

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	SVC - CN
Centre ID:	OSV-0003167
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Mary Reynolds
Lead inspector:	Helen Thompson
Support inspector(s):	Marie Byrne
Type of inspection	Unannounced
Number of residents on the date of inspection:	16
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: 21 September 2017 09:10 To: 21 September 2017 20:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was an unannounced inspection that was conducted in line with the Health Information and Quality Authority's (HIQA's) remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

This was HIQA's third inspection of the centre, it had previously had two announced inspections. The required actions from the centre's registration inspection in September 2015 were also followed up as part of this inspection.

How we gathered our evidence

The inspector met with a number of the staff team which included nursing staff, care staff, a volunteer and the person in charge. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents. The inspector met with all residents that were present on the day.

As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of

purpose, residents' files, centre data sets and a number of the centre's policy documents. The inspector also completed a walk through the centre's premises.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was comprised of two bungalows situated on a campus based setting in a suburban area. There was parking to the front of the centre and residents had access to a well maintained garden area. Other amenities and facilities, for example, a canteen and day services were also available on the campus.

The statement of purpose stated that the centre provided 24 hour nursing and healthcare. Residents' support needs included their intellectual disability, some medical needs, autism, mental health and behavioural support. There was capacity for 16 residents and on the day of inspection it was home to 16 ladies over 18 years of age.

Overall judgment of our findings

Eleven outcomes were inspected against and overall significant future improvements were required to bring the centre into a position that demonstrated regulatory compliance. Two core outcomes were found to be in major non-compliance and six in moderate non-compliance with the regulatory requirements.

In particular, residents' social care and safeguarding needs were not found to be adequately supported, with the inspector observing the inter-connectedness of this finding in the non-delivery of a quality and safe service for residents. In summary, residents were not facilitated to have a meaningful day and to participate in activities beyond those of a functional nature. Also, their positive behaviour support needs were not comprehensively supported. The inspector especially noted the poor enhancement of staff competencies to facilitate the optimal supporting of residents' needs. In addition, improvement was required with the system to support residents' health, safety and risk management and with the centre's workforce.

The inspector found that residents' healthcare needs were being supported in the centre, and that records and documentation to be kept was substantially compliant.

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

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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):

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

Findings:

Overall, the inspector found that improvements were required in the centre regarding the honouring and upholding of some residents' rights and dignity needs.

From review and follow up from the previous inspection, of supports for the resident regarding their finances, the inspector found that improvements were still required to ensure accountability and transparency. A financial audit was recently completed by the service manager which identified that some issues still existed with regard to centre practices.

Additionally, with regard to the area of respecting and maintaining the resident's dignity, a number of inappropriate practices were observed during the inspection process. For example, in the provision of their personal care, a resident's transition in their wheelchair was not completed in line with clinical recommendations for the use of the footrest, and thus was observed to be an undignified experience for them.

Also, the inspector observed that a resident's bed was left in an unsatisfactory, unkempt state for the duration of the inspection as it was bare and without any bed linen. When this practice was queried the inspector did not receive a socially valid explanation or rationale for this practice.

Other aspects of this outcome were not assessed on 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):

No actions were required from the previous inspection.

Findings:

The inspector observed that some improvement was required with the centre's admission process to ensure that it considered, assessed and upheld both the incoming, and other residents' needs in a comprehensive manner.

The centre had policies and procedures in place for admission, discharge and transfer of residents. However, the inspector observed that a recent admission of a resident was not in line with the centre's statement of purpose, and did not consider the resident's needs in relation to their health and safety and risk management, or that of the residents already living in the centre.

The resident had a transition plan in place to support their move, however, a further documentation review did not demonstrate an assessment, nor measures planned or taken to protect residents from the risk of abuse by their peers.

The minutes of the residents' house meeting did note that they had been informed of a new 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:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that significant improvements were required to ensure that each resident's optimal wellbeing and welfare was promoted and maintained through evidence-based care and support. These encompassed improvements in the resident's care planning system and critically the facilitation of meaningful activities.

The inspector reviewed assessment and planning documentation for residents, and also spoke with staff regarding residents' personal plans. The inspector found that significant improvement was required in the assessment of needs process, particularly social care needs, the identification and planning of social goals, and the provision of person centred meaningful activities for residents.

Also, on reviewing the file of a resident who had recently transitioned into the centre, it was evident that there was no assessment of need carried out prior to their admission to the centre.

Additionally, improvement was required in relation to the on-going review of residents' personal plans to ensure that they were being consistently implemented and were improving the life of the residents. The residents' personal plans did not sufficiently detail the supports they required to achieve a good quality of life and to achieve their goals. For some residents there was no clear assessment of their social care needs, and not sufficient detail to direct staff on how to support residents. A systematic outcome focused review and evaluation of existing goals was not completed.

The lack of a meaningful day for residents was clearly evident to the inspector. Only three of the 16 residents regularly attended a separate day service facility on the campus grounds, whilst their peers were to have a meaningful day facilitated from their residence.

However, throughout the inspection process, it was observed that these residents experienced a lot of unoccupied and unstructured time in their bungalow. The inspector viewed the activity planner for all residents that day. One activity was recorded for each resident and each of those activities was home based apart from residents attending their day service. In one bungalow particularly, activities were functional in nature and did not correlate to an assessed social care need for the resident. Documented completed activities included walks on the grounds, folding clothes, tidying presses and television. In general, the inspector found that residents had little opportunity to engage socially or within the local community.

On reviewing one resident's file it was identified that there was a lack of daily recording of meaningful activities, 10 activities were recorded in a one month period and all these entries related to home based activities. No community based activities were recorded. For another resident, their personalised activity schedule for all of the previous month (August) recorded that they had conducted baking and cooking on 3/31 days, gardening on 1/31 days, a walk on 18/31 days, household help on 21/31 days and watched television for 9/31 days.

The person in charge, who during the inspection opening meeting had cited the need for improvements in both care planning and activity facilitation, had commenced auditing care plans across both houses.

In recent area management meetings it had been identified that there was not sufficient detail in residents' care plans about activities and the social outings that residents were engaging in, and how a recently introduced shift extension until 21:00 was working well to meet resident's needs. A digital life story activity had commenced for one resident.

Residents were supported by the appropriate members of the multidisciplinary (MDT) team who contributed to their assessments and review of their needs.

Judgment:

Non Compliant - Major

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

As part of the follow up process from the previous inspection, the centre's premises was inspected and it was observed that some improvements were still required. These included maintaining the environment in a homely manner and the facilitation of adequate storage.

The inspector completed a walk about of the premises and observed that a number of areas required attention with regard to their decoration being maintained in a homely manner. These included painting needed in a number of areas, wooden skirting/frames scuffed, corridor area was grubby and curtains were incorrectly hung in a resident's room.

Additionally, the inspector observed that there was insufficient storage available in the centre for the storage of some residents' aids and appliance, for example, wheelchairs. This finding was endorsed by staff members.

This matter was discussed at the feedback meeting as it was previously identified as a regulatory breach.

One of the actions from the previous inspection had been addressed. A twin bedroom which had previously been identified as insufficient in size to meet the needs of residents had since been altered to single occupancy usage.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the health and safety of residents, visitors and staff was promoted and protected in the centre. However, some improvements were required regarding the risk management procedures and the fire management system.

The inspector found that the centre had the required policies in place to underpin the centre's risk management system. These included a policy for risk management and emergency planning, a policy relating to health and safety and incidents where a resident goes missing. The centre maintained a risk register (May 2017) and did have a process in operation for investigating/following up on incidents.

However, the inspector observed that the risk management system and risk register ratings had not been updated to reflect recent clinical and behavioural incidents with residents. Additionally, no risk assessment had been completed to capture possible risks at times of reduced staffing levels. It was also noted on the day of inspection, that a prescribed piece of equipment was not utilised as recommended for a resident.

The inspector observed that the centre had an established fire safety management system. There was suitable fire safety equipment available which included an integrated fire alarm system. There was evidence of checks being completed and of servicing of the equipment. Drills were documented as completed with residents and staff. There was a plan for monthly drills at different times and utilising different exit routes and a record of staff participation was maintained. Personal emergency evacuation plans were drafted to support residents.

However, the inspector noted that a resident's evacuation procedure had not been updated to reflect their recently altered evacuation support requirements.

An issue was observed with regard to the maintenance of some doors in the centre, primarily the intumescent strips, and the provider's assurances regarding same. However, post inspection the inspector received follow up communication from the provider regarding the prompt addressing of this matter to ensure the resident's safety.

The inspector observed that the centre had satisfactory procedures in situ for the prevention and control of infection.

Vehicles used to transport residents were not assessed during this inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that significant improvement was required with the supporting of residents' behavioural needs and with the utilisation of restrictive practices as a response to residents' challenging behaviour. Staff also required additional training in line with residents' therapeutic and positive behavioural support requirements. Measures to protect and safeguard residents whilst available, also required improvement.

The inspector observed that residents' therapeutic and behavioural support needs were recognised and there was a multidisciplinary team (MDT) available in the service which included psychiatry, occupational therapy and a clinical nurse specialist (CNS) in behaviour. However, from observation, discussion and file reviews it was noted that recommendations and measures to alleviate/positively support a resident's behaviour that challenged were not implemented as cited. These included the facilitation of a range of activities.

Also, some residents' behavioural support needs required review. These findings had been identified to the inspector during the inspection opening meeting and the person in charge reported that a meeting was now scheduled with the CNS in behaviour.

A lack of comprehensive due process mechanisms with regard to the usage of restrictive practices was also observed. For example, the tracking of implementation/usage of the restriction with the resident, the ensuring that it is used for the least required time and systematic trialling of non-usage. Also, evidence of informed consent and discussion

with the resident/resident's representative for the usage of restrictive practices was not present.

The inspector observed a review process for restrictions which incorporated MDT members.

Additionally, in order to comprehensively and optimally support residents' needs, staff members required ancillary training and competency attainment in a number of related areas. These included training in positive behaviour support, autistic spectrum disorders and education regarding residents' rights and the usage of restrictive practices.

Intimate care plans were available to inform staff practices regarding residents' personal and intimate care needs.

The inspector found that there were systems in operation for responding to incidents, allegations and suspicions of abuse and these were noted to be utilised. Risk assessments were also completed with regard to the residents presenting with incidents of bruising. However, the inspector observed that improvement was required in the protection of some residents from abuse as some residents had recently experienced incidents of physical aggression from their peers. The inspector noted that this was interconnected with the poor facilitation of some residents' social care and behavioural support needs.

The policies as required by the regulations were available to staff.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents in the centre were supported to have their health care needs met in an individualised manner.

A review of some residents' healthcare plans showed that their healthcare needs were being assessed, supported and responded to in a timely manner. There was evidence of regular review and evaluation of healthcare plans. Staff were found to be aware of, and knowledgeable regarding residents' healthcare needs and supports. The residents had access to, and were supported by relevant members of the multidisciplinary team (MDT)

which included physiotherapy, occupational therapy and a clinical nurse specialist. Residents had access to a general practitioner, and other allied health professionals and records were maintained of referral and follow up appointments.

From review of a resident's file, their care plan for enteric feeding was found to be sufficiently individualised and detailed to guide and support care. It involved the relevant members of the MDT. There was a social story developed to support enteric feeding with the resident. There were good records kept in relation to equipment change, positioning, care of stoma site, and the resident's weight. There were risk assessments in place to identify hazards associated with enteral feeding. Recommendations given during a recent hospital admission were included in the resident's reviewed nutrition care plan.

The inspector observed residents during mealtimes and noted that meals were of a good standard. Choice was facilitated and snack and drinks were facilitated. Residents were supported by a dietician as required.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre had a written statement of purpose in place (August 2017) which contained the majority of information as required by Schedule 1 of the Health Act 2007 (Care and support of residents in designated centres for persons (children and adults) with disability regulations, 2013).

However, the current document did not contain some of the requirements, for example, information in relation to emergency admissions and the age ranges of residents in the centre. Also, the organisation structure contained in the document was not in a format which could be read.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall, the inspector found that improvements were required with the centre's management systems to ensure oversight and accountability for the supporting and delivery of a comprehensive quality service for the residents. In tandem, more robust arrangements were required to ensure that staff were appropriately performance managed to be accountable for their role in service delivery.

As demonstrated through the number of regulatory breaches found across the outcomes inspected, improvement was required with the centre's management systems. This finding especially relates to the non-compliances found in the areas of residents' social care and safeguarding needs with some of the identified breaches clearly interlinked. Though information and data sets were collated, there was a lack of systematic analysis which brought about change in outcomes for the resident.

The inspector did acknowledge that the centre had been through a period of change/transition and was now stabilising with the recent appointment of a permanent person in charge (PIC).

The inspector observed evidence of self-monitoring in the centre through their annual review process, the provider's six monthly visits and the auditing process. Audits were recently completed for care planning, medication management and finances.

There was a clearly defined management structure in the centre with clear lines of authority and accountability. The PIC was directly supported by a clinical nurse manager (CNM) 3 and by the provider nominee. The inspector viewed minutes of their recent meetings. Additionally, on a day to day basis there was a CNM3 available on the campus to provide support and consultation. A CNM 1 was also employed in the centre.

The PIC had commenced working in the centre in recent months, had taken up their PIC role in late July and was observed during the inspection process to have good knowledge of the residents' needs and an overview of areas for improvement in the facilitation of same. A number of which correlated with findings on this inspection. The PIC additionally outlined how, since taking up the post it has been necessary to address a number of practice issues with staff, and he noted future plans to

performance manage members of the staff team. This regulatory breach was identified on the previous inspection and was again observed in a number of the outcomes inspected on this occasion.

The PIC was established in the governance, operational management and administration of the centre. He demonstrated sufficient knowledge of legislation and regulatory requirements, and was committed to his professional development.

The PIC worked in a fulltime capacity and had responsibility for this centre only.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector observed that some improvement was required to ensure that the appropriate number of staff was maintained to meet residents' assessed needs and to consistently ensure the safe delivery of services. Additionally, staff training needs required attention to ensure that their training competencies were current and correlated with residents' support requirements.

There was a planned and actual staff rota in place. The inspector reviewed a three week sample of the roster and found that overall appropriate numbers of staff were not consistently maintained in line with residents' assessed needs, including their safeguarding and social care needs. On one of the resident's risk assessments it was identified that they required one:one staffing, however this was not maintained as only one staff member was, at times on duty. The inspector noted that there was no evidence of any risk assessment having been completed in relation to lowered staffing levels, particularly in the evening time.

On reviewing training records and discussion with the person in charge (PIC) gaps were identified with staff training requirements. From a mandatory training aspect, the PIC noted that safeguarding training was required for some staff and the inspector also identified that some staff were out of date in relation to manual handling and fire training. Staff also required training and education regarding the facilitation of residents'

social care needs.

In general, staff member's engagement with residents was pleasant.

A volunteer was present in the centre and interviewed on the day of inspection. The volunteer's regulatory requirements were co-ordinated through an established service process.

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):

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

Findings:

The inspector observed that some required Schedule 5 policies were not reviewed within the required regulatory timeframe. Critically, with regard to residents' needs these included the policy for the provision of positive behavioural support and the policy on the use of restrictive procedures and restraint.

Other aspects of this outcome were not assessed.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Thompson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003167
Date of Inspection:	21 September 2017
Date of response:	05 September 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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

As highlighted in the body of the report, some practices did not respect residents' privacy and dignity.

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:

- (a) The transfer process of a resident in a wheelchair will be reviewed by OT with specific reference to the use of footrests. Referral sent to OT on 23/11/17.
- (b) The practice of leaving a bed undressed will be reviewed by the MDT to determine if it is an appropriate way to support the resident and will have a clear rationale based on the sensory needs of a resident documented in care plan. MDT Review is scheduled for 16/01/18.
- (c) The dignity of the resident will be upheld and reviewed regularly through implementation of the recommendations of the MDT from their review of the practice of leaving the bed undressed and following regular review of the care plan.

Proposed Timescale: 31/01/2018

Theme: Individualised Supports and Care

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

Clarification was required with regard to the centre's systems to support residents in the management of their finances.

2. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

- (a) Resident's money will be managed in line with the Organisation's policy on money management.
- (b) All staff to read and sign policy.
- (c) PIC to discuss money management at staff meeting on 12th of December, 2017.

Proposed Timescale: 31/01/2018

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

As outlined in the body of the report, admission practices failed to take account of the potential risk of abuse for some residents.

3. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

- (a) Needs assessment for resident has been completed, - 05/10/2017
- (b) Risk assessment for the resident has been completed, - 30/11/2017
- (c) A risk assessment has been completed for other residents to review the impact of a new admission to their home, - 22/12/2017.

Proposed Timescale: 28/12/2017

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:

As outlined in the body of the report, a comprehensive assessment of need had not been completed for some residents.

4. 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) PIC will work with keyworkers and residents to identify meaningful social roles and goals within the home, local community and family network.
- (b) PIC will organise a review of all resident's social care needs and implement a system of monthly audits and review based on identified needs.

Proposed Timescale: 30/04/2018

Theme: Effective Services

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

Personal plans were not completed and available to inform the delivery of staff supports to residents.

5. 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:

(a) A personal plan has been fully updated for the resident following admission into the designated centre.

Proposed Timescale: 28/12/2017

Theme: Effective Services

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

Residents' personal plans were not systematically reviewed in an outcome focused manner that promoted the resident's personal development.

6. 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:

(a) Resident's personal plans will be reviewed monthly by key worker to ensure that they stay relevant to the residents needs.

Proposed Timescale: 30th of April, 2018 and ongoing.

Proposed Timescale: 30/04/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

As outlined in the body of the report a number of areas required attention to ensure that the premises was homely.

7. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

(a) The PIC will engage with residents and family members through Advocacy and house meetings to ensure their preferences and wishes regarding the décor of their home is recognised and respected.

(b) The Statement of Purpose will be amended to reflect requirements to have different types of décor in each bungalow, reflecting specific needs of the residents in one bungalow to have a more muted approach to decor.

(c) Painting touch up has been completed. Décor has been reviewed and changes will

be made to improve the ambiance of each individual bungalow.
(d) A painting schedule has been agreed with the maintenance department commencing in January 2018 to ensure the designated centre receives more frequent painting due to the needs of residents.

Proposed Timescale: 30/04/2018

Theme: Effective Services

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

As outlined in the body of the report adequate storage was not available in the centre's premises.

8. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

(a) Area outside visitors sitting room will be designated as a parking place for wheelchairs and walking frame when they are not in use.

(b) The Director of Logistics and the PIC will assess the storage requirements of the designated centre and identify possible solutions for maximising storage in consideration of schedule 6 of the regulations.

(c) As numbers in the designated centre decrease additional storage space will become available.

Proposed Timescale: 31/03/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The assessment of risk for residents was not current or correlating to the actual areas that could cause harm.

9. 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:

(a) The risk management systems and the risk register for the designated centre will be reviewed and updated by the PIC and staff team to reflect recent clinical and behavioural incidents involving residents.

- (b) The PIC, Service Manager and CNM3 will complete a risk assessment to outline the support systems and control measures in place linked to variations in staffing levels over a 24 hour period.
- (c) The transfer process of a resident in a wheelchair will be reviewed by OT with specific reference to the use of footrests. Referral sent to OT on 23/11/17.
- (d) Personal evacuation procedure for one resident has been reviewed and updated to reflect changes in their evacuation support requirements.

Proposed Timescale: 28/02/2018

Theme: Effective Services

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

A resident's evacuation procedure had not been updated to ensure that the person could be comprehensively supported in the event of an evacuation.

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:

(a) All PEEPs are updated to reflect current evacuation procedure, - Completed

Proposed Timescale: 28/12/2017

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:

Staff were not facilitated with a full suite of training/education in line with some residents' particular needs.

11. 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:

- (a) Two remaining staff to receive training in Managing Challenging Behaviour in 2018.
- (b) PIC and CNS in behaviour will provide local education sessions for staff on Autism Spectrum Disorder.
- (c) CNS in Behaviour and PIC will deliver a workshop on residents rights and the use of restrictive practices.

Proposed Timescale: 31/07/2018

Theme: Safe Services

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

Informed consent was not present for the implementation of a restrictive practice in response to some residents' behaviour that challenged.

12. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

- (a) Reviews of restrictive practices have been completed for the two residents. These restrictions have been discussed with family members who are in agreement with same.
- (b) Restrictive practices in use in the designated centre will be discussed with families of residents.

Proposed Timescale: 31/01/2018

Theme: Safe Services

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

As outlined in the body of the report, comprehensive due process mechanisms were not present to underpin the usage of some restrictive practices.

13. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- (a) All restrictive practices have been reviewed by the MDT to ensure that the least restrictive practices are being used for the least amount of time.
- (b) Outline of when the restrictive practice is in place will be documented in the care plan.

Proposed Timescale: 31/01/2018

Theme: Safe Services

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

Some recommendations and measures to alleviate a resident's behaviour that challenged were not implemented as cited.

14. 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:

- (a) Error in document has been corrected to reflect actual supports required. Staff rota met actual needs of residents. All documents in care plan have been reviewed to correlate actual supports required for 1 resident.
- (b) The CNS IN Behaviour and the PIC will review behaviour supports needs of residents requiring review and ensure that any changes are reflected in residents' personal plan.
- (c) Families are updated at annual MDT meeting in relation to restrictive practices in place for their family member. In addition PIC will speak with each resident and their family representative outline the restrictive practices currently in place and the reason for same by 31st January 2018.
- (d) Template for 3 monthly review of restrictive practice meetings amended by PIC to ensure communication with resident/family representative regarding restrictive practices is clear.

Proposed Timescale: 30/03/2018

Theme: Safe Services

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

As outlined in the body of the report, some residents' safeguarding needs were not adequately ensured.

15. 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:

- (a) Risk assessment will be completed for all residents where a safeguarding issue is identified with the appropriate control measures put in place.

Proposed Timescale: 31/01/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory

requirement in the following respect:

The centre's statement of purpose did not outline all the requirements of Schedule 1.

16. 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:

(a) Statement of Purpose will be updated to include all requirements.

Proposed Timescale: 31/01/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

As evidenced in the body of the report, the centre's systems were not comprehensively supporting and ensuring that a safe, and appropriate quality service is provided to residents in line with their assessed needs.

17. 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:

- (a) PIC will work with keyworkers and residents to identify meaningful social roles and goals within the home, local community and family network.
- (b) All restrictive practices have been reviewed by the MDT to ensure that the least restrictive practices are being used for the least amount of time.
- (c) Risk assessment will be completed for all residents where a safeguarding issue is identified with the appropriate control measures put in place
- (d) PIC and CNM1 has drawn up a supervision timetable to provide individual support and mentorship to staff working in the designated centre.
- (e) The PIC/CNM1 will ensure that all staff are allocated a date to have an annual performance review in 2018.
- (f) The PIC/CNM1 and CNM3 will continue with scheduled meeting taking place every 6-8 weeks. The PIC will update the CNM3 re any performance related issues he is managing and provide evidence of progression of action plan goals

Proposed Timescale: 30/04/2018

Theme: Leadership, Governance and Management

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

The centre did not have appropriate arrangements in situ for the performance management of all staff members.

18. Action Required:

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

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

- (a) PIC has completed supervision training and has a schedule in place to meet all staff for a regular supervision session.
- (b) All staff will have a performance review completed annually.
- (c) Staff meetings will continue to take place every 4-6 weeks.

Proposed Timescale: 30/04/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

An appropriate staff complement was not consistently maintained to meet the assessed needs of some residents.

19. 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) Error in document has been corrected to reflect actual supports required. Staff rota met actual needs of residents. All documents in care plan have been reviewed to correlate actual supports required for 1 resident.
- (b) The PIC, Service Manager and CNM3 will complete a risk assessment to outline the support systems and control measures in place linked to variations in staffing levels over a 24 hour period.

Proposed Timescale: 28/02/2018

Theme: Responsive Workforce

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

in the following respect:

Staff were not provided with the appropriate training to facilitate them in optimally supporting some residents' comprehensive needs.

20. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

- (a) Two remaining staff to receive training in Managing Challenging Behaviour in 2018.
- (b) Manual Handling – one remaining staff has received their refresher training.
- (c) Safe Guarding – 3 staff remaining to receive their training by 31st March, 2018.
- (d) Fire Training – All Staff were up to date with Fire Training, Error on Fire Training records kept on Bungalow folder, same has been corrected.

Proposed Timescale: 31/03/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

As outlined in the body of the report, some centre policies were not reviewed within the required three year timeframe.

21. Action Required:

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

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

- (a) Managing Challenging Behaviour Policy signed off on the 30th of September.
- (b) Restrictive Practice Policy for review in 2018.

Proposed Timescale: 31/07/2018

