

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Donabate Respite
<b>Centre ID:</b>	OSV-0002388
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	Tracey McKenna
<b>Lead inspector:</b>	Caroline Vahey
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	5

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

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

**The inspection took place over the following dates and times**

From: 21 September 2017 08:15 To: 21 September 2017 19:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
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 09: Notification of Incidents
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**

Background to the inspection.

This was the fourth inspection of the designated centre, the purpose of which was to monitor ongoing regulatory compliance. The actions from the previous inspection in May 2016 were also followed up during the inspection. Thirteen outcomes were inspected against during this inspection.

Description of the service.

The centre currently provided respite services to children and adults in one unit and residential services in specific circumstances in a second unit, in line with the statement of purpose. The centre could accommodate both males and females. Children and adults were accommodated separately in the respite service and approximately 250 residents were supported with respite services in the centre. The centre was located in a suburban town and was close to local amenities.

How the inspector gathered evidence.

The inspection took place over one day and was facilitated by staff members in two units of the centre. The inspector briefly met six residents prior to their departure to school and also on return to the centre in the afternoon. The inspector spoke with four staff members and a service manager during the day of the inspection and with the person in charge on the evening of the inspection. Documentation such as complaints records, personal plans, incident reports, staff roster and training records were also reviewed.

Overall judgement of findings.

While some improvement was identified during the inspection, one major non compliance was identified in Outcome 11, Healthcare needs. Residents' healthcare needs had not been met, specifically in relation to hydration, to ensure identified needs were met in line with best practice. Improvement was also required in relation to healthcare plans to ensure they were developed and accurate to satisfactorily guide practice.

Moderate non-compliances were identified in the following outcomes;

Outcome 1 - rights, dignity and consultation relating to the storage of personal information and the choice of social opportunities,

Outcome 4 - admissions and contract for the provision of service,

Outcome 6 - safe and suitable premises relating to maintenance and decorative work required and to unsuitable storage,

Outcome 7 - health and safety and risk management relating to fire precautions, risk management and infection control,

Outcome 8 - safeguarding and safety relating to restrictive practices, reporting of and management of safeguarding concerns,

Outcome 9 - notification of incidents relating to incidents of restrictive practices and safeguarding concerns not reported as required,

Outcome 14 - governance and management relating to arrangements to ensure the service provided was safe and to the unannounced visit by the provider.

The centre was in compliance or substantial compliance in five of the outcomes inspected against including social care needs, medication management, workforce, communications needs and records and documentation.

These findings are discussed in the main report and the regulations which are not been met in the Action Plan at the end of the 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):**

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

**Findings:**

The inspector found improvements had been made in the provision of activities for residents however, improvement was required to ensure this was in line with residents' stated preferences. One issue was identified in relation to maintaining the privacy of personal information. Overall complaints had been well managed.

Residents chose social activities they wished to engage in at the beginning of their respite stay and the inspector reviewed minutes of these meetings and records of activities. While residents were facilitated with good social opportunities these were not always consistent with the choice made by the resident at the beginning of their stay.

The inspector reviewed records of complaints in the centre. Overall complaints had been well managed and records confirmed complaints had been dealt with to the satisfaction of the complainant.

The inspector found residents' personal plans were inappropriately stored on open shelving in the kitchen of one unit.

**Judgment:**

Non Compliant - Moderate

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found residents' communication needs were met.

The inspector reviewed three assessment and personal plans. The inspector found communication needs were set out in assessments and support documents, detailing residents' preferred method of communication and the support requirements to meet those needs, including sign language and picture communication systems. Where required additional assessments had been completed by a speech and language therapist and in one case further trials were being initiated with an additional augmentative communication method.

Staff were knowledgeable on communication needs of residents and additional training was ongoing in the centre in relation to augmentative communication methods.

**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):**

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

**Findings:**

The inspector found that since the previous inspection written agreements remained outstanding for some residents. Improvements were identified in the admission process to the centre.

The inspector reviewed three residents' plans and found written agreements were not in place for two residents detailing the terms under which the resident would reside in the

centre.

Since the last inspection improvement was identified in the planning of respite stays for residents. Minutes were kept of respite planning meetings, and groups for residents stays were discussed at these meetings. The person in charge maintained a database in relation to respite needs of residents and this formed part of the planning process for residents' respite stays.

**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):**

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

**Findings:**

The inspector found overall residents' needs had been assessed and plans were implemented to meet the identified care and support needs of residents in line with the responsibility of the provider.

The centre provided respite services to adults and children, and where required residential care was provided in specific circumstances. Assessments of need and identified supports had been completed and documents were maintained on these in the centre. Most residents' assessment and plans had been reviewed within the past year however, one assessment of need had not been reviewed within the required time frame. Assessment and plans developed were guided by input from multidisciplinary team members such as a psychologist and speech and language therapist or external health professionals.

There were regular reviews by the multidisciplinary team members for those residents in specific circumstances availing of a residential service in the centre and there was evidence that families were involved in planning of residents' future care and support. Staff members also attended multidisciplinary team meetings of residents availing of respite services in the centre where applicable.

The inspector found plans were developed for most identified needs with the exception of some health care plans which is discussed in Outcome 11. There was sufficient detail in plans to guide the practice in the delivery of care and support, given the needs of the residents and the provider 's responsibility to meet these needs.

Children availing of services in the centre were supported to attend school and on the day of inspection the inspector observed that all children were provided with transport going to school.

Residents were supported with social opportunities in the local community such as going for a meal or coffee, going to the cinema, walks or going shopping.

**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):**

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

**Findings:**

The inspector found there were areas of the centre that required maintenance and redecoration.

The centre comprised of two units. One unit was maintained in a good decorative state however, suitable storage was not available for personal care items. The inspector found large supplies of personal care products inappropriately stored on the bathroom floor in this unit.

In the second unit, a toilet was found to be unstable and not fixed safely to the floor. A resident's bedroom required repainting also.

Not all aspects of this outcome were inspected against.

**Judgment:**

Non Compliant - Moderate



## **Outcome 07: Health and Safety and Risk Management**

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

### **Theme:**

Effective Services

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

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

### **Findings:**

The inspector found the health and safety of residents, visitors and staff was promoted and protected through fire management systems and through incident management. Improvements were required in risk management to ensure action was taken to presenting risks and to ensure appropriate control measures were in place to identified risks. Improvement was also required in infection control and in food hygiene practices.

Suitable fire equipment was provided in the centre including a fire alarm, fire extinguishers, emergency lighting and fire blankets. Assistive equipment was also provided to support residents with mobility requirements in the event the centre needed to be evacuated. Fire exits were clearly marked and exits were unobstructed on the day of inspection. There were fire doors fitted throughout the centre and magnetic doors releases fitted as required to some fire doors. However, the inspector found one fire door inappropriately held open by an item of furniture on the day of inspection.

Monthly fire drills had been completed and where issues arose actions were outlined to mitigate future reoccurrence. Improvements were identified in personal emergency evacuation and the mobility and support needs of residents were accounted for in these plans. Staff were knowledgeable on these plans and on the evacuation procedures in the centre. There were monthly and quarterly fire safety checks and where issues arose corrective action had been taken to rectify the issue.

Service records for fire equipment were not checked as part of this inspection however, the inspector noted fire extinguishers had been serviced within the past month.

There was a local procedure relating to incidents where a resident goes missing. A local risk register was maintained and outlined risks in the centre categorised as high risk. Risk management plans were developed including individual risk assessments and site specific risk assessments. However, the inspector found inadequate control measures were outlined in a plan specifically for the risk identified as high risk on the risk register. The inspector also observed a ligature risk on the day of inspection. This was pointed out to the person in charge, who subsequently took measures to remove the risk. On review of the risk management plan for this risk, the inspector found there was insufficient guidance for staff on how to manage this risk.

Arrangements were in place for the responding and reporting to adverse incidents involving residents. Incidents had been recorded and staff described the measures to prevent reoccurrence. The inspector found these measures had been implemented.

There were a number of incidents relating to peer to peer assault however this is discussed in Outcome 8. Reasonable measures were in place to prevent accidents with equipment such as such hoists and grab rails provided.

Satisfactory handwashing facilities were provided in the centre. However, the inspector found some staff were not knowledgeable on the procedure in the event a resident became sick including cases where an infection control risk was suspected. The inspector also found the storage of some fresh food items required improvement to ensure food was stored in the recommended conditions.

**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):**

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

**Findings:**

The inspector found that improvement was required in safeguarding procedures to ensure appropriate reporting of safeguarding concerns and to ensure measures are implemented following reported concerns to prevent reoccurrence. Improvement was also required in the use of restrictive procedures to ensure they were applied in accordance with best practice and to ensure staff were knowledgeable on their implementation.

The inspector identified a number of safeguarding issues on review of incidents and complaints records. While these issues had not been reported as safeguarding concerns to the relevant statutory agencies, the inspector was assured that in most cases measures had been implemented to prevent reoccurrence and reduce risks to residents. However, in one case relating to a healthcare issue, appropriate measures had not been taken to mitigate the risk of potential reoccurrence.

Staff were knowledgeable on the types of abuse and the actions to take in response to an allegation, suspicion or disclosure of abuse however some staff were not aware that peer to peer issues should be reported as potential safeguarding concerns. Since the last

inspection staff had been provided in safeguarding training including the protection and welfare of children and adults.

Plans were developed to support residents with their emotional and behavioural needs where required. Overall the inspector found plans guided the practice and were regularly reviewed. However, the inspector found the use of some environmental restrictions in response to behaviours of concern, were not set out in a plan. In addition, some staff were not clear on the circumstances under which an environmental restrictive practice was applied. The use of restrictive practices in the centre were not consistently recorded. Restrictive practices in the centre had been approved for use by a service committee, whose remit was review of all restrictive practices in the centre. However the inspector found one environmental restrictive practice for a resident had not been reviewed since October 2015.

Residents were where required, supported by allied healthcare professionals with their emotional needs.

Intimate care plans were developed however, the inspector found in some cases these plans did not guide practice and had minimal information on how residents' privacy and dignity was safeguarded.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

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

**Findings:**

The inspector found some safeguarding concerns had not been notified to the Health Information and Quality Authority as required. In addition, a prescribed physical restraint which staff stated was frequently used in the centre had not been notified in quarterly notifications as required.

**Judgment:**

Non Compliant - Moderate

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found some residents healthcare needs were not met specifically in relation to hydration and these needs were not met in line with best practice and specified needs. In addition plans were not developed for some residents' identified healthcare needs and conflicting information was provided on the emergency response to an identified medical condition.

The inspector reviewed four plans in relation to the provision of healthcare and spoke with a staff member. Most identified healthcare needs had a corresponding plan guiding practice in the provision of care to residents. However, there were number of identified needs which did not have corresponding healthcare plans developed. In addition, the inspector found conflicting guidelines in one resident's personal plan for the emergency response to epilepsy.

The inspector reviewed daily care notes, fluid intake records and an allied healthcare professional guidelines pertaining to some residents. In one case, records reviewed identified that minimal amounts of fluids were recorded as being given to a resident, and for a 24 hour period less than half the minimum recommended fluids were recorded as given. In addition more recent guidelines developed by the person in charge had not considered the recommended intake as originally made by the relevant healthcare professional.

The inspector was not assured that issues arising following an adverse presentation of a resident in relation to fluid intake had resulted in a change of practice in the centre. In addition, the inspector was concerned that the resident was not provided with appropriate care during their stay in the centre, and the resident had not been appropriately monitored and cared in accordance with best practice.

**Judgment:**

Non Compliant - Major

**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:**

Overall the inspector found residents were protected by the policies and procedures in place for medication management. Some improvement was required to ensure the protocol for the administration of a PRN (medicines only given as the need arises) were clearly set out.

Since the last inspection residents' photographs had been made available in prescription records. The inspector reviewed medication and prescription records for three residents and found these were complete. Medications had been administered as prescribed to the residents for whom they had been prescribed. Up to date medication prescriptions were provided on each occasion a resident was admitted to the centre. In most cases PRN (medicines only given as the need arises) medication prescriptions stated the circumstances under which a medication should be administered with the exception of one medication used in response to a resident's emotional needs. The maximum dosage in 24 hours was also stated on PRN (medicines only given as the need arises) prescriptions.

Suitable secure storage was provided for medications received into the centre. A record was maintained of all medications received into the centre.

The inspector reviewed incident records pertaining to medication errors and found appropriate follow up action had been taken in response to adverse medication incidents.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

implemented.

**Findings:**

The inspector found there had been an improvement in the governance and management arrangements in the service resulting in improved outcomes for residents. However, issues in relation to the provision of appropriate healthcare indicated that further improvement was required to ensure the service provided was safe and there was evidence of learning from serious incidents involving residents. Some improvement was required to ensure 6 monthly unannounced visits by the provider were completed within the specified timeframe.

The inspector found that some residents healthcare needs had not been appropriately met and the inspector was not assured that the action taken following reporting of a concern, were adequate to control the risk of reoccurrence and to ensure there was learning from this event.

Since the last inspection the person in charge had been allocated additional protected hours in order to support them with their managerial and administrative responsibilities. This had resulted in improvements in a number of outcomes inspected against and as such outcomes for residents. An additional clinical nurse manager had also been employed in one unit of the centre.

There was a clearly defined management structure. Staff reported to the person in charge and the person in charge reported to a service manager. The service manager reported to the director of children's services, representing the provider.

An annual review of the quality and safety of care and support had been completed by the provider and had included the views of residents and their representatives.

Since the last inspection two unannounced visits by the provider had been completed in 2016 for two units comprising the centre and in one in 2017 for one unit of the centre. However, there had been no unannounced visit by the provider completed in 2017 for one unit of the centre.

The inspector reviewed the most recent unannounced inspection completed August 2017 post inspection. Following on from this review, actions had been developed and the inspector found actions were either completed or in progress.

**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):**

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

**Findings:**

The inspector found there were sufficient staffing levels in the centre and outstanding training identified in the previous inspection had been facilitated.

Since the previous inspection staff had been facilitated with outstanding training including training in augmentative communication systems, training in how to hold a child safely and safeguarding training including children and vulnerable adults.

Overall the inspector found an improvement in the staffing levels and skill mix. The inspector reviewed rosters in the centre. Planned and actual rosters were maintained, and the times staff were on duty were now consistently detailed in these rosters. There was one staff vacancy in the centre and the recruitment of a new staff was actively underway. Where required vacancies were filled by regular agency staff.

The person in charge had recently initiated changes to the rostering arrangement in the centre to ensure additional staff were allocated to support residents with their social care needs.

**Judgment:**

Compliant

**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:**

Since the last inspection a policy on the provision of information to residents had been developed by the organisation.

**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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002388
<b>Date of Inspection:</b>	21 September 2017
<b>Date of response:</b>	14 November 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:**

Residents' personal plans were inappropriately stored on open shelving in the kitchen of one unit.

**1. Action Required:**

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

<sup>1</sup> 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:**

This practice has now ceased. The PIC has identified a private, suitable, locked storage area for all residents records and plans.

**Proposed Timescale:** 14/11/2017

**Theme:** Individualised Supports and Care

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

Social opportunities provided to residents were not always consistent with their stated choice.

**2. Action Required:**

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

A residents meeting is held at the start of each break where residents choices of social activities are agreed and will be recorded in the activity planner. When residents change their chosen plans this will be recorded in their personal files. This will be discussed at the staff meeting on 23rd November, minutes will be available for review.

**Proposed Timescale:** 23/11/2017

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

Written agreements were not in place for some residents.

**3. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Written agreements are sent to all respite residents once a year. Following the monthly Respite bookings meeting the PIC assigns each staff member a monthly allocation of files to review, to ensure that all necessary documentation is in place and up to date.

Respite agreements will be included as part of this process, and follow up action with the relevant social worker if required. This will be discussed at the staff meeting on 23rd November and minutes will be available for review.

**Proposed Timescale:** 23/11/2017

#### **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:**

One assessment of need had not been reviewed within the past year.

#### **4. Action Required:**

Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The PIC will ensure that all residents files are reviewed prior to admission to the designated centre and that an up to date Assessment of Need is in place. This will be discussed at the staff meeting on 23rd November and minutes will be available for review

**Proposed Timescale:** 23/11/2017

#### **Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

One resident's bedroom required repainting.

A toilet in one unit was found to be unstable.

#### **5. Action Required:**

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

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

The toilet has now been repaired.

A request has been sent to maintenance to paint the residents bedroom. There is only a 5 hour window available during each day, if the resident goes to school. This may take

3 - 4 attempts.

**Proposed Timescale:** 31/01/2018

**Theme:** Effective Services

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

Suitable storage was not available in one unit for personal care items.

**6. 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:**

An appropriate storage unit has been identified and is being sourced.

**Proposed Timescale:** 30/11/2017

## **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:**

Appropriate measures were not in place for the control of some identified risks in the centre.

**7. 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 PIC and service manager will review the risk register in the centre as part of their monthly support meetings and put systems in place for hazard identification and responses.

**Proposed Timescale:** 31/12/2017

**Theme:** Effective Services

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

Food storage procedures required improvement.

Some staff were not knowledgeable on the procedure in the event a resident became sick including cases where an control risk was suspected.

**8. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Food safety including the correct storage of food will be discussed at the staff meeting on 23rd November. Minutes will be available for review.

A protocol will be developed by the respite review team for the procedure of when a resident becomes sick in respite. This was discussed at the respite review meeting on 24th October and it was agreed to develop same, with input from the Director of Nursing, Respite PIC's and Nurse Manager on Call.

**Proposed Timescale:** 05/12/2017

**Theme:** Effective Services

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

One fire door was observed to be inappropriately held open.

**9. Action Required:**

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

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

The fire officer was contacted in relation to the supply of free closing doors to the centre, to allow the freedom of movement of residents, and the centre is awaiting a date for this. In the meantime the door will remain closed.

**Proposed Timescale:** 14/11/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

One environmental restrictive practice had not been regularly reviewed.

Records were not maintained on the occasions in which restrictive practices were applied.

The circumstances under which some restrictive practices were used were not set out in plans.

Staff were not knowledgeable on the circumstances under which an environmental restrictive practice was applied.

**10. 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 PIC will review all restrictive practices in the designated centre using the newly developed restrictive practice audit tool and ensure that there are detailed support plans to guide staff in their use. This will be discussed with staff at team meeting on 23/11/17. Minutes will be available for review.

The circumstances under which environmental restrictive practices are applied was discussed at the team meeting on 4th October 2017

**Proposed Timescale:** 23/11/2017

**Theme:** Safe Services

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

Some intimate care plans did not guide practice.

**11. Action Required:**

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

The PIC will review intimate care forms and amend when needed, prior to a residents respite break, as part of the monthly file checks. This will be discussed at the staff meeting on 23rd November, minutes available for review.

**Proposed Timescale:** 23/11/2017

**Theme:** Safe Services

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

Some safeguarding concerns had not been identified as such and therefore not reported

to the relevant statutory agencies.

**12. Action Required:**

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

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

All peer to peer incidents are to be discussed with the principal social worker to clarify any potential safeguarding concerns. If incident is deemed as a safeguarding concern the designated officer is to be informed and safeguarding procedure to be implemented and required statutory notification completed. This will be discussed at the team meeting on 23rd November. Minutes will be available for review.

**Proposed Timescale:** 23/11/2017

**Theme:** Safe Services

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

Appropriate measures were not put in place following a safeguarding concern and the inspector was not assured that actions to mitigate reoccurrence were in place.

Staff knowledge in relation to the requirement to report peer to peer incidents as potential safeguarding concerns, required improvement.

**13. 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 PIC and the service manager have reviewed the safeguarding concern, updated support plans and guidelines as appropriate to mitigate reoccurrence.

The PIC and respite social worker will meet with the staff team to discuss peer to peer incidents and updated reporting protocols.

**Proposed Timescale:** 23/11/2017

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

A prescribed physical restraint which staff stated was frequently used in the centre, had not been notified in quarterly notifications as required.

**14. Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

The use of physical restraints during incidents of challenging behaviour will be notified in the quarterly notifications as required. An amendment has been made to the third quarter notifiables and submitted to the authority.

**Proposed Timescale:** 14/11/2017

**Theme:** Safe Services

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

Some safeguarding concerns had not been notified to the Health Information and Quality Authority as required.

**15. Action Required:**

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

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

All peer to peer incidents are to be discussed with the principal social worker to clarify any potential safeguarding concerns. If incident is deemed as a safeguarding concern the designated officer is to be informed and safeguarding procedure to be implemented and required statutory notification completed. This will be discussed at the team meeting on 23rd November. Minutes will be available for review.

**Proposed Timescale:** 23/11/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Some residents had not been provided with appropriate healthcare having regard for their assessed need and in line with best practice.

Healthcare guidelines in relation to fluid intake had not considered the recommendation of the relevant allied healthcare professional.



Healthcare plans were not developed for some identified needs of residents.

A resident's plan contained conflicting guidelines for the emergency response to epilepsy.

**16. 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:**

The PIC has reviewed the relevant files, to ensure all health care needs have been identified and has developed a comprehensive support plan for the individuals concerned, in line with best practice. This documentation is available in the centre for review.

Healthcare guidelines in relation to fluid intake will be discussed at the team meeting on 23rd November in advance of the residents next break.

Support plans have been developed for the identified needs of these residents.

The residents plan has been reviewed and now contains only the most up to date guidelines for the emergency response to epilepsy.

**Proposed Timescale:** 23/11/2017

**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:**

Improvement was required in the prescription documentation of a PRN (medicines only given as the needs arises) to ensure the criteria for administration was clearly set out.

**17. 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 Medication Administration Sheet has been reviewed to ensure the criteria for regular and PRN medication is clearly set out.

**Proposed Timescale:** 14/11/2017

**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:**

Improvement was required to ensure the service provided was safe and there was evidence of learning from serious incidents involving residents.

**18. 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:**

The PIC and service manager will review all adverse incidents to ensure learning and any required improvements are implemented.

**Proposed Timescale:** 16/01/2018

**Theme:** Leadership, Governance and Management

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

An unannounced visit by the provider had not been completed in one of the centre within the specified timeframe.

**19. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The Service Manager completed an unannounced visit in October 2017.

**Proposed Timescale:** 14/11/2017