Health Information and Quality Authority Regulation Directorate

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

Centre name:	Adults Services Palmerstown Designated Centre 3
Centre ID:	OSV-0003900
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Brendan O'Connor
Lead inspector:	Caroline Vahey
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
03 November 2016 09:30	03 November 2016 17:20
04 November 2016 09:30	04 November 2016 17:30

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 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Backround to the inspection.
This was the second inspection of the designated centre, the purpose of which was to monitor ongoing regulatory compliance. The centre was previously inspected in September 2014. 11 outcomes were inspected against during this inspection.

Description of the service.
The centre comprised five residential bungalows, located on a campus based setting. The campus was located close to a village and the residents availed of local amenities in the village and in the broader community. The centre provided residential services to males and females and there was one child living in the centre. There were 38 residents living in the centre on the day of inspection and there was one vacancy. The centre had produced a statement of purpose which outlined the aims of the centre was to support and empower residents to live meaningful and fulfilling lives by providing a quality and person centred service. Overall the inspectors found the service provided met the aims as set out in the statement of purpose and residents were supported to experience a broad range of social

opportunities in line with their wishes. While deficits and potential risks were identified during the inspection, the service provided had ensured the needs of the residents were met.

Overall judgment of findings.
The inspectors found the residents received a good standard of care and support consistent with their assessed needs. Social care needs and health care needs were met. Some potential risks to providing support were identified during the inspection and related to issues with staffing levels at times and a knowledge deficit in one area of the centre.

Moderate non compliances were identified in the following outcomes.
- Outcome 6, safe and suitable premises - relating to inadequate storage and some maintenance required.
- Outcome 7 - health and safety and risk management - relating to fire precautions.
- Outcome 12- medication management - storage of medication, stock taking and a PRN (as required) medication prescription.
- Outcome 14 - relating to inadequate support arrangements for managers of units.
- Outcome 17 - workforce - staffing levels were regularly below the required level and appropriate nursing support was not provided in one unit. Some staff did not have the appropriate knowledge to ensure the needs of the residents were consistently met.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The action from the previous inspection regarding the layout of one bathroom in one unit was addressed.

The inspector spoke to the person in charge regarding the management of residents' finances however, these arrangements did not ensure residents had timely access to their own money. Residents were given a set amount on a fortnightly basis and the maximum spending capacity for residents could not exceed this amount without prior approval from the person on charge. Once approved there was approximately a four day turnaround for residents to access this money. This was discussed at the feedback meeting with senior management who outlined a plan was in place to address this issue. This plan has since been forwarded to the Health Information and Quality Authority.

The remaining aspects of this outcome were not reviewed as part of this inspection.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
The inspectors found that all residents had a contract of care in place.

The inspectors reviewed a sample of contracts in place. The contracts outlined the details of the services to be provided and the fees to be charged. Additional fees for which the residents may be liable were also outlined in these contracts.

The remaining aspects of this outcome were not reviewed as part of this inspection.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Overall the inspectors found residents were supported in line with their wishes and needs and residents had opportunities to participate in meaningful social opportunities. Personal plans were developed however, some improvement was required to ensure there were clear guidance on the implementation of goals and in the associated review process.

Each resident had an assessment of need completed, which incorporated assessments by multidisciplinary team members. Health, social and personal needs were set out in assessments and corresponding support plans were developed. Personal plans were subject to review a minimum of annually. There was regular review by multidisciplinary team members and recommendations arising from these reviews formed part of plans

where required.

Healthcare plans developed were detailed and guided practice.

There was evidence that residents had access to a broad range of social opportunities. Some residents attended day services and educational services five days a week. Day activity staff were employed in units where residents did not attend day services with the aim to facilitate individual activities. For example, swimming, bowling, massage, multisensory activities, shopping, cinema, attending shows, visiting museums and days out to cultural sites. However, the inspector found that staffing quality was regularly not met and this could on occasions impacted on the choice of social activities provided. Social goals were developed and while corresponding plans were developed, the inspectors found some improvements were required. For example, goals did not specify the desired outcome, the actions required to meet the goals and the person responsible to ensure goals were implemented. In addition, the review process for goals to assess the effectiveness of the plan was not evident.

Accessible plans and family involvement were not reviewed were not reviewed as part of this inspection.

Judgment:
Substantially Compliant

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):
No actions were required from the previous inspection.

Findings:
The inspectors visited the five units comprising the centre. Inspectors found there was insufficient storage in two units of the centre with chairs, clothes and cleaning equipment inappropriately stored under stairs and in a bedroom.

In addition, the inspectors observed some areas in the centre which required attention, including:
- worn kitchen flooring in one unit
- paint peeling and bubbling in several units.

Not all aspects of this outcome were inspected.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
Overall, the inspectors found that the health and safety of residents, visitors and staff was promoted and protected. However, improvements were required in the areas of fire safety management.

The centre had a health and safety statement in place. Health and safety audits were carried out monthly. Inspectors reviewed the incident reporting procedure and a sample of incidents. Inspectors found that there was a clear system of recording and follow up.

The centre had a policy in place for risk management which included the four risks specified in Regulation 26. The risk register outlined the risks in centre and the controls in place to control the risk. The centre also completed individual risk assessments which included self-injurious behaviour, fire and road safety.

There were arrangements in place for fire safety management. The fire evacuation map was on display in a prominent location in each unit. There was certification and documentation to show that the fire alarms, emergency lighting and fire equipment were serviced on a regular basis. However, fire doors were found to be wedged open in one unit of the centre and while the rationale for this was for supervision of residents, the inspectors found this negated the function of these fire doors. This was also identified in the previous inspection. The centre completed regular fire drills and inspectors reviewed the record of these drills. Personal Emergency Evacuation Plans (PEEPs) were in place for each resident which reflected the residents' mobility and cognitive understanding. Some improvement was required to ensure the efficient egress for residents in the event of a fire. In one unit, residents could not be easily evacuated to the assembly point due to an uneven surface. This had been identified as an area of concern through fire drills.

Staff training records were reviewed and a significant number of staff did not have up-to-date training in fire safety and in manual handling however, a plan was subsequently submitted to HIQA post inspection to address this issue within a two month timeframe.

The centre had procedures in place for the prevention and control of infection. The centre employed household staff and inspectors found the units to be clean. Inspectors observed personal protective equipment and hand wash facilities located throughout the centre.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Overall the inspectors found residents were supported with the appropriate emotional and therapeutic supports to meet their needs however, some improvement was required in the implementation of a restrictive practice. Measures were in place to protect residents.

Some restrictive practices were in place and the rationale and circumstances for use of these practices were set out in plans and in restrictive practice prescriptions. Corresponding risk assessments were in place and these practices were subject to regular review by a service committee. However, the inspectors found one restrictive practice was not applied in accordance with the service policy and in line with national guidelines. This practice had not been reviewed since 2014 and while there was evidence that an alternative measures had been tried, the use of this practice was not clearly set out in a plan as to the frequency and circumstances under which it should be applied. There was a policy in place on the use of restrictive practices including physical, chemical and environmental restraint.

There were policies in the centre on the provision of behavioural support and on the provision of intimate care. Therapeutic support was provided to residents experiencing emotional difficulties and appropriate follow up referrals to the relevant team members was ongoing.

There was a policy in place on the prevention, detection and response to abuse. Staff spoken to were knowledgeable on what constitutes abuse and the actions to take in the

event of an allegation, suspicion or disclosure of abuse. There were no safeguarding concerns in the centre on the day of inspection. The inspector reviewed staff training records and found a significant number of staff required refresher training in safeguarding. A plan was subsequently submitted to the Health Information and Quality Authority (HIQA) post inspection to ensure this training was provided within a two month timeframe.

Judgment:
Substantially Compliant

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

Findings:
The inspector found residents' healthcare needs were met.

Residents' healthcare needs were set out in personal plans and residents had timely access to appropriate healthcare services and treatments. Significant knowledge deficits were identified in one unit and staff were not clear on some of the healthcare needs of residents living in this unit. Adequate clinical support and skilled staff were not available in this unit however, this is discussed under outcome 17.

Residents had access to a range of allied healthcare professionals including a speech and language therapist, physiotherapist, psychologist, dietician. Residents were supported to access general hospital services as required and each resident had access to a general practitioner.

End of life care was provided in line with residents' and their representatives' wishes and was informed by recommendations arising from the relevant healthcare professional.

The arrangements for residents to choose their own meals had recently changed in the campus. Residents could now choose from a menu at the beginning of each week and the inspectors found the choices offered were varied. The inspectors observed a meal being served in one unit. Adequate portions of each choice were provided and where a resident requested an alternative choice this could be facilitated. Meals were cooked daily in one unit in the centre and in two other units a meal was cooked in the unit on a weekly basis as an alternative to food provided by the central kitchen. In addition, some residents chose to get a takeaway meal at weekends.

The advice of a speech and language therapist and a dietician formed part of nutritional plans where required. Complete records were maintained on residents' nutritional intake where advised.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
The inspectors found that while there were policies and procedures relating to medication management, some practices in the centre required improvement. These included storage of medication, stock taking and a PRN (as required) medication prescription.

The inspectors reviewed medication management practices in two units of the centre.

There were policies and procedures relating to the ordering, prescribing, storing, and administration of medications. Most medication were appropriately stored however, in one unit medication requiring refrigeration was inappropriately stored in the general food fridge.

The inspector reviewed a sample of three medication and prescription records and most of these contained the required information. Administration records confirmed medication had been administered to the resident for whom they had been prescribed. Most prescriptions were complete however, the prescription and corresponding protocol for a PRN (as required) epilepsy rescue medication did not detail the circumstances under which it should be administered.

Suitable arrangements were in place for the disposal of medication. Unused or out of date medication was returned to the pharmacy with documentation signed by the receiving pharmacist

There was a system in place for reviewing medication management practices and medication management audits were completed on monthly basis. While stock audits were completed for PRN (as required) medications there were no stock account made of regular medications received into one unit of the centre.

The centre availed of the services of a community pharmacist. The person in charge confirmed with the pharmacist, that they would be in attendance in the centre in the coming weeks.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Overall the inspectors found that the management systems in the centre did not ensure the service provided was consistently appropriate to residents needs across some areas of the centre. Adequate support had not been provided to clinical nurse managers to manage individual units and the arrangements for a clinical nurse manager to manage two units was not appropriate. Lines of accountability were not clear in some aspects of service provision.

A six monthly unannounced visit had been completed by staff employed in the service on behalf of the provider. The inspector found that not all areas of the centre were visited. However, the inspectors were informed of a new quality assurance audit system being rolled out in this centre in the coming weeks, the outcome of which would inform the 6 monthly unannounced visits and the subsequent report of the quality and safety of care and support.

An annual review of the quality and safety of care and support had been completed for 2015. This review considered the views of the residents and their representatives.

There was a defined management structure in the centre and most areas of authority and accountability were set out. However, the inspectors found that some aspects of the budget which were available in two units were not available in the three remaining units. This related to petty cash which could be used for the day to day purchase of small items for these units. On discussion with a clinical nurse manager it was identified that on occasions staff subsidised these purchases in the absence of a specified budget.

The units were managed by clinical nurse manager who had responsibility for the day to day management of these units including providing care and support to residents and administrative functions. However, the inspectors found adequate support was not provided to the manager to carry out their roles and managers did not have protected time. In addition, the arrangement for a clinical nurse manager to manage two units was not appropriate, given they formed part of the required staffing support complement in one unit. In addition, this current arrangement could not ensure the care and support provided in the second unit was adequately supervised or monitored and significant knowledge deficits in relation to residents' healthcare needs were identified.

Staff reported to the clinical nurse managers in four units and a staff nurse in the remaining unit. Managers reported to the person in charge. Staff spoken to stated they felt supported by the person in charge and documentary evidence was available to confirm the person in charge was in attendance in all areas of the centre on a regular basis. A clinical nurse manager 2 (person participating in management) was also available to support staff in the absence of the person in charge. There were staff meetings scheduled on a quarterly basis with a plan in place to increase these to monthly.

The person in charge was knowledgeable on the needs of the residents and her statutory responsibilities. The arrangements for the person in charge to manage two designated centres were appropriate in relation to this centre.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
Overall, inspectors found that the numbers of staff was not adequate to meet the needs of the residents. Nursing support was not consistently provided and the skill mix in one unit of the centre required review.

The centre maintained planned and actual rosters. Inspectors reviewed a sample of the roster in a number of units and found that the daily staffing quota was regularly not reached. For example, in one unit the daily staff quota was not reached 13 out of 21 days sampled. In another unit, staff shortages impacted on meeting the preferences of the residents in relation to social opportunities. One resident told inspectors that they were unable to take part in activities at times when staff numbers were short or pulled to another unit.

Access to appropriately nursing support was not adequate in one unit and the staff employed in the unit did not have the clinical knowledge or expertise to comprehensively meet the needs of the residents in this unit. This was discussed at the feedback meeting with the provider. In addition, nursing vacancies arising due to absences were frequently not replaced.

Inspectors reviewed a sample of staff files and found that they contained all the information required by Schedule 2. Staff supervision was completed on a quarterly basis and the supervision provided enabled staff to review their roles and responsibilities and develop and action plan if required. Training deficits were identified during the inspection however, a plan was subsequently submitted to HIQA to address this issue within a two month timeframe.

There were no volunteers working in the centre.

Judgment:
Non Compliant - Moderate

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

Theme:
Use of Information

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

Findings:
Not all aspects of this outcome were reviewed as part of this inspection. The action regarding the development of a protocol to guide practice in instances where the provider acted as the agent was addressed. Protocols for the use of emergency

medication is discussed under outcome 12.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Caroline Vahey
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003900
Date of Inspection:	03 and 04 November 2016
Date of response:	23 December 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs
Theme: Effective Services **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** The review of social goals required improvement to ensure it assessed the effectiveness of the plan. **1. Action Required:** Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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

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:
The Person in Charge will review the PATH goals and ensure the personal goals for each resident are updated as required. Monthly keyworker meetings and weekly service user meetings will be continued in the living areas to ensure that social care goals are planned, implemented and reviewed in line with PATH and choice. These are monitored by the Person in Charge and the Programme Manager through a quality assurance system.

Proposed Timescale: 30/12/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans required improvement specific to social care goals. The action required to achieve these goals and the person responsible were not clearly set out in these plans.

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

Please state the actions you have taken or are planning to take:
The Person in Charge will review each residents social goals and ensure the personal goals are linked to their personal support plan. Monthly keyworker meetings and weekly service user meetings will identify the staff responsible to implement social goals as identified on each residents personal support plan. These are monitored by the Person In Charge and Programme Manager through a quality assurance system.

Proposed Timescale: 15/02/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some areas in the centre required attention, including worn kitchen flooring in one unit and paint peeling and bubbling in several units.

3. Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and

suitably decorated.

Please state the actions you have taken or are planning to take:
The flooring in the kitchen in one area will be replaced. The Person In Charge will meet with the Technical Service Manager to arrange painting of the required living areas.

Proposed Timescale: 30/01/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was inadequate storage in two units of the centre.

4. 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:
The storage in these areas have been reviewed and changes made to ensure appropriate use of same. Alternative storage has been sourced for equipment to ensure effective storage in the home.

Proposed Timescale: 06/12/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire doors were not maintained in a position to ensure they were effective in the event of a fire and a number of fire doors were observed to be wedged open.

5. Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
All wedges will be removed from fire doors on 5th November.
A business case for funding will be submitted to the HSE with the cost of fitting magnetic fire door restrictors to fire doors.

Proposed Timescale: 15/01/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was some improvements required for the efficient egress of residents as outlined in the report

6. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
This area has been resurfaced to improve efficient egress for residents.

Proposed Timescale: 06/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of one restrictive practice was not applied in accordance with the service policy on restrictive policy and on national guidelines and the frequency and circumstances under which this practice was applied was not set out in a plan.

7. 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:
The restrictive practice described has undergone a trial removal and it was found that a significant risk remained evident for the resident when removed. The use of the restrictive practice was reviewed by the Restrictive Practice Committee on 07/11/16. A detailed risk assessment, plan on appropriate use and record of restraint use has been developed and implemented.

Proposed Timescale: 07/11/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Suitable storage was not available in one unit for medications requiring refrigeration

8. Action Required:
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
A refrigerator has been made available in this unit for medication storage.

Proposed Timescale: 06/12/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The prescription and corresponding protocol for a PRN (as required) epilepsy rescue medication, did not detail the circumstances under which it should be administered.

No account was kept of regular medications received into the centre.

9. 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:
The PRN protocol has been reviewed and details the circumstances under which it can be administered. A system has been implemented to record medications received across the centre.

Proposed Timescale: 06/12/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The responsibility for the provision of some aspects of the budget was not clearly set out in some units.

10. Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
The budgets have been revised in all living areas and staff have been advised of the appropriate use of same.

Proposed Timescale: 20/12/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Appropriate support was not provided to clinical nurse managers to manage units in the centre. Clinical nurse managers did not have protected time in order to fulfil their administrative functions.

The arrangement for a clinical nurse manager to manage two units, while forming part of the staffing complement of one unit was not appropriate.

11. 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:
All the clinical nurse managers in the designated center will be allocated a minimum of 1.5hrs protected time each week .In order to facilitate the clinical nurse manager to manage both living areas, 1 WTE nurse has been reassigned to the second living area in line with the dependency assessments in both areas .

Proposed Timescale: 20/12/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management system in place did not ensure the service provided in one unit of the centre was consistently appropriate to residents needs.

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

Please state the actions you have taken or are planning to take:
Arrangements for the availability of management has been reviewed. The clinical nurse manager will be allocated protected time each week by the Person In Charge. In order

to facilitate the clinical nurse manager to manage both living areas, 1 WTE nurse has been reassigned to the second living area in line with the dependency assessments in both areas . The Person In Charge holds monthly staff meetings in each living area and there is a schedule for planned nurses meetings. Staff supervision is implemented across all living areas.

Proposed Timescale: 06/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate staff numbers were not provided at times and the daily staffing quota was regularly not reached.
The skill mix in one unit required review due to knowledge deficits on the healthcare needs of residents.

13. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Arrangements for the availability of regular nursing support has been reviewed and implemented in one living area by 01/12/16.
The Person In Charge has undertaken weekly reviews of staff with the Programme Manager to ensure that the staffing levels meet the requirements to provide a quality and safe service to residents by 01/12/16.
The organisation continues to actively recruit staff and three WTE will be recruited in this center by 28/02/17.

Proposed Timescale: 28/02/2017

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Appropriate nursing support was not provided in one unit. In addition, nursing vacancies arising due to absences were not consistently replaced.

14. Action Required:
Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

Please state the actions you have taken or are planning to take:
The provider has reviewed the staffing levels and skill mix in the Designated Centre to ascertain the required levels to meet the needs highlighted in this report. Arrangements for the availability of regular nursing support has been reviewed and implemented in one living area by 01/12/16. The Person In Charge has undertaken weekly reviews of staff with the Programme Manager to ensure that the staffing levels meet the requirements to provide a quality and safe service to residents by 01/12/16. The organisation continues to actively recruit staff and three WTE will be recruited in this center by 28/02/17.

Proposed Timescale: 28/02/2017