

**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 Steadfast House
Centre ID:	OSV-0001632
Centre county:	Monaghan
Email address:	steadfasthouse@eircom. net
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Steadfast House
Provider Nominee:	Malachy Marron
Lead inspector:	Jillian Connolly
Support inspector(s):	Sonia McCague
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

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: 17 July 2014 14:30 To: 17 July 2014 21:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

The designated centre operates a respite service as part of Steadfast Ltd. As of the day of inspection there were thirty three residents listed on the directory of residents, with two resident on the day of inspection. The Statement of Purpose and Function states that the centre has the capacity for four residents per night. Prior to the inspection, the Authority received unsolicited information pertaining to staffing, medication management and assessment of need. A provider led investigation was issued to the provider. The Authority was not satisfied with the response by the provider to the investigation which resulted in this inspection being conducted.

The inspection took place over one day by two inspectors. The position of provider and person in charge are held by the manager of the designated centre. The provider was contacted on the morning of the inspection to inform them of the inspection and was present throughout the inspection. Inspectors met with residents, staff, reviewed documentation and observed practice. Eleven outcomes were inspected resulting in one outcome being compliant, one outcome having minor failings, four moderate non-compliances and five major non-compliances. There was significant risk identified in relation to staff training, health and safety and fire management. As a result inspectors issued an immediate action to the provider.

Inspectors were satisfied that the provider took the necessary steps to safeguard residents prior to inspectors leaving the centre and were further satisfied with the response by the provider in writing. The immediate action is included in the action plan at the end of this report.

The action plan also identifies the failings identified by inspectors and the actions the provider/person in charge is required to take 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.

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):

This was the centre's first inspection by the Authority.

Findings:

As the designated centre operates a respite service there are no residents residing there on a long term basis. There were two residents accessing the respite service on the day of inspection. Inspectors observed the staff members on duty engaging with residents in a respectful and dignified manner.

The statement of purpose and function of the designated centre states that the maximum number of residents to be accommodated within the designated centre is four residents per night with a total of thirty three residents documented in the directory of residents on the day of inspection. During the course of the inspection, inspectors identified an occasion within the previous two months in which there were five residents in the designated centre. As the designated centre has only four beds for residents, the additional resident was accommodated on a camp bed for the night. This camp bed was placed in the bedroom of another resident therefore compromising both residents' privacy and dignity.

The provider informed inspectors that this arrangement was a unique situation and was not a regular occurrence. Inspectors informed the provider that this could not re-occur and was a breach of the Health Act 2007.

The centre has a policy in place regarding the management of complaints and there was a complaints log in place. As of the day of inspection, there were no complaints documented for inspectors to assess the effectiveness of the procedure.

Inspectors observed deficits in the privacy and dignity of residents in respect of privacy locks in bedroom and bathroom doors. The premises had an en suite in one of the residents' bedrooms and one main bathroom for the remaining three bedrooms to share.

However the main bathroom could also be accessed from one of the residents' bedrooms. There was no privacy lock on either of the doors therefore the bathroom could be readily accessed whilst in use. There was no privacy locks in place on bedroom doors and no risk assessments in place to support the absence of same.

Inspectors reviewed the system in place for managing residents' finance whilst they were accessing respite services. Of the sample of files reviewed there was a system in place for recording the amount of money residents had on admission, the money spent whilst in respite and the money the resident had when discharged. However inspectors noted inconsistencies in the documentation. For example one resident was documented as having a sum of money on discharge however there was no record of the original sum of money that the resident had on admission.

There were also inconsistencies in the access that residents had to access activities of their choosing whilst on respite. Inspectors determined that this was based on the wide ranging needs of residents who access respite at the same time and the staffing levels. A sample of weekly rosters were reviewed which confirmed that the staffing levels were consistent regardless of the needs of the residents. Therefore if there was a resident residing in respite who required one to one supervision this impacted negatively on the ability of other residents who did not require the same level of support to access activities, as the standard resources were insufficient.

Staffing levels also had a negative outcome for residents who required the assistance of more than one staff. From 21.00 hours every evening staffing levels were reduced to one member of staff, therefore residents who require the assistance of two staff were required to be in bed prior to this and remain in bed until an extra staff member commenced work the following morning at 7.30 hours therefore limiting the choice residents had of when they retire to bed or of when to get up in the morning.

The ratio of staff to residents was also identified as a Health and Safety risk which is discussed further in Outcome 7.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

As stated in Outcome 1, there was evidence that five residents resided in the designated centre for a period of one weekend which is not in line with the Statement of Purpose and Function of the organisation.

Inspectors reviewed a copy of the contract in place between the resident and/or their representative and the designated centre. This contract was signed on each admission to respite and stated the number of days that the individual would access the service. However the information within the contract of care was inadequate as it did not stipulate the services that the individual would receive as part of the agreement and any additional charges which they may have to pay. For example, there was evidence that residents paid additional charges for take away meals as opposed to meals being provided by the designated centre. There was no evidence of this agreement being made with the resident and/or their representative.

Judgment:

Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

The designated centre was a five bedroom bungalow located in a rural area outside of a town. As the designated centre is a respite service, there were four bedrooms available for the use of individuals accessing the service and the fifth bedroom was utilised as a staff office. There was an en suite for staff in the staff office. One of the resident bedrooms also had an en suite which consisted of a toilet, hand basin and shower. There was a main bathroom which was available for the use of the other three residents. There was also a kitchen/dining area and sitting room which was an open plan design. The designated centre had external grounds which were accessible to residents. Inspectors found that efforts had been made to create a home environment in the communal areas of designated centre, however due to the nature of the service provided the bedrooms consisted of minimal equipment with a bed, chair, wardrobe and chest of drawers in each room. Inspectors determined that the size and layout of the designated centre was suitable for the intended purpose.

Inspectors observed the house to be generally clean and well maintained. On the day of inspection, the designated centre had appropriate lighting and was suitably ventilated. As each resident had their own bedroom, there was adequate private space for each resident. However, as stated in Outcome 1, inspectors observed an absence of privacy locks on both bedroom and bathroom doors which did not promote the dignity and privacy of the residents accessing the service. The main bathroom had two doors, one which led onto the main hallway and one which led into one of the bedrooms. However neither door had a privacy lock therefore the privacy of residents utilising the facility was compromised.

Inspectors observed a tracker hoist in one of the bedrooms. They were further informed that a free standing hoist was available for residents who required the use of a hoist. However this was not present in the designated centre on the day of inspection as it was utilised in another part of the organisation as part of training. Inspectors requested that the hoist be returned to the designated centre, as there was an individual accessing the service on the day of the inspection who required the use of a hoist. The person in charge completed the request. Adaptations had been made to the designated centre such as external ramps to meet the needs of individuals who required varying supports.

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):

This was the centre's first inspection by the Authority.

Findings:

The designated centre had a corporate safety statement which reflected the wider organisation. However the safety statement did not adequately reflect the actual health and safety of residents, staff and visitors in the designated centre. The designated centre had an up to date risk policy, however inspectors determined that the information was descriptive and did not inform of the operational procedure in place regarding the assessment of risk. There was no specific risk register available on the day of the inspection which was reflective of the actual risks in the designated centre. For example, the gate leading into the front of the designated centre was electronically secured. However there was a gate at the rear of the property which could be accessed from the main road and was unlocked. Neither systems were identified in the risk register and there was no rationale for the different systems in place. Staff signatures were also omitted from the policy, therefore there was no evidence that staff had read or understood the contents.

Residents were documented as utilising bedrails however despite evidence suggesting that residents had a history of climbing over bedrails there was no formal risk assessment in place to assess if bedrails were the most suitable safeguard in place for the resident, and/or the duration that they were to be utilised.

Inspectors also identified a risk in relation to the manual handling needs of residents. For example, residents who were documented as requiring the assistance of two staff were supported by one staff from 21. 00 hours until 7. 30 hours the next morning, presenting both a risk to residents and staff.

Inspectors reviewed the systems in place for the prevention, detection and response to fire and identified significant risk in the procedures in place to evacuate residents safely in the event of an emergency. The designated centre had a procedure in place regarding the actions to be taken in the event of an emergency. The records for the servicing and maintenance of fire equipment confirmed that equipment is regularly checked to ensure it is in working order. Inspectors observed that there was emergency lighting in place. The registered provider had recently had fire doors installed within the centre. However fire exits were locked by keys, and inspectors observed keys to be hung insecurely beside the doors, presenting a risk as they could be easily removed and therefore not available if needed. Fire drills took place on a monthly basis in the designated centre. However two drills in the previous six months demonstrated that staff had encountered challenges evacuating residents. For example, one fire drill which was conducted in June 2014 stated that staff had been unable to evacuate residents from bedrooms however no actions had been taken by the provider to address this significant risk therefore the risk remained.

As stated previously the designated centre is a respite service, therefore although the maximum capacity is four, there were thirty three residents currently accessing services on a rotational basis. There were no personal evacuation plans in place for the residents and the schedule in place for the dates residents accessed the service was not based on residents needs. Therefore staffing was not reflective of the actual needs of the residents in the event of an emergency. There was also no equipment available to aid the evacuation of residents with higher mobility needs.

Inspectors also found that not all staff had received training in the prevention, detection and management of fire. One staff had worked two shifts alone in the week of the inspection without this training. As a result of the findings and the significant risk identified an immediate action was issued to the provider on the day of inspection. The provider responded by ensuring that an extra member of staff was placed on duty from 21. 00 hours prior to inspectors leaving the centre. The provider responded to the immediate action plan in an appropriate time frame and assured the Authority that all residents would receive a pre-admission assessment prior to commencing respite and staffing would be rostered to ensure that the sufficient resources were available to evacuate residents in the event of an emergency. The provider further stated that no staff who had not completed fire training would be rostered to work on their own in the designated centre and that all staff would receive the relevant training by Monday the 4th August 2014.

Judgment:

Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors did not fully inspect this outcome on inspection, however during the course of the inspection deficits were identified in relation to positive behaviour support of residents where there was evidence of residents exhibiting behaviours that challenge. The organisation had a policy in place for the management of behaviours that challenge which stated that individuals exhibiting behaviours that challenge would have a multi – disciplinary assessment and that a behaviour management action plan would be in place with the aim of managing the behaviour. Inspectors identified from a sample of personal plans that there were residents who did exhibit behaviours that challenge whilst accessing the designated centre and there was no evidence of the pre-mentioned assessments or management plans in place. The provider informed inspectors that staff had completed training in the management of behaviours that challenge however there was no evidence of this on inspection in staff files.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

Prior to completing the inspection, the Authority had received no notifications as required under Regulation 31 of the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Inspectors discussed this with the person in charge who stated that they were unaware of the responsibility of the provider/person in charge to initiate this process. The person in charge/provider nominee verbally assured inspectors that this non-compliance would be addressed and relevant notifications would be submitted to the Authority and that no incidents requiring notifications had occurred.

Inspectors informed the person in charge/provider nominee that under Regulation 31 (4) the chief inspector must be notified in writing of the fact that no incidents which required notification had taken place in the previous six months.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors reviewed a sample of personal plans of residents. The frequency and length of admission varied for each resident. Some residents accessed the service on a monthly basis whilst other residents accessed the service less frequently. As the designated centre provided a respite service certain health care needs of residents were being met within their family home as opposed to by the provider. Inspectors were not satisfied that the adequate interventions were in place to meet the identified health care needs of residents whilst residing in the designated centre. For example, inspectors witnessed a resident having an epileptic seizure whilst they were present in the designated centre. Inspectors were satisfied that staff on duty reacted appropriately to the seizure at that time. However they did require the support of a second staff member. As stated previously, prior to an immediate action being issued by inspectors there was only one staff planned to be on duty from 21. 00 hours. On review of the personal plan of the resident it was not clear the number of staff required to support the resident in the event of a seizure.

There was also evidence of a resident being documented as being at an increased risk of seizure activity at night. However the management plan only identified what was to be done in the event of a seizure as opposed to the actions to be taken to regularly

monitor the resident whilst they were sleeping. Inspectors also identified by cross – referencing residents daily note with epilepsy recording charts that not all seizures were documented on the epilepsy recording charts.

There was also evidence of residents being documented as being at risk of pressure sores, however there was no plan of care in place to inform staff of the actions to be taken whilst the person was residing in the respite service to reduce the occurrence of same.

Residents were documented as having nutritional needs such as modification of food or supplemented diets. There was no evidence that this had been assessed by the relevant members of the multi-disciplinary team and/or how this was catered for within the designated centre through the food choices available.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre had a medication management policy in place which addressed the procedures in place in two designated centres. The policy states that if a resident does not have a current prescription sheet and medication on admission that this would have to be rectified prior to admission. However on inspection, inspectors identified risk in relation to the systems in place.

Medications were stored in a secure cabinet however the policy states that as the designated centre is always staffed by a nursing professional only nursing professionals should administer medication. However inspectors observed that health care support staff had access to the medication which is not in adherence with the pre-mentioned policy. Inspectors requested to review the prescription and administration records of medications. However staff were unable to provide the same to inspectors as they had not been returned to the designated centre from the day service. The provider subsequently obtained the relevant documentation. However inspectors identified significant risk that the records had not been reviewed by staff in admission to the designated centre, particularly as the nursing staff on duty were relief staff and not familiar with the needs of the residents.

On review of the prescriptions sheets, inspectors identified that there was pertinent information omitted from the sample reviewed. For example, allergies were not stated and the maximum dosage of medication as required was not documented or the route medication was to be administered. The name of the general practitioner for medications was also omitted in some instances and medication was discontinued without the evidence that this was following instruction from the relevant medical professional. Medication was also erased.

Medication as required was also kept within reach of the resident at all times based on the urgency in which it could be required. However inspectors observed other residents being left unsupervised with the medication whilst staff assisted another resident with personal care.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

Prior to the inspection, the Authority requested a copy of the Statement of Purpose and Function of the organisation as part of a provider lead investigation. On review, the Statement of Purpose and Function was not reflective of the necessary information as stipulated in Schedule 1 in the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. For example the person in charge and the provider nominee are not identified. The arrangements in place in the event of an emergency were also not included and the actual needs that the designated centre can meet were not clearly stated, inclusive of age range and gender. Inspectors also found evidence that a resident had accessed the designated centre for day services however this was not included in the Statement of Purpose and Function. Inspectors directed the provider nominee in the feedback session to requirements of Schedule 1 of the regulations.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The manager of the designated centre was the person in charge and the provider nominee. Inspectors met with them at the commencement of the inspection, throughout the inspection and on the conclusion of the inspection. Based on the failings identified throughout the inspection, inspectors were not satisfied that the governance and management systems in place were effective and promoted safe and quality services. An example of this, was as stated in Outcome 7, significant risk had been identified by staff whilst conducting fire drills and there was no evidence that this had been identified by management and any actions had been taken to rectify this.

Referral and Admissions to the service are conducted through an external body, but there was no evidence that there was a clear system to ensure that management of the designated centre planned admissions to the designated centre based on the individual and collective needs of residents and staffing available. The numerous deficits identified in the documentation of the needs of residents and the plans in place to meet the needs evidenced that there was no formal system of review in place by management to ensure services were delivered in line with best practice and the policies of the organisation.

In light of these findings, and others in the report, Inspectors were not satisfied that the person in charge could meet the statutory requirements based on their role within the organisation.

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):

This was the centre's first inspection by the Authority.

Findings:

An immediate action plan was issued to the provider as a result of findings of the inspectors on the day of inspection. The numbers and skill mix of staff were not appropriate to meet the assessed needs of residents. There was no evidence that the individual and collective needs of residents were considered when admissions were planned. Residents documented as requiring one to one supervision or assistance of two staff were accessing respite at the same time whilst only one member of staff was on duty from 21. 00 hours to 7. 30 hours the next day.

The designated centre has a policy in place regarding the training of staff. A review of staff files found that not all staff had received statutory training in relation to fire and had also not received training in relation to the management of behaviours. Staffing records also did not contain the necessary information as stipulated in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. For example, there was no evidence of previous references, photographic identification and/or job descriptions. There was also no evidence of formal staff supervision.

There were no volunteers involved in the designated centre on the day of inspection.

Judgment:

Non Compliant - Major

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

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Steadfast House
Centre ID:	OSV-0001632
Date of Inspection:	17 July 2014
Date of response:	28 August 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:

An additional resident resided in the designated centre for a period of two nights resulting in using a camp bed in the bedroom of another resident.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

With immediate affect only 4 residents will be supported at our respite services any night.

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

Proposed Timescale: 17/07/2014

Theme: Individualised Supports and Care

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

There was an absence of privacy locks without sufficient assessment to support the rationale.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Contractor has been engaged to fit suitable safe locks on bedroom doors and shower/toilet area.

Proposed Timescale: 30/09/2014

Theme: Individualised Supports and Care

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

Due to the absence of consideration of the collective needs of residents, there was a negative outcome for residents having the opportunity to access activities of their choosing.

Action Required:

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

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

A list of activities will be offered and agreed between Steadfast House and the resident/family pre admission.

Proposed Timescale: 01/10/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

A resident was admitted despite the residential centre having full capacity.

Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Only 4 residents will be accommodated any night at the respite service.

Proposed Timescale: 17/07/2014

Theme: Effective Services

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

The contract of care does not account for the services to be received and any charges which the resident may incur.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Agreement prior to admission on services and any financial charges deemed necessary discussed and agreed with resident/family.

Proposed Timescale: 01/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Furnishings required review and additional cleaning.

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:

Cleaning rota has been reviewed and improved. Furnishings in each room have been noted and identified improvements to be addressed.

Proposed Timescale: 28/11/2014

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 risk management policy was not reflective of the hazards within 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:

Support to improve Health and Safety Policy and identify site specific hazards has commenced.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

Although there were fire exits, they were locked with a key which was hung insecurely beside the door therefore could be misplaced and not available in the event of an emergency.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Advice on suitable key holding equipment has been received and will be fitted by contractor.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

Staff who were lone working on night duty had not been provided with fire safety training.

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:

Training has been provided for all Staff on duty.

Proposed Timescale: 02/08/2014

Theme: Effective Services

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

Adequate arrangements for the safe evacuation of residents were not in place. Personal Evacuation Plans had not been compiled for every resident. An assessment of and provision of suitable equipment required had not been provided.

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:

Personal Emergency Evacuation Plans are now in place for all residents accessing respite services.

Proposed Timescale: 29/07/2014

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:

Residents who exhibit behaviour that challenges did not have support plans in place to identify and alleviate the cause of the behaviour.

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:

Planned Respite has now a pre admission assessment document completed where supports are identified and measures to address any behaviour issues.

Proposed Timescale: 21/07/2014

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 an absence of evidence-based assessment and care plans to inform how the health care needs of residents are met on a short-term basis in the service.

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:

Planned Respite has now a pre admission assessment document completed where Individual Care supports are identified and delivered accordingly.

Proposed Timescale: 21/07/2014

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:

Staff other than nursing professionals had access to medication contrary to policy.

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:

Manager has met with all Staff at the respite service and designated roles clearly outlined. Combination lock to safe has been changed and only Nursing Staff have access to same.

Proposed Timescale: 21/07/2014

Theme: Health and Development

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

Documentation required to administer medication to residents was not available upon request of inspectors.

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:

Hand over protocol of Residents from Day services and family members accessing Respite Services has been reviewed and a more robust system is in place.

On admission, documentation is received from family member/guardian. Staff Nurse on duty carry out necessary checks to ensure that medication received corresponds to Kardex.

Staff Nurse ensures Kardex received is in date and signed by GP.

Hand over of Residents accessing respite service coming from day service: Staff nurse on day service duty accompanies resident to respite facility to hand over Kardex, medication and relevant information to respite staff nurse.

This new protocol will be included in medication policy currently being reviewed

Proposed Timescale: 21/07/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The Statement of Purpose and Function did not include the necessary information as stipulated in Schedule 1.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Review of the respite statement of purpose document is currently being undertaken.

Proposed Timescale: 30/09/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Inspectors were not satisfied that the person in charge could meet the statutory requirements based on their role within the organisation.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

Following the inspection, discussions with our Funding Body seeking agreement to support necessary changes in the Management of the Services, namely, to separate the role of the provider nominee and person in charge.

Person in charge being recruited.

Proposed Timescale: 30/09/2014

Theme: Leadership, Governance and Management

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

Based on the failings identified by inspectors, there was no evidence of clear systems to ensure effective and safe services and positive outcomes for residents.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Full review of Health & Safety issues, risk assessments, challenging behaviour and medication policies are taking place.

Priority issues are being addressed with immediate effect.

Proposed Timescale: 28/11/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing was not planned based on the individual and collective needs of the residents admitted.

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:

Pre admission assessment documentation informs staffing levels required.

Proposed Timescale: 21/07/2014

Theme: Responsive Workforce

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

Of the sample of staff files review not all of the information stipulated in Schedule 2 was present.

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:

All Staff files have been reviewed and updated in line with Schedule 2.

Proposed Timescale: 24/07/2014

Theme: Responsive Workforce

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

There was no evidence that staff had received training relevant to their role.

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:
Review of staff Training requirements will be undertaken and identified needs addressed.

Proposed Timescale: 31/10/2014

Theme: Responsive Workforce

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

There was no evidence of staff supervision by management.

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:

This issue will be addressed with the appointment to the designated centre of a Person in Charge.

Proposed Timescale: 15/10/2014