Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Tús Nua
Centre ID:	OSV-0005415
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Company Limited by Guarantee
Provider Nominee:	John Hannigan
Lead inspector:	Karina O'Sullivan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
05 April 2017 10:00	05 April 2017 20:00

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 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 second inspection of this designated centre. On the previous inspection no residents were living within the designated centre. This inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, since residents moved into the centre.

How we gathered our evidence
As part of the inspection the inspector visited the designated centre, met with four residents, the person in charge and spoke with four staff members. The inspector viewed documentation such as, care plans, support plans, recording logs, policies and procedures. Over the course of this inspection, residents communicated in their own preferred manner with the inspector. Residents allowed the inspector to observe their daily life in the centre.

Description of the service.

This designated centre is operated by Sunbeam House Services Limited by Guarantee and is based in Greystones County Wicklow. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The designated centre aimed to provide residential, day care and respite service within the one location for both male and female adults over the age of 18 with intellectual disabilities as outlined in the statement of purpose.
The designated centre is a bungalow located to a nearby busy village. There was local access to public transport. It is a five bedroom house with one bedroom used as staff bedroom.

Overall judgments of our findings
Twelve outcomes were inspected against and two outcomes were found to be in major non-compliance with the regulations. Outcome 8: Safeguarding and Safety was found to be in major non-compliance as incidents were not appropriately reported. Outcome 12: Medication Management was also found to be in major non-compliance as adequate arrangements were not in place to ensure safe medication practices. Eight outcomes were found to be moderately non compliant. One outcome was found to be compliant.

The person in charge facilitated the inspection.

All proposals outlined and plans agreed will be verified at the next inspection.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action plan.

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 inspector reviewed this outcome in relation to the non-compliance identified on the previous inspection. The inspector found the action had been achieved, as the complaints policy now nominated a persons, other than the person nominated in regulation 34(2)(a). This person is to be available to residents to ensure all complaints are appropriately responded to and a record of all complaints maintained.

The inspector requested to view complaints within the centre, however, the person in charge identified no complaints had been received into the designated centre since it opened on the 08 December 2016.

During the course of the morning one resident entered into the bedroom of another resident while the resident was asleep in their bed, this occurred on three separate occasions. The inspector brought this to the attention of the person in charge, as this was not promoting privacy for all residents.

The inspector also found another aspect of care operating in the designated centre was impacting upon the privacy and dignity of one resident. For example, staff assisted one resident to use the toilet during the night. There was no rationale or assessment in place demonstrating the need for such an intervention.

No other aspect of this outcome was inspected against during this inspection.

Judgment:

Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
The inspector found the action from the previous inspection remained outstanding. Written agreements were in place, however, some of these related to the previous location where residents lived. The fees charged was not specified in another resident's written agreement.

The tenancy agreement viewed also related to the previous location.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The inspector found improvements were required in relation to the social care needs of each resident within the designated centre. The inspector identified that the plans outlined during the previous inspection were not implemented.

The system of personal social plans within the designated centre involved personal outcome measures encompassing 23 quality of life indicators as an assessment. This plan was to be completed once every three years. The inspector was informed this system was currently under review. The information gained during the process contributed to the development of a personal plan. This plan was to be completed annually and reviewed every six months.

The inspector viewed four resident's social plans. Two plans related to a previous designated centre. The third resident had no personal plan in place, however, the fourth resident had a personal plan in place relating to the current location. Overall the inspector found these plans required significant improvement to reflect the assessed needs of residents within this location. For example, some goals did not relate to this designated centre. The inspector viewed goals in relation to skill teaching, however, these goals were based on the assessed needs of the resident when they were within a children's services and not the current organisation or location. Other areas were identified such as, hydrotherapy, with no identification if the resident participated in this activity.

The inspector also found the review process required improvement for example, a personal plan dated 2016, reviewed goals set in 2013. No evidence was available that goals were reviewed annually as required by regulations.

The inspector also viewed the recording of activities for the month of March and found significant gaps, for example, 15 days were blank for one resident and 14 days blank for another resident.

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:
The inspector found the designated centre was not safe for the number and needs of residents. Improvements were required in relation to the risk management system, fire management and staff training.

The centre had an organisational risk management policy in place that included the

specific risks identified in regulation 26. The centre had a risk register; this recorded a number of risks within the house and the controls in place to address these, such as; risk of injury, risk of resident going missing, risk of self harm and the risk of choking. The inspector found some of these risks required updating to accurately reflect the control measures in place.

The inspector also viewed individual resident's risk assessments in place, however, some of these also required updating, as these related to the residents previous residential placement. Therefore, environmental and individual risks had not being reviewed to reflect the current location. The inspector found some of the assessments completed since moving to this centre were inaccurate, for example; the control measures for epilepsy identified a staff nurse would always be on duty. The inspector found this was not the practice within the centre. On the day of inspection two agency staff members were present, with one relief staff member, none of these staff members were nurses. The inspector also found none of these staff members present were trained in the administration of rescue medication. The inspector confirmed that residents epilepsy was well controlled. There had been no seizures recorded since the 08 December 2016 (when this centre opened).

Residents had personal safety plans in place in relation to everyday living skills. However, these had not been updated to reflect the new living environment.

The inspector viewed a record of a fire drill dated 18 March 2017, three residents safely evacuated the designated centre.

Residents had PEEP's (personal emergency evacuation plans) in place to assist staff to safely evacuate all residents, however, some of these related to the previous location. The inspector also viewed information in relation to the fourth resident who has specific arrangements in place in relation to their participation in fire drills, again this information related to the previous centre.

The inspector viewed training records for 19 members of staff and found three staff members required training in fire management. There was no information available for six agency staff members.

There was certification and documentation to show the fire alarm, emergency lighting and fire equipment were serviced by an external company, this was dated March 2017. On the day of the inspection this information was not available within the centre. The person in charge sourced this documentation; on viewing this information, the inspector noted a fault was identified in relation to emergency lighting. The inspector requested follow up in relation to this, however, no follow up had taken place. The person in charge made arrangements on the day of inspection for this issue to be rectified by the relevant department. The inspector discussed the area of fire containment as identified in the previous inspection, however, it remained unclear if there were appropriate fire containment measures in place.

The centre had a health and safety statement dated May 2016. The responsibilities of the various staff members within the organisation were outlined. The statement referenced a wide range of policies and procedures that supported the statement and

guided staff in their work practices. The centre had an emergency evacuation plan in place for a number of various events such as, fire, adverse weather conditions, flooding and power failure. The details contained within this document did not reflect the actual practice, for example, the following was stated "one person with first aid training, and a qualified nurse was always on shift". The inspector found this was not reflective of actual practice within the centre.

The inspector viewed the accidents and incidents for a sample number of residents within the designated centre. The inspector found preventative measures were put in place, however, some of these were restrictive in nature and were required to be notified to HIQA (health information and quality authority) on a quarterly bases. The person in charge identified this would be completed.

Overall, the inspector found the lack of accurate documents in relation to resident's safety and risk management had the potential to negatively impact on resident lives, as staff members were not guided correctly by these. This was compounded by the fact the centre was heavily reliant on relief and agency staff. In addition the inspector also became aware of some incidents within the centre which were not being recorded. In the context of these findings the inspector found residents were not appropriately protected.

The designated centre's vehicle was appropriately taxed, insured and had a national car test (NCT) certificate.

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:
The inspector found appropriate measures were not in place to protect residents from being harmed and to keep people safe.

The inspector became aware that some incidents occurring within the centre were either

not reported to the person in charge or reported retrospectively. Some staff members reported an incident that occurred on the 14 February to the person in charge on the 03 April. The inspector found this practice did not ensure appropriate measure could be put in place to protect residents. Allegations were not appropriately investigated in accordance with the organisations policy, national guidance and legislation. The resulted in parents and family members, not being informed about allegations, as the person in charge was not informed of these incidents. This also resulted in a delay in HIQA being notified of these alleged incidents.

An issue was raised with the person in charge and the inspector on the day of the inspection where an incident of poor care was alleged to have taken place in the centre recently. This incident alleged a resident's personal care needs were intentionally ignored by a member of staff by way of punishment. The person disclosing this information was new to the centre and going through induction. This person was not aware of the reporting procedures in relation to allegations of abuse, as this staff member had not received any training in the area nor was inducted to the relevant policy.

The inspector found intimate care plans were in place for residents requiring them. However, the details within the documents required updating as some of these documents were dated 2015 with no review occurring, since the resident moved into this current location.

The inspector viewed three resident's behavioural support plans, one was in draft format. The other two documents required updating to ensure the document was effectively and consistently guiding staff in the management of displays of behaviours that challenge. The inspector found the documents were not reviewed to reflect the change of location for residents and whether this was positively or negatively impacting on resident's displays of behaviours that challenge.

The inspector viewed training records for 19 members of staff and found one staff member required training in the area of adult protection and safeguarding training. The inspector found seven staff members required training in the management to displays of behaviours that challenge including de-escalation and intervention techniques. No information was available for six agency staff members in relation to either training.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
During the inspection, the inspector identified the Chief Inspector was not notified within 3 working days of the occurrence of any allegation, suspected or confirmed, abuse of any resident within the centre.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Each resident was supported to achieve the best possible health, however, improvements were required in the information and implementation of some resident's healthcare plans.

The healthcare needs of residents were completed via a plan entitled 'my health development plan'. From this a care plan and or support plan was developed. The inspector viewed four resident's plans.

Some healthcare conditions were not identified within the assessment despite a support plan in place for the condition. The inspector also identified some healthcare conditions were identified within the assessment, however, no support plan was present in relation to the specific healthcare need. This was identified and discussed with the person in charge on the day of inspection.

The inspector found interventions were in place for some healthcare conditions. The details contained within some care plans were not sufficient to ensure staff members could effectively implement the interventions. For example, one plan viewed identified staff were to ensure a resident had one main meal each day. The inspector requested clarity in relation to this and was informed this was not reflective of practice. As the resident was provided with three main meals each day. The inspector also found some of the interventions specified within resident's care plans were not completed as identified within the plan, in relation to weight monitoring and the management of gastro intestinal issues. Nor did reviews assess the effectiveness of the interventions outlined within residents plans.

The inspector found healthcare plans contained generic information not relevant to residents. For example, the document stated "staff teach me personal care, eating well, being more active, smoking, alcohol and drug intake". The inspector discussed this with the person in charge and some of these areas were not relevant to residents.

The inspector was informed the designated centre was assessed in relation to accommodating residents with visual impairments. However, the recommendations from this assessment were not available of the day of inspection.

Residents had access to a G.P. (general practitioner) and one resident was awaiting an appointment with a dietician.

Regarding food and nutrition the inspector found residents participating in mealtimes within the designated centre in accordance to the residents' preferences in relation to food choices.

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

Findings:
The inspector found the medication management system within the designated centre required improvement in relation to the management and administration of medication.

No guidance was available in relation to the administration of some PRN medicine (medicine only taken as the need arises). The inspector found staff members were not guided effectively and consistently in the administration of medication, for example, when a resident was experiencing pain some residents were prescribed two medications for this purpose without clear guidance to staff members which to administer.

The maximum dosage of PRN medication was not specified for some of PRN medication viewed.

No expiry date was present on one PRN medication.

The inspector also found some medications did not contain the resident's name for who

the medication was prescribed. This was not in accordance with the organisations policy in relation to medication administration.

On the day of inspection, the three members of staff present did not have training in the administration of rescue medication despite two residents prescribed rescue medication for seizures. Residents went out for the day with staff, when the inspector queried the procedure in relation to this, the inspector was informed staff forgot to sign out the rescue medication and take it with them. The inspector was concerned in relation to this, as no staff member had training in the administration of this medication. The person in charged then confirmed staff would not take this medication with them as they were not trained in the administration. The inspector did acknowledge that neither resident had experienced a seizure since moving into the designated centre on 08 December 2016. However, the practice occurring within the centre was not safe nor in line with the organisations policies. The inspector spoke with the staff members, some of whom were not clear in relation to the seizure management, as the inspector was informed an AED machine (automated external defibrillator) would be used in the event that a resident experienced a seizure.

The centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines. Medication was supplied to the designated centre by local pharmacists and medication was recorded when received and a stock check was carried out once a week.

There was a system in place for recording, reporting errors and reviewing medication. No medications errors were recorded within this centre since opened.

The inspector found the signature bank within the centre was completed.

Judgment:
Non Compliant - Major

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

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found the action from the previous inspection had not been fully implemented. The statement of purpose did not accurately reflect the number of staff

and the whole time equivalents posts required to operate this centre. Staffing levels were not corresponding with the actual and planned rota available on the day of inspection.

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 inspector found significant improvements were required within the overall governance, operational management and administration of this designated centre. Improvements were required in relation to safeguarding all residents, effective risk management systems, the completion of staff supervision, mandatory training and effective systems to ensure safe deliver of care to residents. This is evidenced in the context of the findings contained within this inspection report.

The inspector did identify there was a clearly defined management structure within the organisation. The inspector viewed minutes of the person in charge attending the senior management team meeting. This was dated 28 February 2017, areas related to the whole organisation including organizational issues, financial and policy updates.

The person in charge met with the senior service manager along with other persons in charge within the region (cluster meetings). This was dated 25 January 2017 areas related to the risk management, staffing arrangements and centre updates.

The inspector viewed minutes of one staff meeting conducted since the centre opened, this was dated 13 January 2017. During this meeting staff members raised issues such as staff retention and staffing moral within the centre. The inspector was informed another team meeting was planned for the 07 April 2017. The inspector identified a lack of clarity in relation to the progress of some items discussed at team meeting. The inspector also identified staff meetings were not occurring regularly, especially considering this was a new designated centre.

The inspector found effective arrangements were not in place to support, develop and performance manage all members of the workforce. To ensure they were facilitated to exercise their personal and professional responsibility for the quality and safety of the services that they were delivering.

The inspector was unable to view any audits conducted by the person in charge within the centre, for example, in the area of medication administration. Therefore, the inspector found improvements were required in the local management systems in place to ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Both the annual review and the provider's visits were yet to be conducted as this centre was only opened on the 08 December 2016.

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:
The inspector found some resident's needs could not be met within the designated centre as some staff members lacked the required training to support residents. The centre was currently operating with high levels of relief and agency staff members.

The inspector viewed the actual and planned rota and relief or agency staff were required for 16 of the previous 17 days within the rota. The inspector found this level of agency and relief staff members were negatively impacting on the lives of residents. This was evident in relation to the evidence the inspector found in relation to medication management, healthcare needs, social care needs, safety and risk management. The actual rota present within the centre was not accurate for the day of inspection. The person in charge was working, however, this was not identified within the rota.

The inspector viewed four staff members supervision records, one staff member had received supervision in 2017, one of the other three staff members had not received

supervision since June 2016. The person in charge had 28 staff members between this centre and another centre. The inspector was informed the person in charge provided supervision for 15 staff members with 13 staff members not receiving any supervision.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The inspector reviewed this outcome in relation to the non-compliances identified on the previous inspection. The inspector found the action had been addressed in relation to adequate insurance cover.

No other aspect of this outcome was inspected during this inspection.

Judgment:
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:

Karina O'Sullivan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Company Limited by Guarantee
Centre ID:	OSV-0005415
Date of Inspection:	05 April 2017
Date of response:	21 June 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Resident's privacy and dignity was not respected due to the frequency of interruptions by a resident frequently accessing the bedroom of another.

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 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
The PBSP of the client who entered the room has been reviewed with a view to respecting the privacy and dignity of the resident whose bedroom it was.

Proposed Timescale: 30/06/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A toileting intervention used throughout the night had no clear rationale or assessment to demonstrate the need for such a programme.

2. Action Required:
Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

Please state the actions you have taken or are planning to take:
This client has now been assessed for appropriate incontinence wear.
There is no toileting intervention carried out during the night.

Proposed Timescale: 30/06/2017

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:
Some written agreements in place were not related to the centre.

The fees charged, was not specified within one agreement viewed.

The tenancy agreements were not related to the centre.

3. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
Tenancy Agreements currently being prepared by Housing Development and Transport Dept.
Will be in place by 30/06/2017

Proposed Timescale: 30/06/2017

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:
Some personal plan reviews did not assess the effectiveness of each plan and take into account changes in circumstances and new developments.

4. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
All personal plans are being reviewed with a view to considering changes in circumstances and new developments.

Proposed Timescale: 31/08/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some recommendations arising out of personal plans were not implemented as required within the plan, as some records present were blank.

5. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
All Personal Plans are under review now.
Recommendations arising out of each personal plan are recorded and will include any proposed changes to the Personal Plan.
The names of those responsible for pursuing objectives in the plan within agreed timescales will be identified.

Proposed Timescale: 31/08/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A personal plan for each resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs was not available for all residents.

6. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
Personal Plans for all residents are currently being reviewed and updated.

Proposed Timescale: 31/08/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents' personal plans were not reviewed annually or more frequently if there was a change in needs or circumstances for example, a personal plan dated 2016 reviewed goals set in 2013.

7. 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:
Personal Plans will be reviewed at least annually.

Proposed Timescale: 31/08/2017

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:
The systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies was not adequate to ensure the safety of residents.

The location risk register and individual resident's risk assessments required updating to accurately reflect practice within the centre.

Safety plans in place were not reflective of the current location.

Some of the information within the health and safety statement was not reflective of practice within the centre.

8. 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:
Location risk register and individual residents risk assessment will be reviewed and updated to accurately reflect practice within the centre.
Safety plans have been amended and are now site specific.
Staff requiring training in Fire Management have been identified and booked on the next available courses.
Agencies contacted to verify if Agency Staff have adequate Fire Management Training.

Proposed Timescale: 31/08/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate arrangements for containing fires within the centre were not evident.

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

Please state the actions you have taken or are planning to take:
The Doors in Tus Nua are half hour fire doors which are fitted into domestic frames
They are however missing the intermittent strip and the ironmongery is not fire rated
To comply with current regulations, they will need to be fitted with intermittent strips and the correct fire hinges installed.
Our Maintenance Department have been notified about this issue.

Fire extinguishers are in appropriate positions throughout the house and they are serviced annually.
Emergency lighting in place.
Designated assembly point located in front garden

Proposed Timescale: 31/08/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations was not evident within the designated centre in the form of fire drills or accurate documentation to guide staff members should the need arise.

10. 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:
Site specific PEEPs are now in place for all clients to give clear guidance to staff in an emergency evacuation.
Fire drills are conducted regularly and documentation will be available to evidence this.

Proposed Timescale: 31/08/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Three staff members required full training in the area of fire, no information was available for six agency staff members.

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

Please state the actions you have taken or are planning to take:
Location risk register and individual residents risk assessment will be reviewed and updated to accurately reflect practice within the centre.
Safety plans have been amended and are now site specific.
Staff requiring training in Fire Management have been identified and booked on the next available courses.
Agencies contacted to verify if Agency Staff have adequate Fire Management Training.

Proposed Timescale: 31/08/2017

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:
Seven staff members required training in the management to displays of behaviours that challenge including de-escalation and intervention techniques.

No information was available for six agency staff members training.

12. Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
Staff scheduled to undergo MAPA training on the next available course.

Proposed Timescale: 31/08/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some behaviour support plans required updating to ensure the document was effectively and consistently guiding staff in the management of displays of behaviours that challenge.

13. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
Staff who need MAPA and Protection and Safeguarding Training have been identified and booked on the next available courses.
PBSPs are being reviewed to guide staff in the management of responsive behaviours. These plans are now site specific for this location.

Proposed Timescale: 31/08/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The details contained within intimate care plans required updating to reflect current practice.

14. 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 residents' 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:
Intimate care plans are under review and updated as necessary.

Proposed Timescale: 31/08/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One staff member required training in the area of adult protection and safe guarding training.

No information was available for six agency staff members training.

15. 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:
Staff member to attend Adult Protection and Safeguarding on next available course.

Proposed Timescale: 31/08/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some alleged incidences of abuse were not being documented or reported within the centre at the time the alleged event occurred.

16. Action Required:
Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

Please state the actions you have taken or are planning to take:
At team meeting held on 15/06/2017 the above was discussed.
It was reiterated that SHS policy must be followed in relation to reporting incidents of alleged or suspected abuse.
The allegation in question has been reported as per recommended guidelines.

Proposed Timescale: 31/08/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents were not protected from all forms of abuse, as appropriate steps were not implemented in relation to documenting incidences, conducting investigations and implementing preventative measures if required.

17. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
All staff will receive Safeguard and Protection and refresher training as required.
At team meeting held on 15/06/2017 the above was discussed.
It was reiterated that SHS policy must be followed in relation to reporting incidents of alleged or suspected abuse.
Trust in Care investigation currently being carried out in relation to the above allegation.

Proposed Timescale: 31/12/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The Chief Inspector was not notified of any allegation, suspected or confirmed, abuse of any resident within 3 working days.

18. Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
Incident has been reported.
Staff reminded that incidents must be reported to relevant bodies within three working days.

Proposed Timescale: 30/06/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some medical treatment recommended for residents was not implemented.

19. Action Required:
Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

Please state the actions you have taken or are planning to take:
Medical treatment recommended by AHPs will be included in Care Plan and implemented by staff.

Proposed Timescale: 31/08/2017

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some healthcare needs were not provided as outlined within the residents plan.

20. 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:
Assessment of health and wellbeing documents are under review for all clients.

Proposed Timescale: 31/08/2017

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:
No guidance was available in relation to the administration of some PRN medications.

The maximum dosage of PRN medication was not specified for some of PRN medication viewed.

No expiry date was present on one PRN medication.

Some medications did not contain the resident's name for whom the medication was prescribed.

21. 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:
Tus Nua has now changed pharmacy and all medication is now labelled and maximum dosage for all medication is clearly stated on Kardex.

Proposed Timescale: 31/08/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Please state the actions you have taken or are planning to take:
Statement of Purpose containing information as set out in Schedule 1 of the Health Act (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 now prepared.

Proposed Timescale: 30/06/2017

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 management systems in place in the centre did not ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

23. 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:
Staff supervision now in place.
Mandatory training guidelines are being followed.
Items discussed at team meetings will be tracked and monitored to ensure completion of item.
Location meetings now occurring on the second Thursday of every month.
Notifiable events are now being reported within three working days.

Proposed Timescale: 30/06/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
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 was not evident within the centre.

24. 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:
Supervision now in place.
All staff will be appraised by end of August 2017.
Safeguarding and Protection training scheduled for all SHS staff.
All staff to be aware of the need to report any incidences of alleged or suspected abuse within 3 working days.

Proposed Timescale: 31/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The actual staff rota, was not accurate for the day of inspection.

25. Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota,

showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
CSM off duty now included in roster.
CSM signs off roster on a weekly basis.
Key person now nominated for every shift.

Proposed Timescale: 30/06/2017

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The number, qualifications and skill mix of staff was not appropriate to the number and assessed needs of the residents.

26. 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:
HR informed and recruitment of appropriate skill mix of staff is underway.

Proposed Timescale: 31/08/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff did not have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Eight staff members required first aid training.

Seven staff members required training in the area of epilepsy and the administration of rescue medication.

Six staff members required training in medication administration.

Three staff members required training in people moving and handling

No information was available for the 6 agency staff members working within the designated centre.

27. 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:
Audit of training needs carried out.
Any training needs will be identified and staff who need training will be booked onto the next available course.

Proposed Timescale: 31/08/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff members did not have access to appropriate training, including refresher training, as part of a continuous professional development programme.

28. 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:
Staff supervision now in place.

Proposed Timescale: 31/08/2017