

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Dundas Ltd
<b>Centre ID:</b>	ORG-0008570
<b>Centre county:</b>	Meath
<b>Email address:</b>	teresa@talbotgroup.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Dundas Ltd
<b>Provider Nominee:</b>	Corinne Pearson
<b>Person in charge:</b>	Teresa McNally
<b>Lead inspector:</b>	Jillian Connolly
<b>Support inspector(s):</b>	Brid McGoldrick;
<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>	4

## **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 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: 20 May 2014 11:30 To: 20 May 2014 16:30

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first inspection for the designated centre. The centre provides services for people with an Intellectual Disability, Acquired Brain Injury and Mental Health Needs and is part of the larger organisation, Dundas Ltd. The premises consist of seven apartment/houses within a secure campus and can provide services for up to eleven residents. On the day of inspection there were seven residents present, two residents were temporarily absent and there were two vacancies.

The inspection took place over one day and involved two inspectors. On commencement of the inspection, inspectors met with the management team of the wider organisation and the person in charge and person nominated on behalf of the provider were present. The inspection was facilitated by the staff present in the designated centre on the day of inspection.

Inspectors reviewed documentation, observed practice and spoke to residents and staff. Residents spoken to expressed satisfaction with the services provided to them. Staff was observed to be respectful and courteous to the residents. Seven Outcomes were inspected on this inspection. Non-compliance was identified in each of the outcomes and was communicated to the provider and the person in charge during the feedback session which took place two days after the inspection.

The action plan at the end of the report identifies the areas of non-compliance and states the action that the provider and the person in charge need to take to attain 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 Quality Standards for Residential Services for Children and Adults with Disabilities.

**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:**  
Non Compliant - Moderate

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

**Findings:**  
Inspectors reviewed the personal plans of residents on this inspection. Documentation such as annual case conferences and assessments demonstrated that residents required significant supports in order to meet their social care needs. Inspectors recognised that efforts had been made to address these needs however were not satisfied that the practice occurring were sufficiently meeting the social care needs of residents.

The personal plans demonstrated that residents were involved in the creation of personal goals which focused on meeting their social care needs. There was evidence that meetings took place monthly between the resident and their key worker in which the goal of the resident was discussed. However on review of the minutes it was not apparent how the progress of the achievement of the goal was assessed during these meeting. There were also inconsistencies in the goals of residents being met due to resources.

Residents spoken to expressed satisfaction with the access they had to opportunities to meet their social care needs. Some residents attended formal day services on a sessional basis and some residents did not attend a formal day service. Inspectors were informed that all residents had the opportunity to attend a formal day service and that access to day services was determined by the choice of the resident. This was also stated in the Statement of Purpose of the designated centre. However inspectors were

not satisfied that all the appropriate measures had been taken to meet the needs of residents who required structured support, such as increasing their motivation, to assist with engaging in access to community settings and activities. For example, Allied Health Professionals had completed assessments on individuals and had recommended structured interventions to be implemented on a daily basis to increase the activity levels of residents. However there was no evidence that the recommendations had been implemented and subsequently reviewed to assess the effectiveness of the interventions. There was also no evidence of the impact the recommendations had to the quality of life of residents. Inspectors observed on the day of inspection some residents not engaging in meaningful or purposeful activity and review of daily records demonstrated that this was a regular occurrence.

The policies and practices relating to the admissions and discharge of residents was not inspected on this inspection.

**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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The designated centre consists of seven apartments within a secure campus and has the capacity to support eleven residents. On the day of inspection there were seven residents residing in the designated centre and there were two residents who were temporarily absent. The campus was pleasant with a green area in the centre and residents spoken to expressed satisfaction with their home and proudly showed inspectors around. Each residence contained a kitchen/sitting room area, a bathroom and one or two bedrooms. Each kitchen was equipped with a cooker and fridge however there was not a washing machine available in every home. This resulted in residents accessing the washing machine of other residents' homes. Inspectors found inconsistencies in the maintenance of the residences. There were some apartments which were homely and well maintained. However there were areas where the paintwork was chipped and areas requiring additional cleaning. Staff and residents stated that residents and staff both complete the household chores in the designated centre. However there was no clear log available to demonstrate however often this occurs.

There was also a temporary structure utilised as a staff office and a wooden smoking area. However as staff had no toilet facilities, staff had to utilise residents' private bathrooms which compromised the dignity of both residents and staff as they were small and contained personal items of residents.

The Statement of Purpose does not reflect the actual needs that the designated centre can meet. For example the design and layout would only be suitable for individuals who do not require assistance mobilising and minimal assistance with personal hygiene needs.

As stated in Outcome 7, the risk register was not reflective of all the hazards in the designated centre. Inspectors observed that the smoking area was lined with a plastic covering which could increase the risk of fire. The entrance to the smoking area was also wet due to the weather increasing the risk of slips/trips or falls. Inspectors observed appropriate furnishing in the designated centre which were provided by the organisation. As each resident has their own bedroom, there was the opportunity for residences to have their own private space. The maximum number of residents required to share a bathroom was two.

## **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

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

No actions were required from the previous inspection.

### **Findings:**

The centre has policies and procedures in place relating to promoting the health and safety of residents, staff and visitors. There was a risk management policy in place and a risk register. However the risks identified were generic and did not identify the risks specific to the designated centre. For example risks pertaining to smoking were not identified despite documentation identify that a current risk was present. Another area of risk identified was the safeguarding of residents finances which was not identified in the risk register. There was a system in place for the recording and reporting of accidents and incidents, however documentation pertaining to any review, investigation and learning from serious incidents were stored in a central location of the organisation. It was not evident how the outcome was communicated to staff and promoted positive outcomes for residents.

Inspectors were not assured that the arrangements in place for the prevention and control of infection were adequate. Staff were able to inform inspectors of the systems in place to prevent cross infection during cleaning, such as colour coded mops. However

inspectors observed mops and buckets stored openly in kitchen areas. Inspectors observed areas where the centre required additional cleaning. There were also no hand sanitising equipment available on the medication trolley and inspectors observed external general waste bins overflowing.

The designated centre had an emergency plan in place which identified the actions to be taken and by whom in the event of an emergency. There was evidence that fire drills occurred regularly and that residents could be evacuated in an appropriate time frame in the event of a fire. There was also learning that areas of risk were identified and control measures had been implemented to reduce the risk present. Staff spoken to were able to demonstrate to staff the action to be taken in the event of an emergency occurring and staff training records demonstrated that staff are trained in the fire management. There was documentation available for inspectors, demonstrating that regular servicing and testing of fire equipment took place.

### **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

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

No actions were required from the previous inspection.

#### **Findings:**

The designated centre provides services for both male and female residents. Prior to the inspection, the Authority was notified of two allegations or suspicions of abuse by the organisation which were being investigated. In both instances the organisation adhered to the organisation's policy for the protection of vulnerable adults and in each instance the allegation was investigated appropriately with appropriate action taken as a result. However inspectors were not assured that the systems in place would prevent a re occurrence. The person in charge communicated with inspectors the actions that had been taken however staff spoken to on inspection were not clear of these actions.

As stated previously the organisation have a policy and procedure in place relating to the protection of vulnerable adults. Staff have all received training in the protection of vulnerable adults and were able to demonstrate to inspectors the actions they would take in the event of a suspicion or allegation of abuse. Residents spoken to stated that they felt safe in the designated centre. Inspectors observed staff to treat residents with

respect and warmth. However, as stated in Outcome 7, although staff were aware of the needs of residents there was no formal identification of risk in place which demonstrated to inspectors that a review of the hazards associated with the designated centre, such as residents having free access to each other's residences had been identified and what the control measures in place were. Inspectors reviewed the systems in place for safeguarding residents from financial abuse. The system in place to safeguard residents day to day monies was clear and documented all spending that took place in relation to items such as magazines or cigarettes. However staff were unable to assure inspectors of the control measures in place to protect residents' personal bank accounts, particularly for residents who were deemed not to have the capacity to manage their own finances however had access to their bank account by means an ATM card. The person in charge and the provider explained during the feedback meeting the control measures in place, however staff working directly with residents were not clear of this process.

There were also inconsistencies in relation to access residents had to positive behaviour support. The organisation had policies and procedures pertaining to the positive behaviour support of residents. Some residents had a clear plan which demonstrated the proactive strategies in place in order for residents to actively engage in their life. There were also clear reactive strategies if required. There were instances however where inspectors found evidence of residents being regularly verbally aggressive to staff however there was no positive behaviour support plan in place. Therefore inspectors were not satisfied that efforts had been made to minimise this behaviour that challenges and a consistent approach was utilised by staff despite daily records demonstrating that it was a regular occurrence resulting in distress to the resident concerned.

## **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 - Minor

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

No actions were required from the previous inspection.

### **Findings:**

There was evidence that the health care needs of residents were being assessed and measures were in place to meet the needs identified. However due to the organisational structures in place, inspectors were not assured that all the health care needs of residents were being met. For example, there were instances where there had been a significant increase in the weight of residents and inconsistencies in addressing the need. A care plan had been created to support a resident however there had been no review to ascertain the effectiveness of this plan. There was also evidence of a resident



having a significant weight gain in a one month period however there was no follow - up of this information evident. There was also evidence of residents experiencing challenges as a result of a medical condition, however there was no evidence that this was being addressed holistically, for example through diet or activity. Residents who also required more intensive health care supports did not have the appropriate monitoring in place for the relevant health professional.

There was also evidence that residents had been prescribed medication to address a short term need, however there were no care plans supported to inform the care in place to meet the short term need. Staff informed inspectors that a resident chose not to take a medication due to the form in which it was administered however there was no evidence that this was documented or communicated to the General Practitioner.

Residents had access to Allied Health Professionals and inspectors observed occupational therapists supporting residents on the day of the inspection. There was also documented evidence of reports and recommendations by Allied Health Professionals in residents personal files. Allied Health Professionals were also documented as attending the annual case conference of residents. However inspectors were not satisfied that the recommendations of allied health professionals were implemented into practice ,as stated in Outcome 5.

Inspectors spoke with residents who reported that they had the opportunity to make their own meals if necessary however generally they preferred staff to cook. Residents further reported that staff complete a weekly shop for the designated centre and that they accompanied staff if they wish. All residences had a kitchen, however staff reported that meals are cooked for all residents in one of two kitchens. Refrigerators were well stocked however it was not clear the system to ensure once food was opened if it was consumed or disposed of within the appropriate time frame. In each kitchen there was information regarding healthy eating and healthy living choices,however as stated previously inspectors were not satisfied that residents were thoroughly supported with weight loss or gain.

## **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

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

No actions were required from the previous inspection.

### **Findings:**

The organisation had policies and procedures in relation to the ordering, prescribing and

administering medication however inspectors were not assured that practices were in line with the policies. All staff administering medication had received training relating to medication. Medication was secured in the central office of the designated centre with photo identification attached as a safeguard to individual drawers of the medication trolley.

All residents residing in the designated centre require assistance with their medications. There was documentation available informing staff administering the medication, how to ensure the identity of the drug, the method in which it should be taken and the purpose of the medication. The prescription sheet contained the residents name, a photo of the resident, the name of the General Practitioner, the name, dose, and route of administration and the time of administration. However there were instances where the address of the resident was omitted. The administration sheet contained all of the necessary information required, including two signatures of staff administering the medication. There was a staff signature sheet available enabling clear identification of the individual administering the drug however there were some members of staff that had not signed. There was also no signature sheet for the prescriber of the medication in place. Inspectors observed inconsistencies in the administration time of medications not correlating with the prescription sheet. Staff informed inspectors that this was the choice of the residents concerned however there were no risk assessments or documentation available to support this and the impact on the relevant residents. There was also evidence that residents had been prescribed medication to address a short term need, however there were no care plans supported to inform the care in place to meet the short term need.

### **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

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

No actions were required from the previous inspection.

#### **Findings:**

The designated centre is staffed by three health care assistants/rehabilitation assistants during the day and two health care assistants/rehabilitation assistants at night. Inspectors reviewed a sample of rosters and confirmed that this was the standard staffing level. On the day of inspection there was one additional health care assistant/rehabilitation assistant on duty to support one resident requiring additional

assistance based on their clinical needs. All staff members on duty shared equal responsibility and management attended the designated centre for specific periods of time. The Statement of Purpose stated that staff are supported 24 hours a day by a community nurse who was available on call. Staff stated that the level of support they received was satisfactory however inspectors were not assured that effective monitoring of the clinical needs of residents occurred as it was not evident in the daily records and as stated in Outcome 11 and Outcome 12, there were deficits noted in the presence of care plans and medication management practices. Staff were observed being courteous and respectful to residents however inspectors were not satisfied that they were aware and/or implemented the interventions recommended by Allied Health Professionals and decisions made at a senior management level, as evidenced in Outcome 5, 7, 8 and 11.

As stated previously there were seven residents residing in the designated centre on the day of inspection. Staff spoken to stated that they felt the staffing levels met the needs of the residents and inspectors were assured that the staffing was appropriate whilst residents were in the designated centre. Staff informed inspectors that in order for residents to access community facilities it was often dependent on liaising with another designated centre due to the supports some residents require in the community. Staff stated that in general this was effective however inspectors were not satisfied that based on the daily notes of residents that all residents social care needs were being met, as stated in Outcome 5. There was also evidence that it took three months for senior management to determine if a residents personal goal could be met as it would require additional staffing for one night.

Inspectors reviewed the training records and determined that all staff on duty had received training in relation to manual handling, health and safety, Protection of vulnerable adults, Professional management of aggression and violence, Fire management and medication. There was also additional training for some staff in relation to person centredness, food hygiene and first aid.

Inspectors were informed by staff that prior to becoming a rostered member of staff they are required to complete super numary shifts in order to get to know the residents and learn how to meet their needs. Inspectors observed this on inspection, however the staff member was not documented on the roster.

## **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:***

Jillian Connolly  
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 Dundas Ltd
<b>Centre ID:</b>	ORG-0008570
<b>Date of Inspection:</b>	20 May 2014
<b>Date of response:</b>	10 July 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 05: Social Care Needs

**Theme:** Effective Services

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

The effectiveness and the impact for residents of recommendations of Allied Health Professionals was not available.

**Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The service will ensure that any interventions are accompanied by a means of tracking implementation and a formal review date to monitor effectiveness and on-going need for intervention. This process is the responsibility of the person identifying the

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

intervention and will be implemented immediately.

Allied Health Professionals/Nursing Staff

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

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

It was not clear of the strategies implemented on a daily basis to meet the assessed needs of residents.

**Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The service will ensure that any interventions are accompanied by a means of tracking implementation and a formal review date to monitor effectiveness and on-going need for intervention. The Health Professional overseeing the intervention will identify a system for monitoring the intervention and the PIC will be informed of the required review date for the intervention. Goal planning and positive behaviour support plans are formally reviewed at least twice a year or as required where there is a change in circumstances.

Allied Healthcare Professionals/Nursing staff

**Proposed Timescale:** 30/06/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Areas of the designated centre required additional cleaning and re-decoration due to chipped paint.

**Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The PIC will complete a review of the centre to identify necessary maintenance work and arrange for maintenance to complete the work by 31st August 2014. A maintenance book is stored within the centre and staff enter identified work requirements which is then reported to the PIC to coordinate.

**Proposed Timescale:** 31/08/2014

**Theme:** Effective Services

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

There were no toilets for staff resulting in the private toilets of residents being utilised.

**Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The Provider Nominee in discussion with the CEO, the General Manager and the Board of Directors will review the layout of the area to identify how to incorporate staff toilets & communal laundry facilities by 30th September 2014

**Proposed Timescale:** 30/09/2014

**Theme:** Effective Services

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

The facilities to launder clothes required residents to access the homes of other residents.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The Registered Provider in discussion with the CEO, the General Manager and the Board of Directors will review the layout of the area to identify how to incorporate staff toilets & communal laundry facilities by 30th September 2014

**Proposed Timescale:** 30/09/2014

## **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 risks identified were generic and did not address the actual risk present in the designated centre.

**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:**

The PIC along with the safety representatives for the community services will ensure that the safety statement contains the relevant risk assessments for the designated centre by 31st August 2014

**Proposed Timescale:** 31/08/2014

**Theme:** Effective Services

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

It was not evident the system in place to communicate with all staff the learning from a adverse event.

**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:**

ALERT notices from any incident reviews or from other areas are stored in the Safety Statement and staff meeting agendas will incorporated agenda item for incident learning. This will be implemented immediately. The Registered Provider has emailed all the PICs to ensure that this agenda item is added to the staff meeting agenda in all centres.

**Proposed Timescale:** 30/06/2014

**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:**

There was evidence that residents exhibited behaviours that challenge however there was no positive behaviour support plan in place.

**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 Centre operates a structured system for initiating the monitoring of challenging



behaviour. Firstly on identification of a behaviour that is considered challenging and difficult to manage staff complete ABC charts to help identify the potential function of the behaviour. On review of this data, Positive Behaviour Support Plans are developed exploring both proactive and reactive management strategies which are then monitored for effectiveness through event recording and analysis of relevant data. This process is already in place.

**Proposed Timescale:** 19/06/2014

## **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

There was evidence that not all residents health care needs were addressed despite assessment identifying a need.

**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 resident to whom the action is referring has in place and did have at the time of the inspection a comprehensive folder detailing the health care need and the plans for supporting and addressing this need. On identification of a specific health care need the nursing staff in consultation with the PIC ensure that an appropriate care plan is devised to ensure that the health care need is addressed.

**Proposed Timescale:** 19/06/2014

**Theme:** Health and Development

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

A resident chose not to take a prescribed medication however this was no documented or brought to the attention of the General Practitioner.

**Action Required:**

Under Regulation 06 (2) (c) you are required to: Respect and document each resident's right to refuse treatment and bring the matter to the attention of the resident's medical practitioner.

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

The GP was made aware of the situation of the resident refusing his medication and had an arranged appoint with the GP in the coming days following the inspection. This action was all under the coordination of nursing team.

Engagement with medication is tracked through the Kardex and staff in the centre inform the nursing staff immediately if there are any issues with taking medication. The

Nursing staff will then liaise with the GP/Psychiatrist as required

**Proposed Timescale:** 19/06/2014

**Theme:** Health and Development

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

Care plans were not developed despite residents being prescribed medication for a short term need.

**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 Nursing team will ensure that any specific short term medical care need will be tracked and monitored through a specific care plan. This will be implemented immediately by the Nursing Staff.

**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:**

Medication prescribed to residents was not being administered without evidence of consultation with the General Practitioner.

**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 GP was made aware of the situation of the resident refusing his medication and had an arranged appoint with the GP in the coming days following the inspection. This action was all under the coordination of nursing team.

**Proposed Timescale:** 19/06/2014

## **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Inspectors were satisfied that the staffing levels met the needs of residents whilst in the designated centre however were not assured that the assessed social care needs of residents were being met.

**Action Required:**

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

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

The service will continue to ensure that the number, qualifications and skill mix of the staff meets the assessed needs of the residents. All residents undergo an assessment of need supported by a comprehensive MDT incorporating Psychiatry, Clinical Psychology, Occupational Therapy, Physiotherapy, Speech & Language Therapy and Nursing. HR will complete a review of staffing levels and skill mix through an audit of the staff roster for the centre.

**Proposed Timescale:** 31/07/2014

**Theme:** Responsive Workforce

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

Staff taking part in an induction programme were not included on the roster.

**Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The service provides an induction roster for new staff and this is always available and the PIC will ensure that this is integrated into the daily roster.

**Proposed Timescale:** 30/06/2014

**Theme:** Responsive Workforce

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

Inspectors were not assured that staff were supervised and therefore appropriately implemented recommendations to meet the assessed needs of residents.

**Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Currently there is an allocated MDT keyworker and a nurse for the centre, in addition, the service will explore the utility of a lead Health Care Assistant within the centre by

30th September 2014.

**Proposed Timescale:** 30/09/2014