

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Breffni Cottage
Centre ID:	OSV-0003255
Centre county:	Laois
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	G.A.L.R.O. Limited
Provider Nominee:	Joe Sheahan
Lead inspector:	Declan Carey
Support inspector(s):	Gary Kiernan
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: 14 September 2017 10:45 To: 14 September 2017 18:30

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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

The purpose of the inspection was to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The previous inspection took place on 23rd and 24th January 2015 and was to inform a registration decision. This centre was subsequently registered. There were 43 actions from the previous inspection and most actions were adequately resolved by the provider. The centre had made significant progress from the previous inspection and this has resulted in further compliance with regulations on this occasion.

How we gathered our evidence:

Inspectors met with six staff members and interviewed three of them about the

service being provided to residents. Inspectors spoke with the person in charge, deputy team leader and the area manager at length throughout the course of this inspection. Inspectors also had the opportunity to spend time and speak with three residents during the course of this inspection. The inspectors observed interaction between residents and staff throughout the day of this inspection.

Policies and documents were also viewed as part of the process including a sample of the residents' health and social care plans, complaints policy, the contracts of care, health and safety documentation, safeguarding documentation and risk assessments.

Description of the service:

The centre consisted of a large detached house that accommodated five residents with a range of individual support needs on a full time basis.

The provider G.A.L.R.O. (Guardian ad Litem and Rehabilitation Office) outlined the service provides respite care to 38 children aged 0 - 18 and accommodated five children at any one time.

The provider outlined the purpose of this centre is to provide appropriate respite care and supervision for up to five children on a short-term basis and on occasion one longer term residential placement from time to time. The provider also outlined the goal is to create a holiday type experience for children while supporting them to live full and valued lives, through positive opportunities.

Overall judgment of our findings:

Overall, good levels of compliance were found across most outcomes assessed. Inspectors found that arrangements were in place to provide residents with a caring and holiday environment. Residents were observed to be at ease in the company of staff. On arrival inspectors observed staff and residents were involved in baking activities and other residents were relaxed in other play activities at their own pace.

The centre was comfortable, appropriately furnished and maintained. The inspectors observed residents at meal time and they appeared at ease with staff supporting them.

Of the 11 outcomes assessed, the outcomes on; communication, admissions, risk management, social care needs, healthcare needs, medication management, governance and management and documentation were found to be fully complaint or substantially complaint.

Areas that required improvement included the outcomes on residents rights, safeguarding and safety, and workforce. These are further discussed in the main body of this report and in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors found that residents' dignity and privacy were promoted in the designated centre. However, the complaints process was not in line with regulations and this issue was not resolved as outlined in the response to previous inspection report.

Inspectors found a complaints policy in place, however the complaints policy was not up-to-date. The policy outlined a named staff member as the complaints officer, however staff identified to inspectors another member of staff as the complaints officer.

Inspectors reviewed the complaints log of recorded complaints in the designated centre. From a sample of complaints reviewed there was no follow-up action taken and no record of actions taken for some complaints. For some complaints not all details of the complaint were present, for example a record stating if the complainant was satisfied with the outcome or not as per the requirements of the Regulations.

Residents had their own individual bedrooms and had adequate storage space to store their belongings. Residents' personal information was stored securely in locked presses to promote their privacy when not in use.

Throughout the day of inspection, inspectors spent time with residents and the staff team and observed practice. Inspectors found that interactions were caring, warm and in a dignified manner. Conversations were person-centred and indicated a good knowledge of residents' interests.

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:

Overall, the inspectors were satisfied that the systems in place to support the children's communication needs and the action from the previous inspection was found to have been addressed. It was also observed that staff knew the preferred and individual style of communication for each child.

From a sample of files viewed the inspectors observed there was an adequate level of detail for each child. This information was captured in a communication passport kept on each child's file. Information included likes and dislikes for children and individual communication needs.

Assistive technology (AT) was in use in the centre and inspectors observed children had access to the internet with the support of staff.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that residents had written agreements in place and set out the

responsibilities of the provider during the respite stay. However, written agreements for some residents were not signed for each respite stay.

Inspectors found there was a system in place to assess all residents prior to admission and an effective system in place to facilitate an appropriate mix of residents. No fees were charged for respite stay.

Inspectors found there was a new system introduced for written agreement recently, however some written agreements were not signed by residents' parents or guardians.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall, the inspectors found that the social care needs of each resident was being supported and facilitated in the centre while on their respite visit to the centre. Daily activities were found to be meaningful. However, personal plans for some residents were not up-to-date and this was not resolved from the previous inspection.

The inspectors found that the care and support provided to the residents was to a good standard and from a sample of files viewed, each resident had health and social care plans in place.

Inspectors observed that allied health professional assessments and recommendations in personal plans were present for their respite stay. Should a need be identified for residents by community health services or the staff, a support plan was put in place for each need. For example, some residents had assessments from allied health professionals for a respite care plan that included dietary requirements.

Inspectors found, from a sample of files reviewed, some personal plans were not up-to-

date and were not regularly reviewed. The person in charge acknowledged that some personal plans were not up-to-date and this required attention. Inspectors spoke with staff members who outlined residents' likes, dislikes and interests. Staff were knowledgeable about residents meaningful day and important people in their lives.

Some plans identified social goals that were important to each resident and from the sample viewed by the inspectors, it was observed that goals were being documented and a plan of action in place to support their achievement.

For example, some residents' social care goals included availing of independent walking, making choices, swimming, use of the sensory room and outings to local amenities. The inspectors observed residents and staff utilising the kitchen to prepare baked goods and favourite foods. The inspectors also observed that some goals had been achieved or were in the process of being achieved at the time of this inspection.

Staff of the centre also supported residents to frequent local amenities such as shops, swimming pools and restaurants.

Judgment:

Substantially Compliant

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 inspectors were satisfied that the health and safety of residents, visitors and staff was promoted. However, this inspection found the risk management policy was not satisfactory and did not cover the identification and assessment of risk or the risks specified in regulations. This was not resolved from the previous inspection. In general there were adequate arrangements in place to promote fire safety, however records were not in place to show the emergency lighting system was serviced on a regular basis.

There was also a policy on risk management for the designated centre, however this was not dated. The inspectors found the risk management policy did not deal with the identification and assessment of risk and does not reference the risk matrix which was currently in use. Also the inspectors found the risk management policy did not reference risks as specified in the regulations, for example, self-harm.

The centre also had a risk register which identified risks in the centre and was reviewed on a monthly basis by the person in charge. The risk register documented appropriate measures in place to mitigate risks in the centre. For example, the risk register detailed risks in relation to different areas of the centre, transport and equipment. The inspectors found regular health and safety audits in place and documented.

From a sample of files viewed, there was also good system in place for the recording and monitoring of accidents and incidents in the designated centre. Incidents were recorded in detail and reviewed by a behavioural specialist when incidents relate to behaviour.

Inspectors found, in general arrangements were in place to protect against the risk of fire. However, records were not in place to show that the emergency lighting system was serviced at regular intervals.

The inspectors also found that that a fire register had been compiled for the centre which was up-to-date. The fire alarm system, fire panel and bell test were serviced on a quarterly basis from an independent fire company. Documentation read by the inspectors outlined weekly fire checks were carried out by staff in the centre.

Fire drills were carried out on a regular basis as required by regulations and all residents had individual personal emergency evacuation plan in place.

There was also a missing person's policy in place for each resident, detailing relevant information. The aim of the policy was to ensure staff knew what steps to take should a resident go missing from the designated centre.

It was observed there was a car maintenance log also in place.

Judgment:

Substantially Compliant

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):

Findings:

Overall, the inspectors found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre. However, an issue was identified in relation to the systems in place to ensure that all allegations of abuse were fully investigated.

There was a policy on and procedures in place for, safeguarding residents which most staff had training on. Inspectors observed residents to be relaxed in the presence of staff on duty, on the day of inspection.

Staff spoken with during inspection, were able to demonstrate good knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting responsibilities and procedures. They were also able to identify who the designated person was in the centre and made reference to the safeguarding policies and procedures.

Inspectors reviewed a sample of alleged incidents involving the safety and welfare of residents in the designated centre. Inspectors noted that in the case of one incident, where an allegation had been made by a parent, the steps taken to investigate the matter had not been documented. The person in charge had previously provided information to HIQA in relation to this incident and was able to describe a number of proactive safeguarding steps which had been taken. However, some important parts of the centre's safeguarding policy for alleged incidents had not been followed, for example interviewing relevant staff who were present. The incident reviewed also did not have involvement of professionals external to the centre, as a measure to ensure the safety and welfare of resident at all times.

There was also a policy in place for the provision of personal intimate care and each resident that required a personal intimate care plan, had one on file. Some intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

There was a policy in place for the provision of positive behavioural support. This was to ensure a collaborative and integrative consistent approach in supporting individuals with behaviours of concern. Some residents had individual support from staff members as outlined in their plans. Staff spoken with by the inspectors, were able to verbalise their knowledge of residents' positive behavioural support plans. These plans were reviewed regularly with the input of staff from the centre and a behavioural support specialist. Following review and assessment from allied health professionals, some plans were discontinued as they were no longer required.

While there were some physical restrictions in use in the centre, a restraint free environment was promoted. These were reviewed by staff and management on a monthly basis, a rights committee meeting every six weeks and a human rights meeting took place every six months. These physical restrictions were documented in a restrictive practice log. It was observed that these were used as a safety measure with a risk assessment carried out and only as a last resort and there were strict protocols in place for its use, which were adhered to.

As required (p.r.n.) medicines were not in use on the day of inspection. When the use of p.r.n. medicines were used in the centre, there was a protocol in place for each medication and these were reviewed regularly by a multidisciplinary team. It was observed that PRN medicines were used only as a last resort and there were strict protocols in place for its use. Inspectors were satisfied staff were knowledgeable of the protocols guiding the administration of p.r.n. medicines.

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):

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

Findings:

Inspectors found residents were being supported to achieve their best possible health while on respite visits to the centre. However, some improvement was required where residents required support PEG (Percutaneous endoscopic gastrostomy) feeding.

Inspectors found that residents had access to a General Practitioner (GP) along with access to additional allied health care professionals such as psychology, behavioural support and a paediatric nurse on a regular basis, who worked with staff in the centre to support residents. Inspectors found as this was a respite service, interventions were communicated to staff in the centre when residents availed of respite services. Residents were supported to attend appointments and follow-up appointments while on respite visits.

Information and advice from allied healthcare professionals was included and incorporated into a hospital passport for residents. Inspectors reviewed a sample of support plans for specific health issues and found for the most part, to be concise, up-to-date and guiding good practice. For example, some residents had an individual epilepsy management care plan to support staff in providing care which included emergency support in and outside the centre.

Inspectors reviewed care plans and records for a range of specific health care needs and found that for the most part staff were meeting these needs effectively. However, inspectors found that improvement was required in relation to the care of residents who required support with PEG feeding. Records did not demonstrate evidence-based care in relation to this need and records of care provided were not adequate in this area. The inspectors brought this to the attention of the person in charge who took prompt steps

at the time of inspection to ensure the paediatric nurse would review residents who had this specific healthcare need. On the day after the inspection the person in charge provided HIQA with written assurances in relation to the review which had taken place and a daily checklist template that staff would record, to ensure this care was provided to residents as required.

Some residents assisted with making snacks and preparing meals at their own participation level. The inspectors observed a menu in place in the centre. The inspectors found a varied diet was encouraged in the centre and residents had input into menu planning for breakfast, lunch and dinner. Some residents had a modified diet and staff were knowledgeable around the needs of residents who required extra support with meals. Some residents had a nutrition plan in place with support from allied health professionals from community services. Daily recording of food and fluid intake was in place for residents as required.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Inspectors found safe practices in relation to the ordering, prescribing and administering of medicine in the designated centre.

There was a medicines management policy in place in the centre. The overall aim of the policy was to ensure safe and effective administration of medication and outlined prescribing, storing, administration including covert administration, as required medications, shorter term medications, crushed medications and disposal of medications in the centre. There was a medication fridge in place in the designated centre and was regularly checked by staff.

There was a system in place to record any medication errors. The inspectors observed one recent medication error and there was appropriate follow-up by the person in charge with staff in the designated centre. There was an appropriate system in place for the return of medications to the pharmacy, as required. Inspectors found a stock control system was in place and was updated after each administration of medication in the centre.

The inspectors observed a recent medication audit was carried out by a person participating in the management of the designated centre.

From viewing a sample of staff files it was observed staff were trained in the safe administration of medication.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall, the inspectors found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision and quality of the service delivered. Some minor improvement was required regarding the template for audits required review to ensure all actions were completed.

There was a clearly defined management structure in place which residents and staff were aware of. Front line staff reported to the person in charge, who reported to the area manager.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was the team leader. From speaking with the person in charge at length over the course of the inspection, it was evident that she had good knowledge of the individual needs and support requirements of each resident during their respite stay in the centre.

The person in charge was aware of her statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and Regulations.

The person in charge was also supported in their role by the area manager and deputy team leader who were also part of the management team in the centre. The inspectors

met with the area manager and deputy team leader on day of the inspection and observed that they were also familiar with the centre and residents. In the absence of the person in charge, there is a lead staff member on duty.

There were a number of qualified social care workers, support workers and a night steward on duty in the centre. There was a psychologist and behavioural support worker also on the roster for the centre. There was also an on call-system in place where staff could contact a manager, day or night in the event of any unforeseen circumstance.

An annual review of the safety and care provided in the centre was completed on behalf of the provider in March and July 2017. Inspectors observed that some issues identified were not adequately addressed within the due date or reviewed by the management team in the July 2017 report. For example, a need to complete a schedule for personal plans and painting work to the centre remained outstanding on the day of inspection. The person in charge acknowledged the template for action plans arising out of the annual report and audits required review. It was also not documented that the management team had viewed the report on the day of inspection.

Random internal audits were also carried out in the centre by the person in charge in the areas of medicines, finances and health and safety. Inspectors viewed a sample of these audits and found areas of compliance and non-compliance. Some issues identified were adequately addressed that brought about positive change for residents. For example, financial audits were taking place to ensure residents were supported in individual choice and autonomy outside the centre.

There were regular staff meetings organised by the person in charge involving all staff members in the designated centre. Inspectors observed the agenda for staff meeting which included actions from previous meetings, incidents, review of restrictive practices, risks in the centre, medications for residents, rosters, training and any changes in the centre. The person in charge outlined she met with the area manager on a monthly basis and regularly on an informal basis to discuss the designated centre.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspectors found that there were sufficient staff numbers with the right skill-mix and experience to meet the assessed needs of the residents. However, some gaps were identified in mandatory staff training.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner.

From reviewing the training matrix for the designated centre, the inspectors observed gaps in mandatory training for some staff. For example, some staff did not have up-to-date training in Children First and fire safety training.

Inspectors found staff received training in a range of other areas to support the needs of residents including communications, intimate care, food hygiene, infection control, epilepsy, de-escalation and intervention techniques and positive behavioural support. There was an actual and planned staff rota for the designated centre.

This outcome was not inspected in its entirety during this inspection.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Inspectors found that the provider had ensured written policies and procedures were in place as required by Schedule 5 of the regulations. However, some policies and procedures were out-of-date on the day of inspection.

For example, the risk management policy had not been updated for more than 3 years. However, inspectors found there was no adverse impact on residents, as a result of policies and procedures not being reviewed.

This outcome was not inspected in its entirety during 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:

Declan Carey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by G.A.L.R.O. Limited
Centre ID:	OSV-0003255
Date of Inspection:	14 September 2017
Date of response:	6 December 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:

Inspectors found the system for responding to complaints requires improvement. The policy was not up-to-date and did not reflect the requirements of the regulations. The specific actions taken to address some complaints were not recorded. The outcome and satisfaction level of the complainant was also not recorded.

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

1. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

At the time of the inspection the complaints policy was under review. That review is now complete and the policy is up to date and includes a section on an appeals process.

We will follow up on all complaints to ensure they are concluded, satisfactory and recorded.

Proposed Timescale: 06/12/2017

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:

Inspectors found the provider had not ensured that up-to-date signed written agreements were in place for each respite stay.

2. 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:

We have reviewed our contracts for the provision of service. It was noted that some new contracts for the provision of service were not signed and we will ensure that all contracts are signed.

Proposed Timescale: 22/12/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Inspectors found some personal plans were not up-to-date.

3. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

We will review the personal plans that are not up to date and continue to endeavour to seek commitment from the parents and other professionals to attend care planning meetings.

Proposed Timescale: 31/12/2017

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:

The inspectors found the risk management policy does not deal with the identification and assessment of risk in the designated centre.

4. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

We will review our Risk Management Policy and ensure that the identification and assessment of risk is dealt with adequately.

Proposed Timescale: 08/12/2017

Theme: Effective Services

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

Inspectors found the risk management policy does not reference measures and actions in place to control the risk of self-harm, as required by regulations.

5. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

We will include the policy on self-harm as part of our Risk Management Policies.

Proposed Timescale: 08/12/2017

Theme: Effective Services

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

Inspectors found records were not in place to show the emergency lighting system was serviced on a regular basis.

6. 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:

We will record routine maintenance to the emergency lighting system in our maintenance logs.

Proposed Timescale: 06/12/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Appropriate steps were not followed to ensure that an allegation of abuse was fully investigated.

7. 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:

With reference to the procedures and our safeguarding policy for reporting allegations of abuse we will ensure that the appropriate steps are followed to investigate the allegation and refer to professionals external to the centre, as a measure to ensure the safety and welfare of residents at all times.

Proposed Timescale: 06/12/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Improvement was required in relation to the provision and documentation of care provided to residents who required support with PEG (Percutaneous endoscopic gastrostomy) feeding.

8. 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:

We have introduced new checklist documentation to inspect and record clearly the PEG site care.

Proposed Timescale: 15/09/2017

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:

Inspectors found the template for audits required review to ensure there was oversight of all actions were completed.

9. 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:

We will revise our audit template to ensure oversight of actions are included

Proposed Timescale: 22/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

From reviewing the training matrix for the designated centre, there were gaps in training for some members of staff.

10. 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:

We will ensure all mandatory training is up to date and recorded.

Proposed Timescale: 22/12/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Inspectors found some of the policies listed under Schedule 5 were in need of review and updating.

11. Action Required:

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

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

We have reviewed and updated the policies listed under schedule 5.

Proposed Timescale: 26/09/2017