

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ravenswell
Centre ID:	OSV-0003581
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Naoise Hughes
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	2

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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 February 2017 10:55	08 February 2017 16:30
09 February 2017 10:00	09 February 2017 14:40

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

Outcome 01: Residents Rights, Dignity and Consultation
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 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources

Summary of findings from this inspection

Background to the inspection:

This unannounced triggered inspection was carried out following the notification of a concern of alleged neglect occurring whereby a resident required medical attention and hospital treatment due to ingesting latex gloves in this designated centre. HIQA last inspected this centre in November 2015 and required immediate action to be taken in order to ensure that this risk was adequately assessed in order to mitigate the risk of reoccurrence. The purpose of this inspection was to follow up on the notification of neglect submitted to HIQA and ensure appropriate safeguards were in place to protect residents.

How we gathered our evidence:

As part of the inspection, the inspector met and observed five of the residents who resided in this centre. Many residents in the centre communicated non verbally and on their own terms. The inspector spoke with, observed and reviewed the practice of the person in charge, persons participating in management, nursing and social care staff. The inspector reviewed documentation such as resident's personal plans, contracts for the provisions of services, finances, risk assessments, safeguarding referrals and follow up systems, staff rosters, incidents/accidents, medication

practices and policies and procedures. The inspector also focused on the provider's previous action plan that was submitted to HIQA following the previous inspection in November 2015.

Description of the service:

The provider had a statement of purpose in place that outlined the service that they provided. The service offered residential and respite places to residents outlined as requiring 'medium and high support needs'. There were two units in the designated centre and a provider run day service was also operated within the building. On the dates of this unannounced inspection there were ten residents in the designated centre.

Overall judgment of our findings:

Overall, the inspector found that this centre was not providing a good quality service to residents in accordance with the Regulations and standards in the context of the evidence gathered on this triggered inspection. Resident's safety and care was found to be compromised by poor practices in this centre. Safeguarding and safety, risk management, medication practices and governance and management were of particular concern based on the findings of this inspection. While some appropriate actions had taken place since the previous inspection the provider had failed to implement their previously submitted action plan to HIQA whereby assurances were made regarding risk management, safeguarding, resident transition and the physical premises.

Early in this inspection HIQA had to take the unusual measure of issuing an immediate action and also made contact with the provider's Chief Executive Officer given the gravity of the inspection findings.

All findings 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):

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

Findings:

The use of the designated centre for respite impacted on the resident's rights due to the continual rotational use of resident's homes by respite residents with varying needs that were not necessarily compatible or aligned with the needs of the residents living in the centre. Residents therefore had no choice or control with whom they lived with.

Privacy and dignity were observed to be compromised at the commencement of this inspection. The inspector observed significant breaches of residents dignity. The details of this have been omitted from this report to protect the identity of individual residents. This has been provided to the person in charge and persons participating in management during the inspection and as part of the formal feedback at the commencement of the inspection.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Some residents were observed out on activities on this inspection and many had a day service place. However further improvement was required in this area.

The inspector found that two social care leaders joined the designated centres management team in October 2016. Both persons highlighted changes they had implemented and gave some insight into the cultural changes required in the centre.

While the social care leaders cited moves towards increased person centred practice and regulatory compliance, there was still an absence of completed social care assessments and plans in place for many residents with a lot of work at still at exploratory phase.

While it is accepted that this process does take time to be appropriately and professionally completed and implemented, this was an action issued on the previous inspection in November 2015.

Judgment:

Non Compliant - Moderate

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:

Some premises work had been completed since the previous inspection with one bathroom, laundry room and one resident's bedroom changed/updated. In addition,

broken equipment had been replaced, the respite rooms had been painted, soft furnishings and new bedding had also been purchased. However further improvement was required.

The inspector found an occupational therapy environmental assessment regarding resident's needs in the centre dated 19th May 2016. While one toilet and laundry room had been improved other areas including bathroom, baths, showering facilities and interior décor had not yet been commenced in accordance with the previous action plan submitted. One resident's bedroom had no window or ventilation. Respite bedrooms remained of a very basic standard with little decoration or personalisation.

Further work was required as parts of the premises remained requiring upgrade and decoration. For example, the kitchen in one unit required painting and doors were missing from cabinet/presses.

While waste disposal arrangements were found to have improved in some aspects in one unit since the previous inspection, another unit bathroom (that was due to be renovated that had not been completed) was found to contain a strong odour due to a waste bin full of used incontinence wear. This waste bin was emptied on the morning of inspection however the smell in this bathroom remained very strong. This was the only location available to residents in this unit to have a bath. In addition, waste bins were found overflowing at the rear of the premises with rubbish and waste strewn on the ground outside the rear of the centre.

Judgment:

Non Compliant - Major

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:

Risk was not managed appropriately regarding residents displaying behaviour of concern. There was a disconnect between required control measures outlined in risk assessments and actual risk management practices observed in this centre.

The inspector reviewed incident logs and found a system whereby incidents were logged and recorded. In reviewing 2016 incident logs there were 80 incidents logged as occurring in the centre. These incidents included behavioural incidents, scratches, bruises, body marks found on residents, self injurious behaviour, falls and peer to peer

incidents. All incidents were signed off by the person in charge or a supervisor.

As outlined in further detail in Outcome 8 - Safeguarding and Safety, the inspector was very concerned that an area of risk that was specifically identified on the last inspection was not appropriately addressed requiring another immediate action on this inspection. Furthermore the inspector found that the reporting system operating in the centre required further review.

Regarding fire safety while procedures and evacuation documentation had been updated the inspector found one of the unit fire evacuation doors was locked and had no key in the break glass.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found that the residents were not appropriately safe or protected in this designated centre and that previous assurances made to HIQA by the provider in the last action plan (November 2015) and in respect of a recent notification of neglect in the centre (January 2016) were ineffective and not implemented in practice.

The inspector found that the measures in place to safeguard residents identified with specific behaviours of concern (PICA - a condition whereby residents were at risk of eating/ingesting inedible objects) were inadequate. A resident whom was at such a risk had recently ingested a number of latex gloves which led to required medical/hospital intervention on discovery. Following the discovery of this incident, the provider notified HIQA on the grounds of alleged neglect on the part of the staff team.

On day one of this inspection the inspector found (within 3 minutes of commencing the inspection) a latex rubber glove in an accessible area to the resident who had recently ingested same. Immediate action was issued to the provider to remove this risk to the

resident. Other latex gloves were found outside another resident's bedroom (in another part of the centre). There was a resident with PICA residing in this part of the centre also.

The inspector also found that the providers systems and implementation of safeguarding policies to be ineffective and/or not implemented. While the person in charge maintained a 'safeguarding log' this system was not managed in accordance with local policy, national guidance or the requirements of the regulations and standards.

For example, the allegation of neglect referred to above was reported to the designated liaison person outside the required timeframes, contained inaccurate information and was submitted without appropriate managerial knowledge or oversight. Furthermore the formal response to the allegation was 'no grounds for further investigation'. There was not an appropriate preliminary screening, investigation or any interviews completed regarding the allegation of neglect. The inspector reviewed the 'safeguarding log' and found a further 20 safeguarding referrals made to the designated liaison person. In all instances the response was 'no grounds for further investigation'.

In addition to the above, the inspector found that there was an absence in understanding of national guidelines and regulatory responsibilities of the part of the provider, the person in charge and staff in terms of safeguarding vulnerable persons at risk of abuse. This matter had been specifically subject to a HIQA action and was clearly highlighted in the previous inspection report of November 2015.

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):

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

Findings:

The health care needs of residents and the frontline provision of same required improvement based on this inspection.

The inspector queried the health of a resident and highlighted that they presented as very unwell. The resident had a very bad respiratory infection and high temperature according to medical notes reviewed. The inspector was informed by the person in charge that the resident was on their second course of anti-biotic and was susceptible to

chest infections.

Following concern highlighted by the inspector following the medication midday medication round, the person in charge contacted the physiotherapist and doctor to assess this resident. The physiotherapist assessed the resident in the afternoon and highlighted concern as to the residents condition and positioning recommending the resident should not be lying on his back and should have a supported side position. The resident had been observed lying on his back since the inspector arrived in the centre that morning.

Following physiotherapist assessment the doctor assessed this resident and subsequently recommended the residents immediate transfer to hospital due to their worsening symptoms and poor presentation.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Medication administration practices observed on this inspection were not safe. Unsafe practices of administration were observed by the inspector. The inspector immediately requested the person in charge to come to the unit and supervise the safe administration of medication to the resident. Evidence to support this judgment has been omitted from the report, but has been provided in detail during the inspection process.

Judgment:

Non Compliant - Major

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:

The inspector was not satisfied that the governance and management of this centre was effectively and safely monitoring the care delivered to residents.

On arrival to this centre the inspector was informed that two staff had called in sick and the staffing had to be reconfigured. One unit had one staff member on duty and the other unit had two staff on duty. The person in charge was not at the centre and supervisors were based in offices not located in the centre but were within the building.

Based on the negative findings of this triggered inspection in the areas of risk management, medication management and safeguarding in particular there were concerns regarding the management of the centre. The inspector found that previous action plan assurances, transitional planning and the absence of an appropriate response to a concerning notification of neglect demonstrated ineffective management by the provider, person in charge and persons participating in management.

Judgment:

Non Compliant - Major

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The resourcing of the centre had not ensured the implementation of the required changes as outlined in the last action plan submitted to HIQA. The provider had not transitioned three residents as part of the de-congregation plan submitted in 2015. In addition, commitments made regarding improving the physical premises had not been

fully completed. The provider cited funding and resources as the constraint to the plans being implemented.

Judgment:
Non Compliant - Major

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:

Conor Brady
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 St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0003581
Date of Inspection:	08 and 09 February 2017
Date of response:	03 March 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 rights in terms of choice and control were not upheld in that their homes were utilised by the provider as a respite service for other residents of a dissimilar profile which was not in line with the centres statement of purpose.

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

1. Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

- A full review of the compatibility of those accessing Respite within the Designated Centre will take place in line with the centres Statement of Purpose.
- Any findings from this review will be implemented.

Proposed Timescale: 31/03/2017**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Resident's right to privacy and dignity was not upheld.

2. Action Required:

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 policy is in place on Intimate and Personal Care to protect residents who require support with intimate and personal care and to guide staff in providing this care.
- All staff will be re-inducted into the Policy on Intimate and Personal Care with particular reference to maintaining dignity and privacy of residents by Supervisors with oversight from the Person In Charge.
- Staff will sign to indicate they understand the policy.
- All care provided will be carried out in a respectful manner and privacy will be maintained.
- A care plan has been developed for one resident in relation to providing consistent support in order to ensure that they may not be left in a state of undress.

Proposed Timescale: 10/03/2017**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 residents social care assessments were not yet completed, signed off and implemented in practice.

3. Action Required:

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

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

- Social Activities Assessments and Using your Environment Assessment which are in progress will be completed with input from Residents and families.
- Skills teaching procedures will be put in place to improve independent living for residents.
- Personal directed plans will be put in place for each resident.
- All of the above documentation will be reviewed 6 monthly or as required.

Proposed Timescale: 30/04/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The centre was not designed and laid out in accordance with the needs of the residents and all plans and assessment recommendation had not been implemented.

4. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

- The bathroom renovations are continuing.
- The renovation of one bathroom, which commenced the day after the inspection in one apartment is due for completion by 16th March 2017.
- The second bathroom in one apartment will commence (approx. 20th March) after the completion of bathroom above. This will take approximately 6 weeks.
- A specialised bath is due for delivery on 8th March which will be part of the new layout in the final bathroom to be renovated.

Proposed Timescale: 05/05/2017

Theme: Effective Services

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

Several aspects of Schedule 6 of the regulations pertaining to premises requirements

were not met.

5. 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 wall vent has been installed in the bedroom of one resident.
- Along with this, a new door which will have a small window as part of it for increased ventilation will be installed.
- Bathroom where odour from incontinence wear was identified is undergoing renovation and improved ventilation is included as part of the renovations.
- Extra bins for general waste have been ordered to prevent overflow – to be delivered by 7th March 2017
- General waste area will be maintained by maintenance to ensure area is clean and tidy
- Oversight will be provided by the Person In Charge to monitor the cleanliness of the Designated Centre.
- Kitchen in one apartment to be deep cleaned – 6th March 2017
- Kitchen in one apartment to be painted – to be completed by 10th March 2017
- New kitchen cabinets to be installed in one apartment once painting has been completed - by 20th March 2017.

Proposed Timescale: 31/03/2017

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:

Risk management systems in place in the designated centre for the assessment, management and ongoing review of risk were inadequate.

6. Action Required:

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

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

- The risk identified by the Inspector in relation to gloves and the management of same has been addressed and control measures are in place to monitor this risk
- All incident report forms will be recorded on Flowforma (an electronic system which allows for streamlined reporting, automatic updates to PPIM and PIC and improved oversight).
- Incidents as they occur will be reviewed at Team Meetings by the Supervisor and staff and recorded on the Team Meeting minutes.
- The Person In Charge will complete an Incident Review Form for each Incident to

ensure any follow up required is completed.

- A log of all incidents will be kept by the Person In Charge for the Designated Centre.
- Furthermore the Designated Centre Risk Management Policy will be reviewed and updated.
- Following this the current Designated Centre risk register will be updated to reflect any learning from the review of the Risk Management Policy.
- Staff in the centre will attend Risk Assessment Workshop – to be scheduled over coming weeks to facilitate all staff rosters etc.

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

Means of escape in one part of the centre required a key as the fire exit was locked.

7. Action Required:

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

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

- The key was replaced in the break glass unit on the day of inspection.
- This remains in place.
- Daily Fire Safety Checks now include the checking of the means of escape and break glass units.

Proposed Timescale: 02/03/2017

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:

Incidents were not appropriately investigated.

8. Action Required:

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

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

- The process and procedure for implementing the National Policy on Safeguarding Vulnerable Adults has been reviewed – completed.
- The Provider Nominee, Director and Designated Officer have met with the Principal

Social Worker for the Safeguarding and Protection Team for CHO6 to discuss and review agreed processes and procedures.

- A Resource Team Meeting was held on Thursday 16th February to review incident of January 14th and also incident identified by Inspector on 8th February.
- Actions were identified in relation to the education and Supervision of staff and have been timelined.
- There are no incidents in the centre that have investigations pending.
- Training in Trust in Care to be rolled out to Supervisors, Persons In Charge and other PPIMs within the centre.

Proposed Timescale: 31/03/2017

Theme: Safe Services

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

Residents were not found to be appropriately protected.

9. 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:

- The risk identified by the Inspector in relation to gloves and the management of same has been addressed and control measures are in place to monitor this risk
- The process and procedure for implementing the National Policy on Safeguarding Vulnerable Adults has been reviewed – completed.
- The Provider Nominee, Director and Designated Officer have met with the Principal Social Worker for the Safeguarding and Protection Team for CHO6 to discuss and review agreed processes and procedures – in progress.
- The new Regional procedure will be rolled out at Infoshare (5th April) once agreed and approved by the Regions Policies, Procedures and Protocols Group on 13th March 2017.
- The Procedure will allow for an 'Easy to Use' flow chart to be discussed and reviewed with each staff member and line manager and signed by both parties. It will be retained on the staff members personnel file.
- A new 'Safeguarding Plan and Review Form' will be put into place as part of the new procedure to ensure that all Safeguarding referrals are overseen by the Person In Charge.
- The new review form will account for immediate and additional actions to be taken to ensure that residents are appropriately protected from harm.
- All staff members will be retrained in Safeguarding Vulnerable People.

Proposed Timescale: 30/04/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A resident's health care needs were not being appropriately met in the centre.

10. 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:

- Resident has a robust care plan in place
- Staff will ensure that they will follow and implement the care plan for the resident
- A G.P who knows the resident, is available to them as required in the case that future medical care is needed
- The Physiotherapy Manager will conduct information session with staff in the centre regarding posture and positioning
- The residents care plan will be updated to reflect the Physio input.

Proposed Timescale: 12/03/2017

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:

Medicines administration practices observed were not safe.

11. Action Required:

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

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

- All staff will be reinducted in the Medication Policy and all staff will sign as understood – in progress
- Social Care staff who administer medication have up to date training in Safe and Responsible Medication Management.
- All Nursing staff complete on-line HSE-land Medication Management every 2 years
- All staff will be retrained in Dysphagia in the month of March 2017

Proposed Timescale: 30/04/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge was responsible for two designated centres and based on this inspection did not demonstrate the effective governance, operational management and administration of the designated centre concerned.

12. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

- Person In Charge receives Supervision from Programme Manager (Provider Nominee).
- Supervisors receive regular Supervision from the Person In Charge.
- Person In Charge & Supervisors to retrain in Safeguarding and Dysphagia.
- Supervisors are up to date with training in Medication Administration.
- Person In Charge and Supervisors attended In Service Management Training in February 2017.
- Person In Charge will meet with Supervisors in the Designated Centre every week in the short term (for next three months) and complete a walkthrough of the apartment to ensure that agreed corrective actions are being implemented and regulations are being adhered to – commencing 1 week from submission of Action plan.
- In the medium term (after three months) regular general governance meetings will reconvene every two weeks with a specific agenda to address the key areas of compliance.
- The Quality Enhancement Plan for the Designated Centre is in place and will remain up to date and to include the actions outlined in this action plan.
- The Quality Enhancement Plan will be overseen by the Person In Charge.

Proposed Timescale: 09/03/2017

Theme: Leadership, Governance and Management

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

Management of this centre was not found to be effective and did not ensure residents were safe.

13. 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:

- As outlined above (Outcome 8), actions will be taken to address the Safeguarding processes and procedures in place in the centre to ensure that the safety and

protection of the residents is paramount.

- In order to effectively monitor and oversee the implementation of corrective actions Monitoring and Compliance meetings will take place at designated intervals between the Provider Nominee, Person In Charge and Supervisors of the Designated Centre – first scheduled for 16th March 2017.
- A focused agenda will be developed to cover the key areas of compliance at these meetings - completed
- These meetings will take place as follows:
 - o Every two weeks for first three months of Action Plan being carried out
 - o Monthly for 6 months to cover medium term actions
 - o Every two months thereafter until a time that the centre is fully de-congregated and new Governance arrangements will be in place in the new Designated Centres
- These meetings will focus on the agreed corrective actions and the review and evaluation of same.
- Minutes of these meetings will be retained by the Person In Charge in the centre.
- The Quality Enhancement Plan of the centre will be review by Senior Management at agreed intervals as part of Quality and Safety assurances.

Proposed Timescale: 16/03/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was not resourced to implement plans submitted as part of the designated centres registration.

14. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

- The plans for de-congregation have been revised.
- New drawings for the adaptations to the house secured to de-congregate three individuals from the centre have been requested by the County Council who are provided the funding through the Department of Environment.
- The Provider Nominee is meeting with members of the County Council along with Housing Association delegate and the Architect week commencing 7th March to progress with plans.
- Once drawings have been agreed, a design team will be put together and planning permission sought if required.
- The plans will then go to tender as per Procurement Procedure
- The house will then be adapted to meet the care and support needs of the residents.
- Alongside this plan, the service will reapply for two properties that had funding refused in 2016 in order to accommodate the remaining residents within the centre.

Proposed Timescale: 31/03/2017