

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|--|
| Centre name: | A designated centre for people with disabilities operated by RehabCare |
| Centre ID: | ORG-0011537 |
| Centre county: | Co. Dublin |
| Email address: | Laura.keane@rehab.ie |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | RehabCare |
| Provider Nominee: | Laura Keane |
| Person in charge: | Nessa Canavan |
| Lead inspector: | Helen Lindsey |
| Support inspector(s): | Linda Moore |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 3 |
| 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 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 compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 April 2014 09:00 To: 17 April 2014 15:30

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

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|---|
| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority. As part of the inspection, the inspectors visited the centre and met with residents and the staff members. The inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures and staff files.

The centre is a four bedroom detached house with a garden to the front and rear of the premises. It is within easy access of local shopping and social amenities. Three residents are currently living in the house. There is a plan to move to a new property which is level access and will meet the needs of the residents better than the current premises.

The current person in charge is covering maternity leave of the permanent manager until January 2015.

Staff and residents knew each other well, and residents were observed to be supported to live active lives.

Overall inspectors found that residents received a good quality service. Staff supported people to be involved in the decisions in the designated centre, and in making decisions and choices about their lives. Residents were involved in hobbies and activities of their choice.

Areas of non compliance related to risk management, fire safety, medication management, the recording and review of residents medical needs and staff files, which are discussed further in the report and included in the Action Plan at the end of this report.

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

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

Judgement:
Compliant

Findings:
Inspectors found that each resident had opportunities to be involved in the activities of their personal choice and arrangements were in place to meet individual needs. Their care and support reflected their assessed needs, and were clearly set out in personal plans that had been developed with the residents, key workers and family where appropriate.

Inspectors read the personal plans. They were based on the individuals needs, and there was evidence they were reviewed on a regular basis. Reviews involved residents, family and other people important to the person, and relevant professionals. They were done annually or more frequently if needs changed. The plans included information on resident's specific social, emotional and participation needs, preferences and preferred routines. Residents were seen to be involved in meaningful activities, which included work experience, college courses, and leisure activities such as eating out, swimming, cinema, shopping and local sports groups.

Their daily routines were developed using a person centred plan to identify goals and aspirations, for example to seek employment, and to join in local sports activities. Staff members were named to take forward objectives in the plan within agreed timescales. The progress being made in achieving those goals was documented, and easy read versions had been developed for some individuals.

The personal plans contained information about people who were important to the residents, and how those relationships were supported, including technology for seeing/ speaking to people who were not local. Links with family were seen to be strong and records showed the centre worked closely with relatives to ensure health and social care needs were met.

The three residents had lived together for some time, and no one had recently left the service.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Findings:

Inspectors found that while steps had been put in place to promote the health and safety of the resident's, staff and visitors, a number of improvements were needed to the risk management policy and fire prevention and management arrangements.

Inspectors identified a number of policies and procedures relating to health and safety. There was a safety statement in place, dated January 2012; however it was a generic document, and did not identify key roles such as fire officer or health and safety representative. The emergency plan covered where residents would go, and also included a night time plan.

There was risk policy in place, but it did not fully meet the requirements of the regulations, and did not guide practice. It did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events. The person in charge did confirm some areas missing from the risk assessment, such as unexpected absence of a resident and accidental injury were covered in separate policies.

Evidence was seen that risk assessment processes and systems were being operated and staff took a proactive approach to their roles in that process. Records were seen of those carried out for the premises, for individuals, and for incidents that had taken place. They included managing data, slips trips and falls and security and more specific issues for residents such as transport, and going out for meals. Risks identified were discussed in team meetings. However not all the hazards and risks seen by inspectors in the designated centre were covered, for example the impact of the heavy fire doors in day to day movement around the house, and also in an evacuation of the premises.

Incidents and accidents were recorded in detail, and copies of the reports were reviewed by a health and safety committee external to the designated centre and these were

recorded in a risk register for the region. Audits were being carried out, which identified improvements which included a monthly hazard check list. Some improvements identified as part of these audits were seen by inspectors during the visit, for example padding in the shower area. However there was limited evidence of a consistent and robust system to identify the learning from incidents and events, and consider if change to practice was needed.

The inspectors spoke with the person in charge and area manager who were aware of some of the risks and shortfalls of the building. The plan for the registered provider was to move to a new building, and plans were in place to make this happen later in the year.

Inspectors reviewed the policy on fire prevention and management. Records showed that the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Testing of the systems was being carried out, recorded and staff spoken to were familiar with the procedure to follow. Fire safety training had been carried out, however not all staff had received training within the last 12 months. Staff spoken with demonstrated an appropriate knowledge and understanding of what to do in the event of a fire. A personal emergency and evacuation plan had been documented for each resident that considered the diverse abilities of the residents, however it was noted access out of the building was only possible for wheelchair users, or people with reduced mobility, to the front of the building, through two separate exits, and not to the side through a third exit. Staff were familiar with the evacuation plan, and the layout of the building. The procedure to follow in the event of a fire was displayed. Fire drills had been carried out, and the outcomes recorded. A grab bag was being developed by staff to support the residents for the period of the evacuation, and support

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

Judgement:

Non Compliant - Moderate

Findings:

The provider had put systems in place to safeguard and protect residents, however further work was needed to ensure they were fully implemented.

Where residents and family were able, they reported that they felt safe in the centre, and would know what to do if they did not. They also provided feedback that staff were

supportive and doing a good job. Inspectors observed that staff interacted with residents in a kind, caring, respectful and patient manner. Residents appeared to have a good relationship with the staff on duty.

Inspectors reviewed the policy on protecting residents from abuse, and confirmed it contained information on the different types of abuse, and details on how to manage allegations. There was a dedicated liaison officer named for the designated centre. All staff spoken with were knowledgeable about what constitutes abuse, and they knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. All staff had completed the training on abuse awareness. Further training was planned for May.

Where behaviour support plans were needed, they had been developed, with the support of allied professionals. They were signed and agreed with the resident where possible, and family members. Staff were knowledgeable about the plans, and seen to put them in to practice. The number of incidents recorded that related to behaviour in the centre were low, which showed they supported residents quality of life. However, some areas of behaviour that challenges identified in records were not documented in the behaviour support plans and so there were no guidelines to manage the behaviour such as de-escalation and intervention techniques.

There were clear plans in place for personal and intimate care to be provided in a way that promoted independence and provided appropriate support.. They also detailed the residents preferred way of carrying out activities including bathing.

Personal finances were well managed. Storage was secure, and there was a two person signing arrangement when residents needed to access their money. Finances was also a documented part of the handover between shifts. Residents spoken to were clear on the process to access their money.

There were arrangements in place to identify, assess, implement and review restrictive practices; this included a meeting of a multidisciplinary team to sign off any agreed practice. Alternatives to restrictive practice were considered as part of the process of identifying the most appropriate way to support the residents. However there were more areas that needed to be included in this process, for example seat belt arrangements detailed as being in place, and restricting access to parts of the building in agreed circumstances. The person in charge advised inspectors this was an area that was being developed, and not all restrictive practice forms were in files, as they had not been formally signed off. There was a policy in place that included directions to ensure that the least restrictive interventions were used for the shortest period of time. However at the time of the inspection it was not fully implemented as not all areas of restriction were being identified and recorded as the policy required.

There had been no allegations of abuse made at the service, but the person in charge was able to clearly set out the process that would be followed if there were. Staff were also knowledgeable about the process.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Findings:

Inspectors found that there were arrangements in place to provide health care for each resident, and they had access to medical and allied healthcare professionals. However, there were no clear plans to detail how some specific health needs would be met, and no clear records maintained of healthcare provided including follow-up appointments.

All residents had access to general practitioner (GP) services. There was also an out of hours GP service available. There was evidence that residents accessed other health professionals such as, specialist consultants, psychologist, and occupational therapy. The person in charge was working to resolve an issue around access to services linked to area boundaries which had caused some recent delays in accessing speech and language therapy. Letters of referrals, and reports were available as part of residents records. Residents and relatives spoken to confirmed they had access to health services when they needed them, and felt their needs were being met.

Some specific healthcare needs were identified for residents, and although inspectors saw some plans about how these were to be managed, not all would guide the practice of staff to meet residents assessed needs, for example, epilepsy plans. There were no clear records in place to detail appointments residents had attended and outcomes of those meetings, including any follow-up appointments. The deficiencies in documentation may result in residents needs not being fully met. One example was seen of a recommendation from a general practitioner (GP) not being followed through.

Each resident had a plan in place for their individual dietary needs and preferences, this included buying, preparing and cooking where appropriate. These had been agreed with the resident where possible, and family, however they had not all had recent review from a dietician. Staff were all clear on the food preferences and choices for residents and how to support them to make choices at mealtimes and manage their food and nutritional needs. Inspectors observed that residents had access to meals, refreshments and snacks as described in their individual plans.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Findings:

Inspectors found that policies and processes were in place for the safe management of medications. However, some improvements were required with regard to 'as required' (PRN) medications and labelling.

There was a medication management policy in place which would guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medication were well known by staff, who were able to describe the process competently including administration. Staff had completed medication management training.

Risk assessments for residents in relation to their capacity to manage their own medication had been completed, and no one was doing so at the time of the inspection.

Inspectors reviewed the prescription records and medication administration records for residents and found that documentation was generally complete. However, there were some gaps, and it was not clearly recorded if the resident had gone home, or missed a dose of their medication. One person had an 'as required' PRN medication entered into their residents record by a general practitioner (GP), however this had not been documented in their prescription record. No training had been provided in administering that medication and the prescription had not been filled, so the medication was not available in the service.

Inspectors observed that medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection. However, not all medications were labelled as to who they were prescribed for.

There was a system in place for the reporting and management of medication errors. Staff spoken to knew what process they had to follow if they made an error. Records were seen where this had been put in to practice effectively. Medication audits were in place, and all medication errors were investigated by the clinical risk specialist for the organisation.

Residents spoken to were satisfied they were supported with their medication by staff.

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

Judgement:

Compliant

Findings:

Inspectors observed that there were effective management systems in place to ensure that the service provided was safe, appropriate to the residents needs, consistent and effectively monitored.

Inspectors were satisfied that the person in charge at the time of the inspection had the appropriate experience for the role. They were knowledgeable about the requirements of the regulations and standards, and had a good knowledge about the support needs of the residents. They are covering the role for an agreed period of time, to cover maternity leave. They worked across two designated centres, and on call arrangements were in place to cover the week and weekend. Staff spoken to felt this was effective for the service. Residents and relatives were clear who the person in charge was.

The provider had established a clearly defined management structure that identified the lines of accountability. Each member of staff spoken to during the inspection including a team leader and an area manager were very clear of their roles and responsibilities. The structure included supports for the person in charge to assist them to deliver a good quality service. These supports included an area manager, human resources department, clinical risk manager, and psychologist.

The person in charge and area manager detailed how their contact was often daily, with weekly meetings, to focus on the quality of the service being provided and reviews of audits. Residents and staff were seen to know the area manager, who was keen to ensure he was accessible and approachable to staff residents and family.

There was a senior staff meeting monthly, to cover issues of quality in the centre. There were also monthly staff meetings and residents meetings. Recent minutes covered topics such as the plans for the new house, and upcoming Health Information and Quality Authority inspections.

Audits were carried out of the quality of health and social care in the centre. A recent example was seen of an audit carried out by a person in charge from another centre of health and care plans. Improvements that were recommended were made, or in progress.

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

Judgement:

Non Compliant - Moderate

Findings:

Inspectors observed there were sufficient staff with the proper skills and experience to meet the assessed needs of residents at the time of the inspection. They also took in to account the purpose and size of the building. Staffing rosters showed there was staffing levels appropriate to support individual's daytime routines, including weekends, and during the night. Residents and relatives spoken with said staff were available to provide for care and support needs in a respectful, timely and safe manner.

Three staff files were reviewed and although they contained most of the documents required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 some gaps were identified, for example exploration of a gap in employment history.

Agency staff were employed on occasion at the designated centre. The person in charge said a long term contract had been in place, and the same staff had been working at the centre for a long time however on the day of the inspection this was not available, and it was not possible to confirm how they assured themselves the agency had all recruitment checks in place and completed relevant training.

There was education and training available to staff to enable them to provide care that reflects evidence based practice. Staff were seen to have undertaken a range of training, however some gaps were identified, for example fire safety training. Staff advised inspectors they received supervision appropriate to their role. At the time of the inspection meetings were happening two to three monthly. A team leader confirmed they were working on doing it more often. Records were in place, and maintained consistently. Within the designated centre there were regular team meetings, and records for these were seen to cover issues relevant to the residents and staff.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

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|---------------------|--|
| Centre name: | A designated centre for people with disabilities operated by RehabCare |
| Centre ID: | ORG-0011537 |
| Date of Inspection: | 17 April 2014 |
| Date of response: | 28 May 2014 |

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 risk management policy is in place, but does not cover the details as set out in regulation 26 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013

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:

RehabCare have a Health and Safety Statement in place which includes safety management system, hazard identification and risk assessment / management of

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

physical, chemical, biological, and human factor hazards. This includes the identification and management of generic hazards as well as guidance and templates for the identification and management of hazards specific to a designated centre.

Risk Management Policy in place. Areas covered by the regulations are contained in a suite of policies. In the Health and Social Care folder we have our Behaviours that Challenge policy, Restricted practices policy, Safe Administration of Medication policy, Personal and Intimate care policy and Missing Service User policy.

In the Corporate Affairs folder we have our Positive Risk Enablement policy, Risk Management policy, Service User Health Promotion policy, Adult Protection policy, Dealing with Suicidal Ideation or Expressed Suicidal Intent and Self Harm policy. All policies are in place in the centre.

RehabCare will insert an appendix outlining the policies covered under risk management that are listed in the regulations and pertinent to the service.

Proposed Timescale: 26/06/2014

Theme: Effective Services

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

Arrangements in place to assess and manage ongoing risk did not cover all risks identified in the designated centre.

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:

A business continuity plan has been reviewed and updated for the service to cater for emergencies.

In relation to the heavy doors, new door guards have been installed on all internal doors down stairs. They automatically release the doors in event of the fire alarm being activated. All residents and staff have improved access on the ground floor.

Proposed Timescale: 25/04/2014

Theme: Effective Services

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

Risk management systems were not consistently applied and did not identify the learning from incidents and events.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

All incidents involving residents are discussed, reviewed and addressed at staff meetings commenced in April.

Proposed Timescale: 23/04/2014

Theme: Effective Services

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

A number of staff members had not attended mandatory training in fire safety.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff received fire training on 15th May 2014.

Proposed Timescale: 15/05/2014

Theme: Effective Services

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

Access out of the building was only possible for wheelchair users and people with reduced mobility to the front of the building, through two separate exits, and not to the side of the building through a third exit.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Person in charge met with RehabCare's Health & Safety manager to review the fire risk assessment for egress out. Risk assessment completed and sent to Health Information and Quality Authority separately.

All service users have a Personal Emergency Evacuation Plan in place.

Proposed Timescale: 28/04/2014

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:

Some areas of behaviour that challenges were mentioned in resident's files, but not documented in the behaviour support plans with guidelines including de-escalation and intervention techniques.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The issue raised was a 'once off' incident. This resident has regular supports from the senior clinical psychologist. In addition a programme will be implemented to increase his social skills and communication with key worker and psychologist. Risk assessment (23/05/14) to be updated.

Review of the residents behaviour guidelines to be carried out, updated and implemented to support the resident when behaviours occur.

Support plan now includes the guidelines on room searches.

Proposed Timescale: 30/06/2014

Theme: Safe Services

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

The policy on restrictive practice was not being fully implemented, as some restrictions were being used that had not been documented and agreed.

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:

All restrictive practices have been identified and documentation complete and filed. Final review meeting commenced on Friday 23/05/14.

Further actions in place, for example, low profiling bed and mattress regarding use of cot sides.

Proposed Timescale: 30/05/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some specific healthcare needs were identified for residents but there were either no plans, or incomplete plans in place to detail how they were to be met.

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:

Epilepsy plan currently being reviewed for one resident. General Practitioner (GP) has signed on the plan that 'as needed' (PRN) medication not needed on 23/05/14.

Two family meetings have taken place where parents were asked to provide information from consultants. Once received these support plans will be updated regarding health needs. For example, epilepsy, heart condition, swallowing, requirements and choices for solids or none solids. Dietary supports have been sought from the dietician and will be incorporated in the residents support plan.

An information folder has been compiled on the current information available on CHARGE Syndrome. Service awaiting specific information from the cardiac consultant on the resident's heart condition.

Proposed Timescale: 30/06/2014

Theme: Health and Development

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

There were significant deficiencies in documentation meaning not all residents identified needs were being addressed.

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:

Health records and general practitioner (GP) records in place for all residents, completed by staff on duty and updated as required.

Each resident has their own GP who is responsible for their individual medical needs.

Information folders on specific conditions such as CHARGE Syndrome are being updated.

Family members have been asked at a meeting by person in charge to provide reports from cardiac consultant and neurologist. This information will be used to update individual's health needs within their support plan.

Proposed Timescale: 30/06/2014

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:

There were some gaps in the administration record which meant it was not clearly recorded if the resident had gone home, or missed a dose of their medication.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Discussed at staff meeting, all staff informed to document 'U' (code as per Kardex legend) each time a service users is prescribed medication when they are at home. For example 8am U home and signature, 6pm U home and signature etc which will eliminate gaps.

Proposed Timescale: 26/06/2014

Theme: Health and Development

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

A medication written into a residents notes by a general practitioner had not been entered into the residents prescription, and so was not available for us 'as required' PRN use.

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:

Discussed at family meeting and epilepsy plan is currently being reviewed. General practitioner (GP) has stated that 'as required' PRN not required 23/05/14.

Also to be reviewed by Consultant Neurologist end of July, waiting specific date from family.

Prescription for Buccal Midazolam has been updated by GP, which is now not included on the list

Proposed Timescale: 31/07/2014

Theme: Health and Development

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

Not all medication stored in the designated centre was clearly labelled who it was for.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

All medication is now clearly labelled, including bottles.
Medication audit has also been completed 13/05/14.

Proposed Timescale: 26/06/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all documentation specified in schedule 2 had been obtained for all staff including agency staff.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Human Resources Department hold all information on Agency staff and agreements. The gap observed by the inspectors with regard one staff member's employment history has been addressed. Documentation regarding agency staff is now in place,

including, Garda clearance, two references and training history.

Proposed Timescale: 26/06/2014