

**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 MooreHaven Centre (Tipperary) Ltd
Centre ID:	OSV-0003723
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	MooreHaven Centre (Tipperary) Ltd
Provider Nominee:	Derry McMahon
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 October 2014 10:30	23 October 2014 20:15
24 October 2014 08:30	24 October 2014 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The inspection was an announced registration inspection over two days and was the second inspection of the centre by the Authority. As part of the inspection, the inspector met with residents, management and the staff team. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies and procedures. The person in charge informed the inspector that she endeavoured to provide a person-centred service to effectively meet the needs of residents.

Overall, the inspector found that residents received support that was individualised

and person centred. A good rapport between residents and staff was evident throughout the inspection and staff supported residents in a respectful and dignified manner. Residents reported to be well-cared for, happy and content. Residents were supported to participate in meaningful activities, appropriate to their individual preferences and abilities; residents' independence was maximised and residents were supported to develop and maintain family and community links.

A number of actions from the previous inspection had not been satisfactorily completed such as review of the complaints policy and procedure, risk management policy and waste management procedures.

A number of improvements were identified during this inspection to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disability Regulations 2013. The required improvements are set out in detail in the action plan at the end of this report and include:

- documentation and review of the use of listening devices
- consent
- policy development and review
- personal plan development and annual review
- premises
- risk assessments
- infection prevention and control practices
- medication management
- staff training
- records and documentation

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents with whom the inspector spoke stated that they felt safe and spoke positively about their care and the consideration they received. Residents described the person in charge and staff as being readily available to them if they had any concerns. Staff interaction with residents was observed and the inspector noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

The inspector observed that residents and their representatives were actively involved in the centre. The person in charge facilitated a weekly meeting in each house attended by the residents if they wished. Items discussed included maintenance issues and outings. It was noted that any issues or requests were acted on promptly. The person in charge facilitated residents to complete a satisfaction survey twice a year, most recently in October 2014 and 12 residents participated. The feedback was positive with 100% of respondents expressing satisfaction with the service.

The person in charge informed the inspector that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. The person in charge's role as includes co-ordination of the day service and she meets and interacts with residents on a frequent basis.

Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals, assisting residents in

personalising their bedrooms and their choice of activities. The inspector noted that a new resident had been encouraged to personalise her bedroom with soft furnishings of her choice prior to admission. Residents' personal communications were respected and many residents had access to a personal mobile telephone, video conferencing and the internet.

However, the practice was inconsistent in promoting individual choices and privacy. Residents were not always afforded the opportunity to provide consent for decisions about their care and support. In some circumstances, parents provided consent for residents to go on outings even though all residents were adults. The inspector observed a listening device in a bedroom based on health needs. However, there was not a specific policy or procedure in place for the use of such a device. The use of the device was not regularly reviewed as an impingement on the privacy of the resident as staff could hear all activity of the resident when in the room on their own.

The inspector observed that residents had opportunities to participate in activities that were meaningful and purposeful to them. One resident attended activities off site while the majority participated in activities at the central activity centre which was also located within the complex.

The inspector observed that there was a good level of activity in the evenings and at weekends with residents choosing to participate in activities in the community such as Special Olympics or spending time with family and friends. A number of residents went on a weekly bowling trip to Limerick every Thursday evening.

Residents had access to a formal advocacy service and information about this service was seen to be in an accessible easy read format. Residents had been supported to avail of this service.

The centre-specific complaints policy and procedure were made available to the inspector and had been reviewed in August 2014. The procedure was seen to be appropriate to the needs of the residents and staff were knowledgeable on how to appropriately manage complaints. The complaints procedure was displayed in a prominent position in each premises. A complaints officer and a person independent of the complaints officer, to ensure that complaints were appropriately responded to and all records are maintained, had been nominated. An independent appeals process was outlined. However, complaints policy did not clearly identify the nominated complaints officer or the nominated person, independent of the complaints officer, to ensure that complaints were appropriately responded to and all records are maintained.

The person in charge stated that she was the nominated complaints officer, dealt with any complaints as soon as possible and felt that residents were happy with the service they received. Residents to whom the inspector spoke with identified the complaints officer and confirmed that any complaints they might have were dealt with satisfactorily. The inspector viewed the complaints' log and noted that the nature of the complaint, any action taken, the outcome and complainant's satisfaction level were recorded.

Residents were encouraged and facilitated to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in

relation to residents' valuables and furniture were maintained and updated regularly. Residents were supported to do their own laundry with adequate facilities available in each house.

Residents had easy access to personal monies and where possible control over their own financial affairs in accordance with their wishes. The inspector noted that improvements had been made in relation the documentation of financial transactions and the person in charge reviewed the transactions and receipts each week to ensure that the procedure was robust.

Residents are facilitated to exercise their civil, political and religious rights. Residents were conversant in current affairs and reported being afforded the opportunity to vote. Staff offered residents the choice to attend religious services on a weekly basis.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Staff with whom the inspector spoke were aware of the different communication needs of the residents. The inspector saw that external professional input had been sought for residents. Speech and language therapists had assessed residents with communication difficulties and had developed strategies to meet the individual needs of residents such as social stories. Individual communication requirements were highlighted in personal plans and reflected in practice.

The inspector observed that the centre and the residents were part of the community. Residents with whom the inspector spoke enjoyed going out and about in the community at weekends especially bumping into people they know. Residents attended local festivals, horse racing, charity events and community bingo. The inspector noted that details of local events were posted on the information boards of each house.

Residents had access to radios and televisions in communal areas. The majority of residents also had access to a television in their bedrooms. Wireless internet was available in each premises and some residents used video messaging to communicate with family and friends. A centre-specific policy in relation to access to email, social media and mobile dated August 2014 was made available to the inspector which guided

practices. Residents were observed to have access to newspapers and magazines.

Staff reported and the inspector observed that residents did not require access to assistive equipment and technology to enable communication.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents with whom the inspector spoke stated that they regularly had visitors and could see them in either their bedrooms, kitchen or in the sitting/sunroom rooms. Contact was also maintained via mobile telephone or online video messaging. Some residents went home at weekends or for holidays during the summer. A visitors' book was maintained in each premises.

The person in charge confirmed that there were no restrictions on family visits. The inspector saw that families were kept informed of residents' wellbeing. The residents and their families were invited to attend personal planning meetings.

Residents were supported to make and maintain friendships. The day service fostered friendships through education and training. The inspector noted that residents were encouraged to invite friends over to share meals. Recently, Mass was celebrated in one of the premises and residents were encouraged to invite family and friends.

The inspector noted that there were strong links with the community with residents participating in activities external to the centre such as the local Tidy Towns, Special Olympics and bowling. Residents were actively encouraged to be involved in the wider community. Residents with whom the inspector spoke particularly enjoyed shopping trips and meals out in the locality at the weekends.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The person in charge informed the inspector that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to staff and other residents prior to admission. A resident who was admitted to the centre on the second day of inspection had visited the premises on a number of occasions and had joined the residents for meals. She had been encouraged to choose soft furnishings and other items to personalise her bedrooms. The person in charge had discussed the new admission with existing residents at the weekly meeting prior to the prospective residents' visit.

There was evidence that transfers to and from the centre were planned and person-centred. Residents' admissions were seen to be in line with the criteria included in the statement of purpose with the residents.

The inspector were informed by the person in charge that consideration was always given to ensure that the needs of the resident being admitted were considered along with the needs of other residents currently living in the centre. The person in charge outlined how their pre-admission processes and the subsequent phased introduction to the service; assisted in ensuring the appropriateness and suitability of any prospective resident in the context of the existing resident population.

The inspector noted that there was an admission, discharge and transfer policy dated August 2014. This detailed pre-admission arrangements and the admissions process. This policy did provide suitable arrangements for each prospective resident and his or her family or representative to be provided with an opportunity to visit the centre, as far as was reasonably practicable; before admission of the prospective resident. However, this policy was not adequate as it did not take into account the need to protect residents from abuse from their peers.

The inspector noted that written agreements with residents and their representatives which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided for that resident had been provided to each resident. The fees and additional charges were included in these agreements.

Judgment:

Non Compliant - Minor

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):

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

Findings:

There were a number of options available for all residents in relation to activities and work. The majority of residents attended a day service operated within the complex while one resident travelled to a nearby day service every day on public transport. Residents participated in meaningful activities during the day including woodwork, needlework, horticulture, cookery and photography. Residents were involved in the day to day running of their homes including shopping and cooking for each meal within each house.

Residents with whom the inspector spoke stated that they enjoyed attending plays, musicals and films in the evenings. Some residents also outlined how they enjoyed relaxing in their home, watching television or listening to music. A number of residents were looking forward to starting an evening culinary course locally.

A selection of personal plans was made available to the inspector and each resident had received a copy of his/her personal plan in an accessible format. There were identified key workers responsible for pursuing objectives in conjunction with individual residents in all of the personal plans viewed and agreed time scales and set dates in relation to identified goals and objectives. There was evidence of multidisciplinary team involvement in residents' care including physiotherapy, speech and language therapy, general practitioner (GP), psychiatry and psychology services. There was evidence of residents' involvement in agreeing/setting residents' goals. There was also evidence of individual goals having been achieved. However, personal plans lacked sufficient detail and did not always reflect residents' individual needs and capacities for example in relation to mobility. Evidence based assessment tools were not used to assess or monitor residents' mobility needs. The inspector noted that some plans were generic in nature and not person centred.

The inspector saw that personal plans were reviewed at least annually. The annual review was conducted in consultation with each resident. The annual review did assess the effectiveness of the plan in relation to the goals set and a new plan was developed annually to reflect the changes to the personal plan, the rationale for these changes and

a new set of goals. However, the annual reviews of personal plans were not sufficient as there was little evidence of multidisciplinary input. Personal plans were not reviewed and updated as a resident's circumstances or needs changed, for example in relation to epilepsy.

The centre-specific policy on admission and discharge from the centre was made available to the inspector. Comprehensive information was provided on transfer to and from hospital. Discharge from the centre was seen to take place in a planned and safe manner. All discharges were discussed, planned for and agreed by the resident and their representative. Other residents were also informed in advance when a resident was to be discharged.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The centre consisted of four different premises. All premises were easily accessible, bright, well ventilated, had central heating and decorated to an adequate standard. The premises were homely and met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. The inspector noted that the décor, design and layout were compatible with the aims of the statement of purpose. The premises generally appeared clean but the inspector noted that cleaning practices required improvement in some areas. The premises were observed to be in a good state of repair but the inspector observed a broken drawer in a resident's bedroom and some peeling veneer on a drawer in a kitchen area. The person in charge arranged for both items to be sent for repair on the first day of inspection.

There were adequate showers and toilets with assistive structures in place including hand and grab rails to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. A separate kitchen area was available in each premises with suitable and sufficient cookery facilities, kitchen equipment and tableware. Residents were

supported to participate in and prepare meals and snacks. A dining area was located within each kitchen and residents were observed to dine together. Laundry facilities were provided and residents were supported to do their laundry according to their wishes.

Some of the residents showed the inspector their rooms, stated that they were happy with the living arrangements and all had personalised their rooms with photographs of family and friends and personal memorabilia. Ample storage space was provided for residents' personal use. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a number of communal sitting rooms available. Assistive equipment for use by residents or people who worked in the centre including wheelchairs were in good working order and records were up-to-date for servicing of such equipment.

There were suitable accessible grounds/outside areas. In addition, there were suitable garden seating and tables provided for residents' use located at a number of locations in the grounds of the premises. The grounds were kept safe, tidy and attractive.

The inspector saw that suitable arrangements were in place for the safe disposal of waste. However, the inspector noted that a bin was not been adequately secured. The person in charge arranged for a more suitable bin to be sourced and this was in place on the second day of inspection.

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):

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

Findings:

There was a health and safety statement in place for each premises, reviewed in October 2014, which outlined general aims and objectives in relation to health and safety. The health and safety statement was augmented by a risk management policy, reviewed in August 2014, which outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The centre-specific risk assessments were reviewed regularly. However, the inspector observed that some risks had been identified such as the storage of chemicals and unrestricted windows.

The risk management policy did not include the measures and actions in place to control aggression and violence and self harm. Policies were in place to manage the unexplained absence of a resident and injury to residents, visitors and staff. However, these policies outlined the measures to be taken in the event of such an event occurring but did not include the measure and actions in place to control the risks.

An emergency plan was in place dated October 2014 and covered events such as power outage and water shortage. Staff outlined to the inspector the procedure to be followed in the event of an emergency. The emergency plan was not adequate as it would not guide staff in the event of a premises being uninhabitable.

The inspector saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating accidents. Learning from incidents were consistently identified and implemented.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. The training matrix confirmed that all staff had received annual refresher training in fire safety. Staff and residents demonstrated good knowledge on the procedure to follow in event of a fire. Fire safety equipment is serviced on an annual basis, most recently in November 2014. Fire drills take place on a quarterly basis and residents in a semi-independent living arrangement had been facilitated to complete a fire drill without assistance from staff. Records confirmed that staff completed daily checks of fire precautions.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all dependent residents. The PEEP was not adequate as it did not outline the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident. It was not clear when the PEEP was last reviewed.

A designated smoking area was provided for residents. A centre-specific policy on residents who smoke was made available to the inspector. Risk assessments were in place for residents who smoke. Adequate controls were in place to protect residents who smoke and a bell was available to raise the alarm.

The training matrix confirmed that all staff were trained in the moving and handling of residents. Residents were promoted to maintain their independence when mobilising. The inspector observed and staff reported that residents did not have routine manual handling requirements.

The centre-specific infection prevention and control policy was made available to the inspector which was dated August 2014. Hand washing and sanitising facilities were readily accessible to staff and residents. However, the inspector observed that supplies available for hand washing such as shared towels and bars of soap would not prevent, control and reduce the risk of the spread of healthcare associated infections. The inspector noted that personal hygiene items were not always stored in a way that would prevent shared use.

Records confirmed that all vehicles used to transport residents were regularly serviced, insured, equipped with appropriate safety equipment and driven by staff who are properly licensed and trained.

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):

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

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted.

There were organisational policies in place in relation to the protection of vulnerable adults and behaviour that challenges, both reviewed in August 2014. The policy in relation to the protection of vulnerable adults was not adequate as it did not outline the response if the perpetrator was not a staff member; this is discussed in Outcome 18.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse. Residents and staff were able to identify the nominated person.

Records were provided that confirmed that any incidents, allegations and suspicions of abuse had been recorded and these incidents were appropriately investigated in line with national guidance and legislation. It was observed that appropriate safeguards had been put in place.

Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques. However, two staff members had not completed this training.

The inspector reviewed personal plans, plans for support behaviour that challenges and risk assessments and spoke with staff in relation to behaviour that challenges. Residents were involved in discussions and reviews that had been arranged to support residents to manage their own behaviour and consent was documented for supports in place.

A resident's file who had behaviour that challenges was made available to the inspector who found that there were clear strategies in place. Detailed psychiatric assessment had been completed for the resident. Staff were able to describe the strategies in use. Strategies demonstrated a positive approach to behaviour that challenges including the use of sensory strategies to keep the resident calm and the use of distraction techniques. There was evidence that strategies and plans were updated when circumstances changed. When an incident of challenging behaviour occurred, staff documented the incident and completed an Antecedent Behaviour Consequence (ABC) chart. The incident was reviewed by the person in charge in conjunction with staff and residents involved. Multi-disciplinary input was sought when appropriate.

Staff confirmed and the inspector noted that restrictive practices were not in place in the centre.

A clear and transparent system was in place to manage residents' finances. Residents were involved in the management of their own finances, as far as reasonably practicable. There was a clear system of logging and tracking of all transactions, with receipts and records and an auditing system in place.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

The person in charge had failed to notify the Authority of all incidents and quarterly returns as required by Article 31 of the Regulations.

This was outlined to the person in charge and provider during the inspection. The person in charge submitted the required notifications immediately following the inspection.

Judgment:

Non Compliant - Major

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents' opportunities for new experiences, social participation, training and employment were supported. Goals were developed in accordance with each resident's preferences and to maximise his/her independence.

Records were made available to the inspector detailing the educational achievements of the residents. Residents were supported and encouraged to participate in training courses that lead to an award by Quality and Qualifications Ireland (QQI) in life science (horticulture, information technology, woodwork and communications for example). Residents were facilitated to seek and maintain employment in the local community.

Residents engaged in social activities internal and external to the centre. For example, where appropriate, external activities were available such as outings to local places of interest, trips to the theatre and cinema. Residents participated in range of varied interests such as woodwork, horticulture, basketball, bowling, needlework and information technology.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector found that, in general, residents' overall healthcare needs, including nutritional needs, were met and residents had access to appropriate medical and allied healthcare services.

The inspector reviewed residents' files and there was evidence of timely and frequent access to their GP of choice. Residents had access to other medical professionals such as physiotherapists, occupational therapists and behavioural specialists. Specialist input was sought from consultant neurologists and psychiatrists. Records of referrals and reports were maintained in the majority of residents' files. However, the inspector observed that where a resident attended an appointment alone or supported by a family member, there was not always a comprehensive record obtained or maintained of the visit and treatments recommended. It was not clear to the inspector if the recommended treatment was then provided.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs.

The person in charge informed the inspector that the centre was unable to provide end of life care but sudden death would be managed in line with the centre specific policy dated September 2014. The policy also outlines the management of bereavement that may be experienced by residents, relatives and staff. Residents identified to be approaching end of life would be transferred to another centre in line with the centre-specific admission, discharge and transfer policy.

The inspector observed that residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control, healthy eating and smoking cessation.

Staff with whom inspector spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. Residents were involved in the preparation and cooking each meal. A number of options were available for each meal. Residents had the choice of hot/cold cereals, yoghurt, fruit, brown bread, toast and a selection of beverages for breakfast. Residents eat their lunch at their day services during the week. At weekends, residents may opt to have lunch out or lunch may be prepared in the premises. Tea-time options included salad plates, mixed grills, omelettes, wraps, pasta dishes, quiche and sandwiches.

The inspector joined residents and staff for breakfast and tea-time and noted the

supportive and spontaneous conversation that occurred during this meal. There was a warm, positive, relaxed and social atmosphere at mealtimes. Outside of set mealtimes residents had access to a selection of refreshments and snacks in each house. There were adequate quantities of food and drink; that was properly and safely prepared, cooked and served. Staff with whom the inspector spoke with stated that residents were encouraged to participate in the shopping on a weekly basis. A number of residents were supported in preparing and cooking their own food and that there was adequate provision for residents to store food in hygienic conditions. Residents with whom the inspector spoke stated that they enjoyed their meals and that the food was very good.

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):

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

Findings:

Residents with whom the inspector spoke with confirmed that they had access to the pharmacist of their choice and were facilitated to personally attend their pharmacy. There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing administration and disposal of medicines which had been reviewed in August 2014.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure. Medication errors were identified, reported on an incident form and there were arrangements in place for investigating incidents.

The inspector observed that compliance aids were used by staff to administer medications to residents. The inspector noted that a number of compliance aids were not labelled sufficiently to enable identification of individual medicines. Therefore staff could not identify a specific medication among several medications in a compliance aid to confirm the medication is being administered as prescribed.

A sample of medication administration records were reviewed by the inspector. The inspector noted that the medication administration records were not complete or accurate; this is covered in outcome 18.

A policy on the administration of buccal midazolam was made available to the inspector which was dated August 2014. An epilepsy personal plan had been developed for a resident with epilepsy but had not been reviewed to reflect changes in resident's medication; this is covered in outcome 5. The management of status epilepticus using midazolam for this resident was guided by a resident-specific management plan that had been developed in collaboration with the prescriber.

Residents were encouraged to take responsibility for their own medication. However, where residents were self-administering medication, a risk assessment and assessment of capacity had not been completed. The inspector was not satisfied there was adequate supervision in place to ensure adherence to the medicinal product therapy and treatment plan.

Staff with whom the inspector spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. However, the inspector noted a number of medications dispensed for residents that were no longer required had not been segregated.

The results of a medication management audit were made available to the inspector but the document was not dated. The audit did not identify pertinent deficiencies; this is covered in outcome 14.

Training had been provided to staff on medication management by the pharmacist in June 2014.

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):

No actions were required from the previous inspection.

Findings:

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available for residents and staff to read.

The written statement of purpose described a service "wherein residents are cared for,

supported and valued" in "a living environment that as far as possible replicates residents' previous life-style". The inspector observed that the ethos as described in the centre's statement of purpose was actively promoted by staff.

The statement of purpose contained all of the information required by Schedule 1 of the Regulations and the inspector found that the Statement of Purpose was clearly implemented in practice.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a full-time person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. The inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision.

The person in charge had a commitment to her own continued professional development and she had completed a number of relevant courses on a regular basis including short courses on protection of the vulnerable adult, infection prevention and control, medication management and fire prevention.

In addition, the person in charge stated that she was well supported by the provider nominee who works full time in day services operated for the residents. Residents were observed to be familiar with the person in charge and approached her with issues during the inspection. Staff with whom the inspector spoke were clear about the role of the person in charge and who to report to within the organisational line management structures in the centre. The person in charge attended and facilitated residents' meetings which assisted her in keeping up-to-date in relation to residents' needs. She also visited each premises on a weekly basis to review maintenance issues and financial

records. Throughout the inspection the person in charge demonstrated an adequate knowledge of the regulations. The person in charge demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care.

An annual review of the quality and safety of care is undertaken on an annual basis and a copy of the most recent report (2013) was made available to the inspector. However, the results of a medication management audit were made available to the inspector. The document was not dated and did not identify pertinent deficiencies identified during this inspection in relation to documentation.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection and there had been no change to the person in charge. The provider nominee was aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence.

The inspector was satisfied that there were robust arrangements in place for the management of the centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose.

The inspector found that the facilities and services available in the designated centre reflected the Statement of Purpose. Staff confirmed that there was a household budget that could be used to meet the day-to-day running costs of the centre and that any extra requirements were met by management.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

There was a planned and actual staff roster in place which showed the staff on duty during the day and night and was properly maintained. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The inspector observed that residents were familiar with staff, were informed of the roster in advance and received continuity of care and support.

A sample of staff files was reviewed. The inspector identified that a staff file was incomplete; this is covered in outcome 18. There was evidence of effective recruitment and induction procedures. Staff were supervised appropriate to their role and a formal annual appraisal system was in place.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations

and the standards had been made available to them. Accessible copies of the standards were available in residents' apartments and staff spoken with demonstrated adequate knowledge of the regulations and standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. Further education and training completed by staff included manual handling, infection control, medication management, first aid and management of epilepsy.

There was a system in place for the management of volunteers. The roles and responsibilities of volunteers was set out in writing; all volunteers provided a vetting disclosure; volunteers were interviewed prior to commencing as a volunteer; three references were sought for each volunteer and; there was a clear supervision system in place.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Records and documentation were maintained in a manner so as to ensure ease of retrieval but there were some inaccuracies.

The person in charge confirmed that centre-specific policies had not been developed in relation to the following as per Schedule 5 of the Regulations:

- staff training and development
- the use of restrictive procedures and physical, chemical and environmental restraint

The policy in relation to the creation of, access to, retention of, maintenance of and destruction of records was not in line with the requirements set out in the Regulations in relation to retention of records. The policy in relation to the protection of vulnerable

adults was not adequate as it did not outline the response if the perpetrator was not a staff member.

A directory of residents was maintained in the centre but did not include the following details as required by Schedule 3 of the Regulations:

- marital status and gender of the resident
- address of the resident's next of kin or representative
- name, address and telephone number of the resident's GP

A record of residents' assessment of need and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident including any treatment or intervention was maintained.

Medication administration records were not complete or accurate. Medication administered at the day service was not recorded in the medication administration record kept on each premises. Medications administered did not correspond to the records made in the medication administration record.

A personnel file reviewed was incomplete as it only included one reference and did not include a contract to state the position held, the work to be performed and the number of hours to be worked per week. These documents were furnished to the inspector on the second day of inspection

Records relating to communication needs, money or valuables, complaints, notifications, fire safety and rotas were maintained, stored securely and were easily retrievable.

Judgment:

Non Compliant - Moderate

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:

Louisa Power
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 MooreHaven Centre (Tipperary) Ltd
Centre ID:	OSV-0003723
Date of Inspection:	23 October 2014
Date of response:	09 December 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents were not always given the opportunity to provide consent for decisions about their care and support.

Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in

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

accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

'Consent form completed by resident'

Proposed Timescale: 30/11/2014

Theme: Individualised Supports and Care

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

The use of a listening device placed restrictions on the rights of a resident and the restrictions were not assessed or reviewed.

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:

'A procedure has been done in conjunction with the risk assessment, where the benefits of having the device outweigh the risk, to be reviewed six monthly.'

Proposed Timescale: 30/11/2014

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 clearly identify the complaints officer or the nominated person, independent of the complaints officer, to ensure that complaints were appropriately responded to and all records are maintained

Action Required:

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

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

'Names of the individuals have been added to the complaints policy.'

Proposed Timescale: 30/11/2014

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:

The admissions, discharge and transfer policy did not take account of the need to protect residents from abuse by their peers.

Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The need to protect residents for abuse by their peers, work is ongoing and will be completed by the end of Jan 2015.

Proposed Timescale: 31/01/2015

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 little evidence of multidisciplinary input when personal plans were reviewed.

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:

'A more comprehensive personal plan is in operation and a questionnaire was sent to all residents with regard to what supports they would like in completing this plan. We are respecting their requests with regard to the people they want involved. The role out of the new plan for all residents will be completed by end March 2015, currently six residents are working on their new personal plan'.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Individual residents' assessed needs were not always reflected in personal plans.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects

the resident's assessed needs.

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

'All the assessed needs are to be incorporated into the new personal plan which is being rolled out for completion by the end of March 2015. The personal plan will be provided at the review meetings. Risk assessment has been updated with regard to the change in detecting resident's seizures'.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Evidence based assessment tools were not used to assess or monitor residents' needs.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

'Each resident's new personal plan incorporates assessment tools that reflect individual needs e.g. personal care, mobility etc'.

'Review held in December 2014 with recommendations to follow'

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

Residents' personal plans were not updated when circumstances or needs change.

Action Required:

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

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

'All residents' plans are reviewed bi-annually or at any time if there are changing needs. This is done in consultation with the resident, social care workers and residential co-ordinator and families and an advocate of their choice, if they wish. All new plans are practically completed.

Proposed Timescale: 28/02/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some cleaning practices required review.

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:

'A bin for the recycle bag in one house was replaced on the morning of the 23rd Oct; the drawer was also fixed on 23rd Oct; and all veneer is being removed and doors are either been re-sprayed or replaced subject to three quotations.'

Proposed Timescale: 31/10/2014

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:

Some risks in the centre had been identified in the risk management policy.

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:

'Centre's safety statement will be revised and the external safety consultant will be consulted on measures to control the risks.'

Proposed Timescale: 28/02/2015

Theme: Effective Services

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

The policy in relation to unexplained absence of any resident did not outline the measures and actions in place to control the risk.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management

policy includes the measures and actions in place to control the unexplained absence of a resident.

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

'With regard to window restrictors, each resident was looked at individually with regard to the risk of absconding. The co-ordinator sought advice from a member of the fire brigade and a decision has been made to put battery alarms on four windows. An assessment on this will be carried out periodically, on the suitability of these alarms. The highest risk person, their bedroom window has been done. Other two will be done in January 2015.'

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

The policy in relation to accident injury to residents, visitors or staff did not outline the measures and actions in place to control the risk.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

'Risk management policy will be updated to include measures and actions to control accidental injury to residents, management or staff.'

Proposed Timescale: 28/02/2015

Theme: Effective Services

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

The emergency plan was not adequate as it would not guide staff in the event of a premises being uninhabitable.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

'Policy and procedure on dealing with emergencies is being drawn up to provide for the event should a house be deemed uninhabitable.'

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

Supplies for hand washing would not prevent, control and reduce the risk of the spread of healthcare associated infections.

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:

'Paper hand towel dispensers and liquid hand soap are installed in each kitchen and in the communal bathrooms. With regard to residents using washing powder unsupervised, residential co-ordinator spoke with residential staff who feel that there is no risk of any resident using powder/ liquid when alone, as washing machines are never used when residents are alone.'

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Items for personal hygiene were not always stored in a way that would prevent communal use.

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:

'Residents have been advised to remember to remove their personal toiletries when leaving the shower room.'

Proposed Timescale: 30/11/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The PEEP was not adequate as it did not outline the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident. It was not clear when the PEEP was last reviewed.

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:

'A more robust PEEP has now been put in place outlining the arrangements for evacuating residents with poor mobility and bringing them to a safe location'.

Proposed Timescale: 30/11/2014

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:

A number of staff members had not completed training in management of behaviours that challenge.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

'One staff member and the person in charge have completed the MAPA programme.'

Proposed Timescale: 31/12/2014

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:

It was not clear if recommended treatments were provided to residents who attended appointments alone or accompanied by a family member.

Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

'Policy no 61 in relation to hospital, clinic appointments has been changed to reflect the requirement for feedback to be provided to the residential co-ordinator.'

Proposed Timescale: 31/01/2015

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:

Where residents are self-medicating, there is no evidence that appropriate assessments are being carried out.

Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

'Risk assessment has been done and resident is no longer self medicating. This will be subject to ongoing reviews

Proposed Timescale: 27/01/2015

Theme: Health and Development

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

A number of medications dispensed for residents that were no longer required had not been segregated.

Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

All social care workers have been written to, to remind to be vigilant with regard to returning out of date or unused medications.'

Proposed Timescale: 30/10/2014

Theme: Health and Development

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

A number of compliance aids were not labelled sufficiently to enable identification of individual medicines.

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:

'All medications are appropriately labelled'.

Proposed Timescale: 30/11/2014

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:

Results in relation to a medication management audit were not dated and did not identify pertinent deficiencies.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

'The co-ordinator with the permission of the resident will invite the resident's representatives to an annual review of their care needs. As a matter of policy, families of residents attend all appointments to do with long term medication in the majority of cases. Each resident has a person centred plan review where all care needs are discussed and where the resident's representatives are invited to attend by the resident'.

'Reviews are ongoing, every six months'.

Proposed Timescale: 26/01/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Centre-specific policies had not been developed in relation to the following:

- staff training and development
- the use of restrictive procedures and physical, chemical and environmental restraint

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

'A quality document relating to record control will become a policy document and will be included as part of the MooreHaven residential policy manual.'

Proposed Timescale: 31/12/2014

Theme: Use of Information

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

The policy in relation to the following were not in line with the requirements set out in the Regulations:

- creation of, access to, retention of, maintenance of and destruction of records
- protection of vulnerable adults.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

'A check of MooreHaven Centre policy index has policies and procedures to comply with Schedule 5.'

Proposed Timescale: 'Ongoing annual reviews of the policies and procedures'.

Proposed Timescale: 26/01/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The directory of residents did not include the following details:

- marital status and gender of the resident
- address of the resident's next of kin or representative
- name, address and telephone number of the resident's GP

Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

'The above information was added to the directory of residents in November 2014.'

Proposed Timescale: 30/11/2014

Theme: Use of Information

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

Medication administration records were not complete or accurate.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

'This has been corrected, with a 24 hour clock in use on the medication sheets.'

Proposed Timescale: 31/12/2014