due date: Complete – 28 March 2017]

▪

All staff team will be briefed on the, PRN protocols and subsequent actions to be taken i.e. SOP's for PRN intervention, guidance and monitoring arrangements as is necessary for each resident [Due date: Complete – 12 May 2017]

▪

Develop an awareness of mental health training course for all staff in consultation with allied professional and facilitated through the human resource training department [Due date: Complete – 12 May 2017]

Proposed Timescale: As Above

Proposed Timescale: 12/05/2017

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 person in charge does not hold an appropriate qualification in health or social care management.

11. Action Required:

Under Regulation 14 (3) (b) you are required to: Regulation 14 (3) (b) Ensure the person who is appointed as person in charge on or after the day which is 3 years after the day on which these regulations came into operation has an appropriate qualification in health or social care management at an appropriate level.

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

The PIC is enrolled in a course in Applied Management commencing the 10th April 2017 with the first two modules finishing on the 2nd July 2017. The course will be complete in its entirety in early 2018

Proposed Timescale: Quarter 1 2018

Proposed Timescale: 31/03/2017

Theme: Leadership, Governance and Management

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

Additional work was required to ensure that the governance and management systems in place ensured a safe and effective service.

12. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Up until now Nua Healthcare has designated one person as the Provider Nominee for all our Centres. However, as our service has grown it is now evident that this is not a sustainable approach and that responsibility for the service needs to be devolved to experienced senior care professionals who have a relatively small number of Centres under their management. Accordingly, on 23 February 2017 we submitted application to change the Provider Nominee for Winterdown House. The new Provider Nominee is one of three Area Directors of Operations in Nua Healthcare, has 15 years of experience as a social care professional, including as Team Leader, Regional Manager and Director of Operations. He will be Provider Nominee for 17 Centres, including Winterdown House. He is supported by 4 Regional Managers.

Supervision Training material will be updated to include a module on the challenges for staff supporting residents with an underlying Mental Health condition. The purpose of which is to ensure the person facilitating the supervision can relate to and therefore

provide adequate supervision to the receiving staff team member

▪

The PIC received Supervision Training in December 2015, however he will re-join his colleagues and complete refresher training.

▪

All other DTL's/ PPIM's within the Centre in a supervisory role to receive training in supervision.

Proposed Timescale: 28/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Additional improvement was required to ensure that staff directly supporting residents had the appropriate skills and expertise to ensure that residents received the appropriate support they required in line with their identified needs.

13. 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:

A training needs analysis for the Centre was complete and the following training has been provided;

- Self-harm/ Self Care
- Risk Assessment
- Restrictive Practices
- Safeguarding
- Mental Health/ Specific Diagnosis
- Palliative Care Awareness
- Fluid Intake/ Monitoring

▪

A full review of the skill mix in the Centre has taken place and the following is in situ which we believe is appropriate to the number and assessed needs of the residents;

- A full WTE Nurse
- 7 Level 8 Social Care workers,
- 2 Level 7 Social Care workers
- 6 Assistant Support workers

Proposed Timescale: 12/05/2017

Theme: Responsive Workforce

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

Inspectors were not assured that individuals providing supervision had an adequate understanding of the needs of some residents to ensure the supervision delivered was effective.

14. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Supervision Training material will be updated to include a module on the challenges for staff supporting residents with an underlying Mental Health condition. The purpose of which is to ensure the person facilitating the supervision can relate to and therefore provide adequate supervision to the receiving staff team member

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The PIC received Supervision Training in December 2015, however he will re-join his colleagues and complete refresher training.

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All other DTL's/ PPIM's within the Centre in a supervisory role to receive training in supervision.

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Develop an awareness of mental health training course for all staff in consultation with allied professional and facilitated through the human resource training department

Proposed Timescale: 07/05/2017