Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Clann Mór Respite
Centre ID:	OSV-0002099
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Clann Mór Residential and Respite Ltd
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
01 February 2018 09:45	01 February 2018 19:10

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
This was the second inspection of the centre. It was unannounced and the purpose of this was to follow up on the actions from the last inspection completed in October 2015 and to monitor ongoing compliance with the regulations.

How we gathered our evidence:
As part of the inspection, the inspector met all of the residents in the centre to discuss their views on the quality of care being provided. Two staff were met along with the person in charge who was present for the inspection. Documentation such as residents' care plans, contracts of care, and some policies and procedures were reviewed as part of this inspection.

Description of the service:
The centre is a detached bungalow situated in a large town in Co. Meath close to community amenities. The centre provides respite care to male and female adults. A service vehicle is also available in the centre for residents to attend activities.

Overall judgment of our findings:
The centre was homely and decorated to a reasonable standard. Residents said that

they loved staying in the centre and were observed to be very relaxed and happy during the inspection. A resident's advocacy group met in the wider organisation and a representative from this centre had recently been nominated by the residents to attend this on their behalf. Staff spoken with were knowledgeable around the needs of the residents and interactions between staff and residents was observed to be warm and respectful at all times.

Notwithstanding this, significant improvements were required in a number of outcomes inspected. The inspector found that the governance and management arrangements in the centre were not effective and that there was an absence of audits conducted in the centre in order to monitor and review the quality of care provided in the centre. In addition, some of the actions identified at the last inspection had not been implemented.

Of the nine outcomes inspected, three major non compliances were identified which related to medication management practices, health and safety and governance and management arrangements. Three moderate non compliances were found under residents' rights, admissions and social care. To outcomes were substantially compliant and one outcome was found compliant.

The action plan at the end of this report outlines the improvements required.

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 residents were observed to be treated with dignity and respect and their views were taken into consideration around activities and menu planning in the centre. However, one action from the last inspection had not been implemented in relation to complaints and improvements were required in the layout of the centre to ensure that resident's dignity was maintained at all times.

The inspector was informed at the opening meeting that the last complaint raised in the centre was December 2016. However, there were no records to indicate whether the complainant was satisfied with the outcome.

In addition, the inspector found that the administration offices for the organisation were located in the upstairs area of the centre where residents' bedrooms and a bathroom were located. The administration offices were open from 9.00hrs while residents may still be involved in personal care. The inspector was not assured that the privacy and dignity of residents was maintained at all times in the centre. The person in charge informed the inspector that they would review this.

There were systems in place to ensure that residents' finances were safeguarded in the centre. For example, residents' finances were recorded on admission to the centre. There was also a safe available for residents to use should they wish to store their personal belongings.

Residents' preferences were taken into account prior to their respite stay. For example,

the person in charge had records which identified which residents liked to share rooms and this was verified by one resident who said that they had informed staff that they did not want to share a room during their stay and this was facilitated.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
The inspector found that the actions from the last inspection had not been implemented with regard to the contract of care and the admission policy in the centre.

The provider had prepared a service level agreement for residents, however it did not include the fees to be charged or include a full outline of services provided in the centre. The inspector spoke to some of the residents about the fees charged and they were aware of these fees which provided some assurances to the inspector.

The admission policy had not been updated since that last inspection to include the procedure for emergency admissions to the centre.

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

Findings:
Overall residents had a personal plan in place which included an assessment of need, however, improvements were required in this area.

Each residents plan contained a critical incident sheet which outlined the needs of residents. A preadmission assessment was also included in the plans. However, the inspector found that the preadmission assessment had been completed in 2015, and therefore did not fully guide practice. In addition, parts of the critical incident sheet were not completed for residents.

There were support plans in place for residents healthcare needs, however, improvements were required to ensure that the plans outlined what staff should be aware of, and when to seek medical attention for residents. The inspector spoke to staff about the practice in this area and found that they were knowledgeable about what to do in such an event.

There were some mechanisms in place to review residents care in the centre. For example, six monthly reviews were held with family representatives and day services. The person in charge informed the inspector that prior to a residents' admission for respite that the family representative was telephoned for an update on any possible changes to the residents support requirements since the last admission. However, the personal plans were not updated to reflect this.

Residents' discussed activities for the week in the centre and spoke to the inspector about their plans during their respite stay. All residents spoken to were very happy with the activities in the centre and enjoyed meeting their friends while in respite.

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:
There were some systems in place to ensure that residents, staff and visitors to the centre were safe. However, improvements were required in fire safety and the review of risk assessments in the centre.

All staff had completed fire training in the centre. Containment measures such as fire doors were in place. Fire exits were unobstructed on the day of the inspection. One upstairs fire exit was not to be used in the event of an evacuation and there was a record alerting staff to this.

Fire fighting equipment was available and from the records viewed they had been serviced. However, there were no records to demonstrate that emergency lighting had been appropriately serviced in the last year.

In addition, the inspector reviewed records both in the minutes of a health and safety meeting dated March 2017 and in records submitted after the inspection, which indicated that the emergency lighting in the centre was not sufficient and required an upgrade. This had not been followed up or addressed at the time of this inspection.

Fire drills were also completed on a monthly basis in the centre. However, the records did not demonstrate how long the evacuation took and some residents' personal evacuation plans had not been updated to reflect issues that had been identified at fire drills in order to inform future drills.

A fire consultant was employed in the centre to oversee an annual night time evacuation of residents from the centre. However, the last one completed in the centre in 2017 was not available and had to be submitted post inspection. As already referenced the records highlighted issues with the emergency lighting in the centre.

An emergency bag was available in the event of an evacuation of the centre.

The inspector spoke to residents about what they would do in the event of a fire and all demonstrated that they would leave building immediately and proceed to the assembly point.

A risk register was available in the centre. Individual risk management plans were in place for some residents. However, the information recorded as control measures were no longer in use and some of the assessments had not been reviewed to reflect changes.

A copy of incidents that had occurred in the centre in the last six months were viewed and the inspector found that the person in charge reviewed them and had outlined additional control measures implemented to reduce the liklehood of a reoccurrence.

A vehicle was available in the centre and the records viewed indicated that it was insured and roadworthy.

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):
No actions were required from the previous inspection.

Findings:
Overall there were procedures in place to protect residents in the centre. However, improvements were required in restrictive practices in the centre.

Residents spoken with said that they felt safe. Staff spoken to were aware of the procedures to follow in the event of an allegation of abuse in the centre.

Behaviour support plans were not reviewed as part of this inspection.

The person in charge informed the inspector that there were two environmental restrictions in place in the centre that had not been identified as such and therefore had not been reviewed to ensure that the least restrictive practice was employed in the centre.

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 from a review of a sample of files that residents healthcare needs were outlined in their personal plans where required. Some support plans were in place to guide staff practice in this area.

Residents spoke positively about the meals provided in the centre and said that they were able to choose alternative options if they wanted to. One resident was assisting with the preparation of the evening meal on the day of the inspection. Staff spoken to were aware of residents in the centre who required support around mealtimes.

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

Findings:
There were medication systems in place in the centre, however a number of improvements were required in this area.

Medications were safely stored in the centre and all staff were trained in the safe administration of medication

The inspector found that while there was a medication policy in the centre, it did not include the procedures staff should follow for respite admissions to the centre or the procedure to follow when residents self medicated in the centre.

The person in charge went through the procedures that were followed in relation to medication management practices in the centre. However, one of these arrangements was not in place on the day of the inspection as the nurse transcriber was on leave and the person in charge was transcribing medications from the general medical services prescription.

In addition, the inspector found that on review of one medication prescribing sheet and administration sheets in the centre, that some anamolies were noted. For example, one residents' medication had been transcribed incorrectly from the general medical services prescription.

It was also not clear from the records available how staff were informed of changes to residents prescribed medication if any since their last respite stay. The person in charge informed the inspector that family members were phoned prior to admissions, however this was not recorded in order to guide practice.

Some residents self medicated in the centre, however there were no assessments completed for this and no medication plans to outline the supports required for residents.

The inspector was informed that there were no residents prescribed medication considered chemical restraint in the centre. Some residents were prescribed as required medication, however there was no guide or protocol in place around the administration of these in order to guide practice.

A copy of medication errors that had occurred in the centre in the last six months found that some were followed up. For example, errors were either reported to a senior manager or to an out of hours GP for advice. The person in charge also met with staff members on each occasion and went through the incident and the medication policy with staff. However, there were no records to demonstrate if some preventative actions had been followed up. For example, medication audits recommended were not completed.

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:
While there were management structures in place in the centre, significant improvements were required to ensure that the services provided were monitored and effectively reviewed.

The inspector found that the provider had not been consistently meeting the

requirements of the regulations since the last inspection. For example, an annual review had not been completed for the centre in 2016. However, one was being formulated for 2017. Only one unannounced quality and safety review had been undertaken in the centre, this was dated August 2017.

In addition, there were no other auditing practices in the centre to ensure that the services provided were safe and consistently monitored. This was evidenced from the findings of this inspection.

The person in charge was employed in the organisation as a service manager and their remit included being a person participating in the management of two other designated centres. The inspector was not assured that this arrangement was effective given the findings on this inspection.

The staff in the centre felt supported in their role and had supervision completed twice a year along with an annual performance development review.

Staff meetings were held every two months in the centre. The inspector found from a review of these records that it was not clear whether issues identified had been followed up.

Judgment:
Non Compliant - Major

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

Findings:
Overall inspectors found that the staffing levels and skill mix in the centre were adequate in the centre. However, improvements were required in the roles and responsibilities of some staff in the centre.

Staff employed in the centre were primarily health care assistants. All mandatory training had been completed by staff and while there were some gaps in refresher courses, the person in charge had highlighted them on the training matrix and was scheduling dates for this to be completed. Other training provided included first aid,

diabetes management, safe administration of medication, food and nutrition and epilepsy management.

The person in charge was on site in the designated centre during the week in order to supervise practice. There was also a team leader employed in the wider organisation who was responsible for the supervision of some practices in the centre. For example, medication practices.

An out of hours on call system was also in place to support staff with any issues. This service was provided by community facilitators, whom also were able to contact the person in charge or the team leader out of hours should they need to.

A number of staff were employed in the centre under a community employment scheme, the inspector reviewed one of the personnel files and found that garda vetting had been completed. There was also an outline of the roles and responsibilities included in the file.

However, the roles and responsibilities outlined in the job description were not reflective of the practice in the centre. For example, medication administration. The staff were supervised by the person in charge twice a year and also completed an induction process to the centre. However, it was not clear how their training needs and professional development was been reviewed and monitored on a regular basis.

Personnel files were not reviewed as part of this inspection.

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:

Anna Doyle
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 Clann Mór Residential and Respite Ltd
Centre ID:	OSV-0002099
Date of Inspection:	01 February 2018
Date of response:	28 March 2018

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:
The location of the administration offices required review, to ensure that resident's privacy and dignity was maintained in the centre.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

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:
An emergency meeting of a representative sample of respite residents and their advocacy group representative were consulted about dignity and respect with regard to upstairs office.

A memo will be circulated to all relevant staff working in respite, reinforcing privacy and respect for residents.

This issue was brought to the attention of relevant staff immediately and was reinforced at management team meeting.

Proposed Timescale: 05/03/2018

Theme: Individualised Supports and Care

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The complaints form had not been updated to record the satisfaction of the complainant.

2. Action Required:
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

Please state the actions you have taken or are planning to take:
Outcome of complaints are currently recorded on the incident response paper form, which includes: was the Person Informed of the Outcome of Their Complaint, Is the Person Satisfied with the Outcome of their Complaint, If No - is the Person informed of appeals process.

There is an existing electronic recording of incidents, which include complaints. The complaints information will now be recorded on new separate complaints register, which has been introduced on 09.02.18 and will include: was the Person Informed of the Outcome of Their Complaint, Is the Person Satisfied with the Outcome of their Complaint, If No - is the Person informed of appeals process.

Complaints are notified bi-annually to the HSE consumer affairs

Proposed Timescale: 09/02/2018

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:
The service level agreement for resident's, did not include the fees to be charged or a full outline of services provided in the centre.

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

Please state the actions you have taken or are planning to take:
The service level agreement / contract of care will be updated to include fees and full outline of supports and services provided in the centre. This document will be reviewed with each resident (and/or guardian) during their next respite stay over the next three months.

The statement of purpose, contract of care, service user guide and admission policy documents have been modified to state:

All admissions to Clann Mór are planned with the exception of a crisis emergency within the current case load. There are no external emergency admissions to Clann Mór Residential & Respite CLG.

These documents will be fully reviewed and disseminated

Proposed Timescale: 29/06/2018

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 assessments of need in place were not updated since 2015 and some parts of the assessment were not completed.

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:
An pre-assessment of suitability is carried out by the HSE multi-disciplinary team to ensure suitability of resident pre referral to Clann Mór.

All assessment of needs/critical information documentation will be reviewed and updated and signed/dated appropriately.

Proposed Timescale: 13/04/2018

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not updated to reflect the changing needs, if any for residents since their last respite stay.

5. Action Required:
Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

Please state the actions you have taken or are planning to take:
All PCP's will be updated to reflect changing needs of residents. This will be completed as residents avail of respite over the coming months. This will be completed by the respite planned summer break closure (end of July).

Going forward, when booking residents into respite, all updates from service users and/or family will be communicated to key workers and front line team, who will update the personal plan accordingly.

Proposed Timescale: 27/07/2018

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 information recorded as control measures in some risk assessments were no longer in use.

Some risk assessments had not been reviewed to reflect changes.

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:
All risk assessment documentation will be reviewed and updated.
Ongoing risk assessment review will be highlighted at each staff team meeting going forward.

Proposed Timescale: 13/04/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There were no records to indicate that emergency lighting had been serviced in the centre.

7. Action Required:
Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

Please state the actions you have taken or are planning to take:
All fire equipment including fire alarm, fire extinguishers are serviced by external contractors and records are available for same.

Regarding emergency lighting, going forward the electrical consultant will audit the emergency lighting annually, starting February 2018. For the other three quarterly audits, emergency lighting tests will be conducted by fire safety consultant.

Proposed Timescale: 15/02/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Records indicated that the emergency lighting in the centre was not sufficient and needed to be upgraded.

8. 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:
A newly enhanced emergency lighting system has been installed in February '18. This was based on the recommendations of our fire safety consultant in conjunction with our electrical contractor. Our fire safety consultant audited emergency lighting and approved same.

Proposed Timescale: 15/02/2018

Theme: Effective Services

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

requirement in the following respect:
Fire drill records did not demonstrate how long the evacuation took to complete.

Some residents' personal evacuation plans had not been updated to reflect issues that had been identified at fire drills in order to inform future drills.

9. 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:
The current fire register has the following text on the top of page 3 :
Evac. Time

An addendum has been placed on the bottom of page 3 stating:
* Evac. Time means the time it takes for residents to evacuate the building e.g. 4 mins.

All PEEP's will be reviewed and updated as required.

Proposed Timescale: 15/04/2018

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:
Two environmental restrictions in place in the centre had not been identified as such and therefore had not been reviewed to ensure that the least restrictive practice was employed in the centre.

10. 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:
Individual restrictive practice review will be carried out for all residents for chemicals and the use of kitchen knives. For individuals that restrictive practices are required, a risk assessment will be created, and restrictions will take place only when that service user is in respite.
All restrictive practices will be reviewed quarterly as part of the HIQA quarterly returns.

Proposed Timescale: 15/04/2018

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:
The medication policy in the centre, it did not include the procedures for respite admissions to the centre and the procedure to follow when residents self medicated in the centre.

Some of the arrangements outlined to the inspector for medication management was not in place at the time of the inspection as the nurse transcriber was on leave and the person in charge was transcribing medications from the general medical services prescription.

On review of medication prescribing sheets and administration sheets in the centre, some anomalies were noted.

It was not clear from the records available how staff were informed of changes to residents prescribed medication if any since their last respite stay.

There was no guide or protocol in place around the administration of these in order to guide practice.

Medication audits recommended from a review of medication errors were not completed.

11. Action Required:
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
The medication policy will be reviewed to include admission of medication into respite.

An assessment will be carried out with each resident in respite who wishes to self-medicate on their next visit.

All care plans related to medication will be reviewed as required.

The current Kardex and transcribing system will be reviewed. Going forward there will be both the nurse transcriber and a second member of the management team to sign off on all transcribing.

All residents and/or family members will be written to reiterate to them the mandatory updating of prescriptions and timelines in advance of respite admissions as appropriate. When booking respite accommodation the resident/family will be asked about changes

in medication and advised to forward updated prescriptions in advance of stay in order to have correct documentation before date of arrival. This information will be recorded and communicated to staff. This medication system will be reviewed on an ongoing basis.

The medication error form will be updated to include the signature/date of the person who carries out the post error audit.

Proposed Timescale: 27/04/2018

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no assessment completed for some residents who self medicated in the centre and no medication plans to outline the supports required for these residents.

12. Action Required:
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take:
An assessment will be carried out with each resident in respite who wishes to self-medicate on their next visit. This assessment will be documented on our self-assessment template and filed in the resident's medication folder. Medication policies will be updated accordingly.

All care plans related to medication will be reviewed as required.

Proposed Timescale: 27/07/2018

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:
Significant improvements were required to ensure that the services provided were monitored and effectively reviewed.

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:
Annual review of quality and care took place in 2017 and will continue annually.

Six monthly unannounced audits will take place in Respite going forward. Board members will be part of this audit process.

A formal audit structure will be developed and the Audit Management policy will be updated accordingly. Audit findings will be evaluated at management meetings and reported at board meetings as appropriate. These audits will be recorded and all staff will be informed of outcomes and quality improvements required.

Proposed Timescale: 27/07/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not clear how the training needs and professional development of staff on community employment schemes was been reviewed and monitored on a regular basis.

Some of roles and responsibilities of community employment staff set out was not the practice in the centre.

14. 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:
The community employment project company supervisory staff team review in conjunction with a member of the management team: induction, training needs and professional development of community employment (CE) staff. This includes at minimum a QQI 5 qualification in healthcare. The community employment project company supervisory staff team in conjunction with a member of the management team supervise CE staff and complete an Individual Learning Plan review. There is regular communication between the community employment project supervisory team and management.

The community employment project company supervisory staff team provide mandatory training including: first aid, manual handling/patient lifting and safety in the workplace. We provide additional training to CE staff for example: SAMS training, fire training, Safeguarding, and positive behavioural support. Part of the requirements for taking part in CE is that all CE staff must take up education and CPD while on the project.

CE staff support core frontline staff to enhance quality of life for residents. After a

successful period of induction, CE staff can participate in the full quantum of their job role. They can actively provide care for residents and carry out duties to enhance quality of life for residents, while being supported by core staff. CE staff are not core staff.
Proposed Timescale: 06/03/2018