

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002449
Centre county:	Monaghan
Email address:	angela.deery@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kevin Carragher
Lead inspector:	Jillian Connolly
Support inspector(s):	Catherine Rose Connolly Gargan;
Type of inspection	Announced
Number of residents on the date of inspection:	11
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 ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 June 2014 09:30 To: 24 June 2014 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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

The designated centre consists of two community houses which are run by the Health Service Executive. Five residents reside in one community house and six residents reside in the other community house. On the day of inspection all of the residents were male. One of the community houses is a bungalow located in a rural area and the second community house is a two storey house located in a town.

The designated centre provides services for individuals over the age of 18 and all residents have a diagnosis of an intellectual disability. Residents also had a wide range of additional complex needs including a diagnosis of Autism and a diagnosis of Dementia. Inspectors met with the person in charge at the commencement of the inspection and the person in charge facilitated the inspection throughout the day, providing all information requested by inspectors in a timely and efficient manner. The provider nominee was present at the feedback meeting.

On the day of inspection, inspectors met with residents and staff, reviewed documentation and observed practice. Inspectors observed that residents were content and that staff engaged with residents in a respectful and dignified manner.

Inspectors inspected eight of the eighteen outcomes on this inspection and areas of improvement were identified in relation to referrals to Allied Health Professionals, the systems in place in the event of an emergency, medication management and training

of staff.

The action plan at the end of this report identifies the breaches identified and the actions which the provider and person in charge need to take to attain compliance with 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 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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of residents' meetings which were conducted in one of the community houses and were satisfied that residents were consulted on a regular basis regarding the running of the house and activities that occur. In the second house, efforts had been made to conduct residents' meetings however based on the needs of the residents, this forum was not effective. However there was evidence in the personal file of all residents of consultation with the resident and/or their representative.

The organisation has policies and procedures in place regarding the management of complaints. Inspectors reviewed the complaints procedure and were not satisfied that it contained the necessary information to inform practice. For example, the policy does not provide information on the time frames in which a complaint will be responded to and/or the rights of the complainant. There was a complaints log in place however on the day of inspection there had been no complaints recorded in the previous six months. Therefore it was not possible for inspectors to effectively assess the effectiveness of the complaints procedure. Inspectors were aware of issues which had been raised by relatives of residents however they were dealt with through the personal file of the resident as opposed to the complaints process.

In the main, inspectors observed that residents' rights were respected and staff engaged

in a dignified and respectful manner. However based on the needs of residents there were restrictions placed on all residents based on the needs of some residents. In some instances this was recorded in the risk register of the designated centre as control measures, however it was not documented as a restriction of the rights of residents. For example, residents had listening devices in their rooms based on health needs, however this was not regularly reviewed as an impingement on the privacy of the resident as staff could hear all activity of the resident when they were in the room on their own. There was also instances where alarms were on bedroom doors alerting staff to residents movements. This was implemented as a control measure based on a risk identified for some residents. However, inspectors observed the alarm to be of a high pitch and alerting all individuals in the house to the movements of all residents.

The freedom of movement of residents varied dependent on the needs of residents and inspectors observed residents to be supported to be active members of the community. For example, independently going to the shop or post office.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of personal plans on inspection and found that each resident had a personal plan which was completed in consultation with the resident and/or their representative. Each resident had a six monthly review which assessed both the short and long term aspirations for the residents. From this review, specific goals were set which were reviewed on a monthly basis to ascertain the progress towards achievement. There was also daily records maintained of tasks or activities that residents took part in which directly impacted on the achievement of the goal. Inspectors observed residents being supported by residential staff to engage in social activities. Residents residing in the designated centre had a diverse range of needs. Not all residents had a formalised day service. Inspectors were informed that this was as a result of the choice of the resident. However, through observation and review of

documentation inspectors found that efforts had been made to support residents who did not attend a formal day service to engage in activities both in their residence and in the local community. For example, residents who required support to access the local community were supported to go to the local shop daily to purchase items of their choice in order to ensure regular access to the community. There was also evidence that residents who were able to access the local community independently were facilitated to do so.

Inspectors observed improvements could be made in regards to input from Allied Health Professionals in regards to meeting the needs of residents who have complex needs. For example, the person in charge informed inspectors of the plan to convert one room in one of the community houses into a sensory room, as some residents experience challenges with sensory needs. However there was no evidence of assessment or recommendations from relevant members of Allied Health Professionals in relation to this.

As stated previously there was evidence that goals were both short and long term. One example was that residents in one of the community houses had been supported to holiday abroad the previous year based on the planning process.

In both residences, there were no recent admission or discharges at the time of inspection, however inspectors discussed with the person in charge and the provider at the feedback meeting the importance of ensuring that a proactive approach is utilised as there was evidence that the needs of residents were changing who had resided in the designated centre for over ten years. The person in charge verbally assured inspectors that this was being considered.

Judgment:

Non Compliant - Minor

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

As the designated centre consists of two community houses the standard of premises varied between the community houses, this was based on the structure and the needs of the residents. Efforts had been made to ensure that each house was decorated to

create a homely environment. Each resident had their own bedroom and there were sufficient number of bathrooms to meet the needs of the residents. There was also sufficient communal space, kitchen facilities and laundry facilities. Inspectors observed that the premises were well maintained. One community house was a bungalow structure in a rural setting and the other community house was a two storey house in a busy town. Each house had an external area for residents to access independently of staff. Each residence also had an apartment in the grounds in which one resident resided in.

However the premises were not in keeping with the Statement of Purpose, which inspectors discussed with management during the feedback session. For example, one community house would not be suitable for residents who could not mobilise up and down stairs independently. Management verbally stated that the Statement of Purpose would be reviewed to ensure that it was reflective of the actual needs that both premises could meet.

Inspectors observed that both designated centres were heated appropriately and well ventilated. Both communal areas and private bedrooms were personalised and reflective of the individuals who resided there. There were restrictions in place, particularly in one community house as stated in Outcome 1, based on the needs of residents which were reflected in the risk register. This resulted in residents not having access to laundry facilities and at times their own bedroom or the kitchen.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that in the main the health and safety of residents, staff and visitors were maintained in the designated centre. The designated centre had an organisational overarching policy for health and safety which required review as it was dated 2009. However there was an up to date safety statement and risk register for the designated centre which was generally reflective of the designated centre. For example, the windows at the front of the house were locked when residents were at home as there was a risk of residents being absent without leave. However, inspectors observed that there were additional windows which were not locked on the day of inspection which presented a similar risk. As stated in Outcome 1 and 6, there were restrictions on the rights of all residents as areas of the designated centre were locked, however on review

of the risk register inspectors confirmed that the appropriate risk assessments had occurred and the restrictions were substantiated. However this control measure was only implemented based on the needs of some residents, however there was no risk assessment in place regarding the impact such restrictions had on all residents.

Inspectors observed that there were appropriate practices in place to ensure appropriate prevention of infection. There were adequate facilities for hand hygiene, and inspectors observed good hand hygiene practices by staff. There was appropriate personal protective equipment if necessary. One area of risk identified was that the laundry facilities were suitable for household purposes and therefore were not suitable to ensure adequate cleaning of soiled items. However, management had recognised that this was an issue and items which required additional cleaning were sent to an external organisation. Inspectors informed management that this was not suitable as the privacy of the individual was compromised and the transport utilised was not in keeping with best practice.

The designated centre had policies and procedures in place for the prevention and management of fire. Inspectors reviewed the documentation regarding the maintenance and servicing of equipment and were satisfied that equipment was serviced and checked at appropriate intervals. Individuals had personal evacuation plans. However there were risks identified by inspectors as systems were in place based on the needs of the residents which could compromise an effective evacuation. For example, in one community house, emergency exits were locked with keys however there were no break glass units as there was a risk that residents would break them unnecessarily. To address this, management had keys stuck with tape near the doors. Inspectors determined that a risk was present with this system as keys could be removed, as they were not protected by a break glass unit. There was no record maintained that regular checks occurred to ensure that the keys were always present. Fire drills occurred regularly in the designated centre, however inspectors were not satisfied that they were reflective of the actual conditions that could occur in the designated centre. For example, records of fire drills were reflective of the full training inclusive of staff training of the use of fire extinguishers therefore it was documented as taking two and half hours. In another instance, it was documented as taking ten minutes to evacuate four residents with the support of two staff. However this was a full evacuation as opposed to a horizontal evacuation. As the community house was zoned, there was no evidence of the amount of time it would take staff to evacuate residents from one zone to another.

The second community house was not zoned, and therefore in the event of a fire a full evacuation would be necessary. Records of fire drills demonstrated that this was achievable within the appropriate time frame.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The designated centre has a policy in place regarding the prevention, detection and response to abuse. Inspectors informed management at the feedback session, that a review of the policy is required to provide additional detail regarding the additional support available to residents in the event of an allegation or suspicion of abuse such as social work or advocacy services. Inspectors confirmed that all staff had received training in the prevention, detection and response to abuse and staff spoken to confirmed to inspectors that they are aware of the appropriate action to be taken in the event of an allegation or suspicion of abuse. The Authority had been notified of an allegation of abuse in the designated centre. On review of the documentation, inspectors were satisfied that the policy of the organisation had been adhered to and that control measures had been implemented to reduce the risk of a re-occurrence. Inspectors were further satisfied that the alleged perpetrator and victim had received the appropriate support following the incident and that it was ongoing. However the control measures implemented impacted on all residents in the designated centre and inspectors were not satisfied that this had been appropriately addressed. Also the supports in place for the alleged perpetrator were not as comprehensive as for the alleged victim.

The designated centre has a policy in place for protecting residents' personal property and possessions, however inspectors found that the organisational policy did not contain the necessary information to ensure appropriate safeguards were in place. On review of practice inspectors did not find evidence that inappropriate practices were occurring. The person in charge manages the finances for one resident. Inspectors were satisfied that the person in charge had implemented appropriate measures to safeguard the residents' finances. For example, two signatures were present for all income and expenditure. Therefore, the policy needs to be reviewed to ensure all staff adhere to the same procedures.

Residents in the designated centre had a history of presenting with behaviours that challenge. Inspectors reviewed the positive behaviour support plans and were satisfied that the appropriate assessments had occurred and that the appropriate proactive and

reactive strategies were in place. Staff spoken to were also aware of the necessary strategies. There were instances where physical and chemical restraint was utilised however inspectors were satisfied that appropriate reviews were conducted following the implementation of such practice to ensure that it is in line with best practice and that all other strategies are utilised prior.

Judgment:

Non Compliant - Minor

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

As stated in Outcome 5, there was evidence in place that the designated centre had a system in place to review the needs of residents on a six monthly basis. This system was inclusive of both the social and health needs of residents. The assessments did address the relevant health care needs of residents however there were inconsistencies in the plan of care of the residents developed as a result of these assessments. The process involved a risk assessment of the need identified and the control measures required to meet that need. There were instances where the need identified was comprehensively addressed such as the management of epilepsy, a diagnosis of dementia and the management of falls. However there were instances where it was not clear of the specific interventions required. For example, where a nutritional need was identified, there was no referral to a relevant allied health professional to meet that need for either recommendations of diet or modification of food consistency.

Inspectors observed the menu for the day displayed prominently in the designated centre, however were not satisfied that all staff involved in the preparation of food had received the necessary training. Inspectors observed residents having the opportunity to have snacks and drinks throughout the day outside of main meals. On inspection of refrigerators, there was evidence that there was sufficient amount of nutritious food and drinks available in the designated centre.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The designated centre did not have a current policy in place regarding medication management. Inspectors were aware that there was a draft policy which was currently under review as a result of findings of inspectors at an organisational level. Therefore there was no operational policies and procedures which had been approved by management in place on the day of inspection.

The two community houses had different systems in place regarding the administration of medication. One community house always had a registered nurse on duty who was responsible for the administration of medication. Inspectors reviewed a sample of prescriptions and medication administration sheets and were satisfied that the practices in place were reflective of evidence based practice and all relevant information was included. However inspectors determined that a review was required of the format of the prescription sheet as there was not sufficient space available for all medications prescribed to residents, particularly medications which were prescribed as required. Inspectors were satisfied that medication was stored appropriately and stock was checked appropriately.

The second community house is staffed by care staff, who up until the day of inspection administered medication through a blister pack system. However as a result of findings of inspectors at an organisational level, this system had ceased on the day of inspection. As a result the person in charge had ensured all medication prescription sheets had been renewed on the morning of the inspection and that there was sufficient quantity of the medication on site. Nursing staff had been re-deployed to the community house at specific times during the day to administer medication. However inspectors were not in a position to review the new system as it had yet to commence and the medication administration sheets had yet to be completed.

There was evidence that residents had received assessments to ascertain if they were in a position to self medicate.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of rosters and confirmed that the staffing levels on the day of inspection were reflective of the rosters. Staff spoken to on the day of inspection stated that they felt that the number of staff on duty was sufficient to meet the needs of the residents. As stated in Outcome 12, there was a review of the staffing in one of the community houses based on risk identified by inspectors at an organisational level in relation to the safe administration of medication.

Inspectors reviewed a sample of staff files and confirmed that the necessary information as required by Schedule 2 of the regulations was maintained in the designated centre. Inspectors also found that staff had received the necessary mandatory training at appropriate intervals such as manual handling, fire management and prevention, protection and response to abuse, from the sample of files reviewed. As stated in Outcome 11, inspectors determined that a risk was present as all staff were involved in the preparation of food and had not received training in food safety compliance.

Judgment:

Non Compliant - Minor

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:

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 report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002449
Date of Inspection:	24 June 2014
Date of response:	30 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 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:

There were restrictions on the rights of all residents based on the needs of some residents. The impact of these restrictions was not assessed for all individuals affected.

Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

The electrician has been contacted and the Volume of the Alarms on the bedroom doors in one of the Community Houses is to be reduced.

Proposed Timescale: Actioned 15/08/14

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

A protocol on the listening device in one of the bedrooms has been developed on the 29/07/14 and will be reviewed on a three monthly basis.

Proposed Timescale: Action Completed 29/7/14

Proposed Timescale: 15/08/2014

Theme: Individualised Supports and Care

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

The complaints procedure did not adequately inform of the rights of the complainant.

Action Required:

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

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

The Complaints policy for Cavan/ Monaghan Disability Services will be reviewed and amended to provide information on the time frames in which a complaint will be responded to and/or the rights of the complainant.

Proposed Timescale: 15/09/2014

Theme: Individualised Supports and Care

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

The complaints procedure did not inform of the time frames in which complaints will be responded to.

Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

The Complaints policy for Cavan/ Monaghan Disability Services will be reviewed and amended to provide information on the time frames in which a complaint will be responded to and/or the rights of the complainant.

Proposed Timescale: 15/09/2014

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:

There was evidence that input from Allied Health Professionals could improve the outcomes for residents who did not have a formalised day service and had sensory needs.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

Allied Health Professionals will be involved in all future Personal Plan Reviews.
Occupational Therapist contacted for an Assessment of sensory needs on 29/07/2014

Proposed Timescale: Actioned 29 July 2014, Process ongoing

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The Statement of Purpose was not reflective of the actual needs that the premises can meet.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The Statement of Purpose has been reviewed and amended on the 29/7/14

Proposed Timescale: 29/07/2014

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:

Control measures were implemented as a result of a risk identified for some residents. However the impact of the restrictions which were occurring as a result of these control measures were not assessed for all residents.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

Risk management policy and Personal Care Plans will be reviewed and amended to ensure that risk control measures are proportional to the risk identified. A Separate section will be added to each residents person centred care plan which will outline, assess and review any impingement incurred by the resident as a result of other restrictions in place.

Proposed Timescale: 01/09/2014

Theme: Effective Services

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

There were not adequate laundry facilities.

Action Required:

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

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

Adequate Laundry Services will be implemented by the 30/09/14

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

Fire drills were conducted however the evidence available did not support that all residents could be evacuated to a safe area in an adequate time frame.

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:

Horizontal evacuation was conducted on the 24/07/14 and to be completed Quarterly.

Proposed Timescale: 24/07/2014

Theme: Effective Services

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

Fire exits were locked and required a key to be opened. As a result of a risk identified break glass units were not in place. Keys were taped near the doors. Inspectors

determined that the keys could be removed. Ensuring the keys were present was not included in the review of fire precautions.

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

All staff Members have keys for all exits. Break Perspex units have been placed at all Exit doors on the 28/07/14. A checklist for these units will be reviewed weekly.

The overarching policy for Health and Safety – Corporate Safety Statement has been reviewed and updated and available in the Health and Safety Statements in both units since 28/07/14.

Proposed Timescale: Action Completed 28th July 2014 and is ongoing

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The policies and procedures regarding the prevention, detection and response to abuse did not adequately inform the supports available to residents in the event of a resident suffering from a abuse.

Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

The Policy on the Protection of Vulnerable Adults to be reviewed and amended to inform the supports available to residents in the event of a resident suffering from abuse.

Proposed Timescale: 30/09/2014

Theme: Safe Services

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

The policy regarding residents personal possessions did not adequately inform of the practices to be taken in the event of the designated centre managing the finances of resident. Therefore did not inform of the necessary safeguards required to ensure residents were protected from financial abuse.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The Financial Policy to be reviewed and amended to ensure residents are protected from financial abuse.

Proposed Timescale: 01/09/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was evidence that residents did not receive assessments from Allied Health Professionals when an appropriate need was identified.

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Allied Health Professionals will be involved in all future Personal Plan Reviews.
All Staff to receive training in HACCP and Nutrition.

Proposed Timescale: 22/12/2014

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:

Inspectors were not able to inspect the medication practices in one community house as it was in the process of being implemented on the day of inspection. The medication management policy was also in draft format and under further review therefore there was no evidence that staff were aware of the policy.

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:

Medication Management policy has been implemented for the administration of medication by nursing staff 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.

Proposed Timescale: Action Completed 22/07/14

The redeployment of Nursing staff to administer medication will remain in place in the second house until appropriate training is provided for care assistant grades and competency assessments completed.

Proposed Timescale: 31st October 2014

Proposed Timescale: 31/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

All staff were involved in the preparation of food however there was no evidence that staff had received training to ensure food safety compliance.

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:

All Staff to receive training in HACCP and Nutrition to ensure food safety compliance.

Proposed Timescale: 22/12/2014