

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd. |
| Centre ID: | OSV-0003930 |
| Centre county: | Limerick |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Daughters of Charity Disability Support Services Ltd. |
| Provider Nominee: | Geraldine Galvin |
| Lead inspector: | Julie Hennessy |
| Support inspector(s): | Gemma O'Flynn (Day 2 only), Tom Flanagan (Day 1 only) |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 7 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, 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

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|---------------------|---------------------|
| From: | To: |
| 21 April 2015 09:30 | 21 April 2015 17:30 |
| 22 April 2015 08:30 | 22 April 2015 15:00 |

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

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| 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

This report sets out the findings of an announced inspection of Group G St. Vincent's Residential Services following an application by the provider to register the centre. This was the second inspection of the centre by the Authority.

This inspection is also informed by a previous monitoring inspection that took place on 25 September 2014. Since the previous inspection, a number of key issues had been addressed. However, one issue was outstanding and related to the finding that the centre did not meet the needs of all residents. Inspectors found that this was at the level of major non-compliance.

The centre provides residential accommodation for both adults and children with a severe to profound intellectual disability. The inspection team comprised inspectors from both the adult social care team and the children's team.

The service can accommodate seven residents, three adults and four children. There were no vacancies at the time of inspection. The adults ranged in age from 25 to 29 years and the children from 13 to 16 years.

The centre forms part of a congregated setting. The provider nominee outlined plans in place to relocate the adults to alternative suitable accommodation. Inspectors found that despite the congregated setting; the premises were bright, spacious and warm. The bedroom areas were decorated appropriately for either adults or children. There was a newly created secure outdoor garden space and a large and well-equipped play-room.

As part of the inspection, inspectors met with residents, a relative, the person in charge, the provider nominee and the staff team. Inspectors observed practices and reviewed documentation such as personal plans, risk assessments, policies and procedures.

Overall, inspectors found that provider and person in charge demonstrated compliance across a number of key outcomes. Residents were happy, well-cared for and content. Inspectors observed staff interacting with residents in a respectful, age-appropriate and warm manner. Staff supported residents to use non-verbal communication and express choice about day to day matters.

Other non-compliances were identified including in relation to the provision of appropriate day services for all residents, personal planning and input from the multi-disciplinary team. Community links required development in that most activities took place on-campus. In addition, activities at weekends were limited. These findings are detailed in the body of this report and should be read in conjunction with the actions outlined in the action plan at the end of the report

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

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

Findings:

Inspectors found that residents' rights, dignity and consultation were supported by staff. However, improvements were required in relation to understanding and promoting community integration to ensure that residents had opportunities similar to their peers.

Inspectors found that overall, staff had ensured that their practices protected the privacy and dignity of residents. Bathroom doors were closed when residents were receiving intimate care. Each resident had an intimate care plan. Individual toiletries were kept for each resident. Any assistance needed was offered discreetly. However, the door of the main bathroom did not close fully (although there was no gap through which a resident could be seen) and there was no sign or other means of indicating whether the bathroom was occupied.

Since the previous inspection, a separate bedroom had been created to meet the needs for privacy and dignity of all residents. However, two residents shared a dormitory-style bedroom that was separated from a number of other areas (a toilet, three bedrooms and access to the playroom) only by full-length privacy screening. In addition, while the two beds were separated by a full-length privacy screen, the screen did not fully encircle each bed. Despite endeavours to protect residents' dignity, the set-up compromised residents' privacy and dignity. This is also discussed in terms of premises and in the associated action under Outcome 6: Safe and Suitable Premises.

However, inspectors found that improvement was required to ensure that the least restrictive procedure is used. Where an audio monitor was in use, it was not satisfactorily demonstrated that all alternative measures had been considered and that it was the least restrictive procedure that could be used.

Inspectors found that there were a number of ways in which consultation took place, which were cognisant of the abilities of the residents. Although residents did not communicate verbally, there was evidence that any changes in the centre, including changes to their care, were explained to them by staff. Residents meetings were held on a one-to-one basis and a record of such meetings was maintained. Each resident had a named nurse and a named key-worker, who attended review meetings. Information relevant to residents was displayed in pictorial format, including a charter of rights and easy to read booklets, including one in relation to complaints.

Residents were supported to express choice in ways that were individual to them using primarily different methods of non-verbal communication. For example, inspectors observed staff supporting individual residents to express choices about what they would like to eat, which DVD they would like to watch and which music they choose to listen to. Staff sought response or feedback from residents, in ways that were appropriate to each individual resident.

The organisation had an adult advocacy committee, managed by the CNM3 (Clinical Nurse Manager). While the person in charge described the types of topics that were discussed at such meetings, there was no information in the centre that demonstrated how the advocacy committee was representative of all residents. The inspector discussed this with the provider nominee who had identified the need to develop the advocacy committee further to address such gaps.

While there was no children's advocacy committee, the person in charge had received advice in relation to setting up internal advocacy in the centre. An advocacy board was available and key current wishes and choices of each resident had been elicited by staff with residents.

While informal discussions had taken place in preparation for children transitioning to adulthood; the inspector found that where a child was in the process of transitioning to adulthood, this process was not formal and a transition plan had not been completed to prepare the child for adulthood.

Residents enjoyed activities on-campus such as art therapy, music therapy, pet therapy, other unit activities such as baking, going to the on-campus gym and swimming pool and reflexology. The activities were appropriate and purposeful to residents and reflected their individual interests, capacities and needs. However, inspectors found that most activities were campus-based. Off-campus activities particularly at weekends were very limited. While residents enjoyed some off-campus activities at weekends including going for walks, drives and to the shopping centre for a haircut, hot shave or to meet a family member; such opportunities were infrequent. For example, one resident had not availed of opportunities off-campus organised by centre staff for the previous two months. Another two residents had availed of opportunities off-campus only twice in the previous two months. The person in charge said that this was because of constraints due to transport and staffing arrangements at weekends. In addition, some residents' weekly timetables were incomplete as they did not include weekends.

There was a complaints policy in place. As previously mentioned, an easy-to-read

version for residents was prominently located in the entrance area/living room. There was a dedicated complaints officer and an independent nominated person to manage complaints. Staff were able to name the persons responsible for receiving and overseeing complaints. A complaints log was maintained in the centre.

Residents were supported to attend religious ceremonies should they wish to do so and some residents attended Mass in the chapel with family members. A special Mass at Christmas was also held which family could attend.

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:

There was a policy on communication with residents. Staff demonstrated through their practices and via conversations with the inspector that they were aware of the different communication needs of the residents and implemented successful strategies for communicating effectively with residents. Staff were seen to effectively identify the needs of residents who were unable to communicate using words. Improvements were required in the area of documentation and accessing of speech and language therapist input.

Whilst individual communication plans were in place, these required further development to fully reflect the knowledge of the staff and robustly guide practice. For example, where it was indicated that a resident may become upset, the strategies to effectively support the individual were not documented. Where it was indicated that a resident used gestures to communicate, there wasn't any documentation to explain what these gestures might mean so as to guide staff to communicate effectively with the resident. For one resident who had a visual impairment, there was no reference to this or how to support the resident in this regard in their communication care plan. For residents whom were unable to communicate using words, there was insufficient guidance as to how to elicit residents' wishes and preferences at the residents' meetings, however, staff were able to discuss how this was achieved and the advocacy board displayed in the sitting room displayed residents' wishes such as attending an Easter egg hunt.

It wasn't evident that residents had access to the input of a speech and language therapist (SLT) to ensure that communication practices were relevant and met the

changing needs of the residents. For example, of the files viewed, one working file indicated that the resident was last seen in 2010 and for another, staff confirmed it had been six years since their last SLT review. The recommendations of the SLT based on their last review were not recorded in the file, therefore, the inspector was not able to ascertain if SLT recommendations were being implemented. In one file viewed, information regarding specific communication techniques used in school was documented, however, staff confirmed that these techniques were not used in the centre. There was no rationale for this decision and there was no evidence to support that the centre's communication plan had been made based on the recommendations of the SLT.

Easy to read books for children were available and seen to be used to communicate events, including in relation to explaining when a doctor was due to visit or when children were going to go swimming.

Judgment:

Non Compliant - Moderate

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:

Positive family relationships were actively supported and encouraged in the centre.

Staff supported positive family relationships in a number of ways. Family members were given formal advance notification of personal plan review meetings and invited to attend.

Parents were very involved in the care of their children and this was evidenced in a range of documentation including personal plans, consent forms and contracts of care.

The inspector spoke with a relative who said that they felt very welcome in the centre and confirmed that they were involved in all aspects of the care provided to their loved one. This was also confirmed in a number of questionnaires received by relatives about their experience of the service.

Residents were supported to visit family members, to go to the family home and/or to receive visits from family in the centre. Photographs of family were displayed in residents' bedrooms.

Improvement was required in relation to the development of community links. Inspectors found that residents accessed day services and other activities mainly on-campus.

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):

No actions were required from the previous inspection.

Findings:

Each resident had a written contract for the provision of service in the centre.

Sample contracts were reviewed by inspectors. The sample contracts seen by the inspectors included for example: how personal effects are managed; staffing arrangements; provision for family contact; assessment/care planning; medication management; comments/complaints and insurance.

However, contracts had not been individualised and as a result, they were not sufficiently transparent. For example, when a child turned 16 years, the changes to how allowances were paid and the fees to be charged were not specified.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

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

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

Findings:

Inspectors found that residents' wellbeing and welfare were maintained by a high standard of evidence-based care and support. Overall, the personal plans were detailed, individual and specific to the resident. However, improvements were required to the setting of goals and the review process, which are outlined below.

Inspectors reviewed a sample number of files for both children and adults:

A specific tool was used to document each residents' assessment of their health, personal and social care needs, abilities and wishes. The information contained in the tool was informed by multi-disciplinary input. Where needs, supports or risks were identified, other specific plans had been completed including; plans relating to health, intimate care, sleeping, nutrition and mobility. Individual risk assessments were completed as necessary to protect the residents from injury or harm.

Each resident had a written personal plan. Personal plans were individual and specific to the resident. Plans contained information about residents' family links, visits from family, what they enjoy doing during such visits and any special events. Residents' likes and dislikes were clearly captured. Each resident had a 'memory file' with pictures and memorabilia about their family, their childhood and growing-up years. While some information contained in the personal plan was in an accessible (pictorial) format; the plan itself was not in an accessible format, appropriate to the resident's age.

Review meetings were documented. As previously discussed under Outcome 1: Residents Rights, Dignity and Consultation, family members were given formal advance notification of the review meetings and invited to attend. Each resident had a named nurse and a named keyworker, who attended review meetings. Personal plan review meetings included a full evaluation of the residents' health and social needs, wishes and abilities and a review of any education or day services in which the resident participated and whether goals had been met for the previous year. Documentation also included a written family report and a personal statement on behalf of the resident. Members of the multi-disciplinary team (MDT) were invited to attend the annual review of the personal plan or to submit a report if they were unavailable to attend. However, the inspectors found that the input from MDT into the review process did not meet the requirements of the Regulations as it did not assess the effectiveness of the plan or consider any proposed changes to the plan.

In addition, improvements were required to the documentation pertaining to the setting of personal goals for both adults and children. Documentation relating to how goals will be achieved (including any supports required), whether goals are short-, medium- or long-term and a clear plan for achieving goals were not maintained for each resident. It was not always clear how goals contributed to improving the resident's quality of life. In

addition, key goals relating to impending significant periods of transition had not been included in the personal plan in a detailed way.

There was a system in place to ensure that residents' transfers and discharges, should they arise, would be planned for and carried out in a safe manner. There was a 'service user group' and 'admissions, transfers and discharges committee' in place to manage any residents' transfers or discharges to or from the centre. However, inspectors also found that the placement of a resident in the centre and the mix of residents within the centre required further review. Following the previous inspection, the provider nominee submitted information to the Authority that outlined plans to provide more suitable accommodation for the resident. The provider nominee's proposed timescale to address this issue is 7 November 2015.

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):

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

Findings:

The centre forms part of a congregated setting and accommodates both adults and children. Inspectors found that despite the congregated setting; the premises were bright, spacious, warm and as homely as possible. The bedroom areas were decorated individually and appropriately for either adults or children. The centre was clean and well-maintained overall.

The centre comprised a large spacious dining/living room; a second large TV/office space/entrance; a clinical room; a separate kitchen; a large bathroom; a toilet with wash-hand basin; a laundry room; six bedrooms, one of which was a dormitory-type bedroom. There was a secure outdoor garden space which residents were observed to use and enjoy. A new spacious and well-equipped playroom had been created since the previous inspection. Children and adults had separate sleeping accommodation.

There was adequate communal accommodation for the seven residents. However, where additional space was required to meet individual resident's needs, the centre did not provide such space. This was addressed under Outcome 05: Social Care Needs and in the associated action.

The design and layout of the centre did not meet the needs of all residents. Two residents shared a dormitory-style bedroom that was separated from a number of other areas (a toilet, three bedrooms and access to the playroom) by full-length privacy screening only. This compromised resident's privacy and dignity. For example, it was observed on inspection that when one resident was unwell, the set-up in place did not fully protect the resident's privacy and dignity. In addition, a curtain rail did not fully encircle each bed.

Two other bedrooms were directly adjoining the communal dining/living room. Only two bedrooms of six had a window at a level that residents could see out. The TV room was also an office space and the entrance area, which detracted from a homely environment.

There was a large bathroom and assistive equipment and facilities were provided, including a shower trolley, ceiling track hoist, pressure relieving mattresses and specialised mobility equipment. However, it was not demonstrated that the number of hand wash basins was adequate to meet the specific needs of all residents. This will be addressed as an infection control issue under Outcome 07: Health and Safety and Risk Management. Servicing records were maintained for the equipment in the centre.

Suitable storage was not provided to accommodate all equipment; for example, mobile hoists were stored in two bedrooms, which detracted from a homely environment.

The centre had adequate ventilation, heating and lighting. Suitable arrangements were in place for the safe disposal of general and clinical waste.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector found that overall, the health and safety of residents staff and visitors was promoted and protected. Some improvements were required in relation to fire safety and infection control.

The risk management policy had been recently updated and revised to meet the requirements of the Regulations. There was a safety statement in place and an incident

management policy in place.

Overall there were arrangements in place for the prevention and control of the spread of infection. Staff had received training from a competent person in relation to infection control. The centre was clean and tidy. Household staff were employed in the centre on a part-time basis. The inspector spoke with the household staff member who accurately described the systems in place for cleaning of the physical environment. A cleaning schedule was in place and logs were maintained. Hygiene audits were carried out. The inspector reviewed audit findings and found that the audits contributed to improving practice, with actions identified and followed up on. However, two areas were identified for improvement in relation to infection control: First, while cleaning schedules were maintained for the days that household staff were on duty; a schedule was not in place to ensure that the cleanliness of the physical environment was effectively managed on days that no household staff were on duty. Second, a risk assessment had not been completed to ensure that the number and location of hand wash basins was adequate to prevent the spread of healthcare associated infections in the centre with respect to an identified hazard.

A system was in place to complete risk assessments. A range of risk assessments for different work activities and work areas had been completed for both the centre itself and individual residents, where necessary. Inspectors found that risk assessments provided adequate guidance for staff in relation to what measures and actions were in place to control risks in the centre. As mentioned above, a risk assessment was required in relation to an infection control hazard identified.

Incidents were being recorded and reported and there was evidence of learning from incidents.

The inspector found that there were a range of fire safety arrangements in place. All staff had received fire safety training and inspectors spoke with staff who were aware of what to do in the event of a fire. There was a prominently displayed evacuation plan in place. While the mobility needs of residents were considered in the evacuation procedure, the cognitive needs had not been considered as required. Inspectors viewed documentation of fire drills, which were carried out on a regular basis. Suitable fire equipment was provided. Fire exits were unobstructed and there were adequate means of escape. The inspector viewed servicing records and found that the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced annually as required.

There were systems in place to ensure oversight of risk management, health and safety, infection control and fire safety within the organisation.

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):

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

Findings:

Inspectors found that there were systems in place to protect residents from being harmed or suffering abuse. Improvement was required to ensure that all alternative measures had been explored before a restrictive procedure was used.

There were organisational policies in place in relation to the protection of vulnerable adults, behaviour that challenges, restrictive practices and the provision of intimate care.

Inspectors reviewed restrictive practices in the centre. Documentation was maintained pertaining to the use of all restrictions including; the rationale for each practice, the indications for use, the frequency and duration of use. There were risk assessments in place. Restrictive practices were agreed with the multi-disciplinary team (MDT). Family involvement was documented. Restrictive practices were subject to monitoring and review and oversight was provided by a restrictive practices committee, which met annually.

Relevant policies were in place, including in relation to child protection, the protection of vulnerable adults, behaviours that challenge, the use of restrictive practices, the provision of personal intimate care and residents' personal finances and possessions.

There were supports in place for staff to raise any issues about the service. Inspectors spoke with staff who were knowledgeable about the signs and symptoms of abuse and how to report any concerns that they might have. Residents were provided with emotional support by staff and each resident had a named nurse and key-worker.

There was information available in the centre relevant to safeguarding and safety of adults and children. A child protection and welfare handbook, standard report forms relating to child protection, Children's First 'frequently asked questions' and HSE hand-outs relating to safeguarding were prominently displayed.

A visitor's log was maintained and residents were not left alone unsupervised. There was a staff member on duty at night and regular night-time checks were completed.

Inspectors viewed training records and found that staff had received training in relation

to the protection of vulnerable adults.

Mandatory training in Children's First, the management of behaviour that challenges and the protection of vulnerable adults was outstanding for some staff. Most staff had received training in relation to Children's First: National Guidance for the Protection and Welfare of Children 2011. A training date had been scheduled for the two staff who had not received this training. There had not been any child protection notifications in the centre. Training in relation to the management of behaviour that challenges was outstanding for one staff. A training date had been scheduled for that staff member. Training in relation to the protection of vulnerable adults was outstanding for two staff. Training dates had been scheduled for those staff. Training is further discussed and included in the action under Outcome 17: Workforce.

Inspectors reviewed arrangements in place for managing residents' finances and found a clear and transparent system in place with receipts for items purchased. However, two signatures were not provided on all transactions, as per the centre's procedures. An auditing system was in place.

Judgment:
Compliant

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:

A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector. Quarterly reports were provided as required. The provider nominee and person in charge were aware of the requirements in relation to the submission of notifications.

Judgment:
Compliant

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):

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

Findings:

Residents had access to school or day services, as appropriate. However, an assessment process was either not in place or not available in the designated centre that established each resident's educational or developmental goals. In addition, a copy of each child's individual education plan or equivalent was not available for review in the designated centre. Finally, not all residents had access to a suitable day service.

All of the children attended school. A sample of children's files were reviewed. There was evidence of school timetables and an end-of-year report in children's files. However, a copy of the child's individual education plan (IEP) was not available in the centre. This was raised as an issue during the previous inspection and since then, the school had provided some details of the children's programme at school. However, the additional information made available since the previous inspection was not sufficient in detail and a copy of the child's IEP or equivalent remains an outstanding requirement.

There were systems in place to ensure effective communication between the school and centre staff, including the use of a communication book and completion of daily records in medical files, as appropriate to the child. A handover took place between the school and centre staff at the beginning and end of the school day.

Each adult availed of a day service on-campus. Each adult resident had a weekly timetable that outlined the programs or activities available to residents in their day service. While efforts had been made to provide activities appropriate to individual residents, including on a 1:1 basis where required, not all residents were availing of a suitable day service that met their needs.

Outings were organised from school or from day service and included swimming, going for walks or for drives.

There was a draft policy on access to education, training and development for children which was undated. There was no evidence in the designated centre of an assessment process to establish each child's educational goals. The provider nominee showed the inspector a policy for access to education, training and development for adults that had been recently approved by the CEO. At the time of inspection, there was no assessment process in place to establish each adult resident's skills development or training goals. Policies will be discussed further under Outcome 18: Records and Documentation.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors found that residents healthcare needs, including nutritional needs, were met and residents had access to appropriate medical and allied healthcare services.

Inspectors reviewed residents' files for both adults and children and there was evidence of timely and frequent access to their GP. Residents had access to other medical professionals and appointments were organised as required including to rheumatology and orthopaedics. Records of referrals and reports were maintained in residents' files.

Residents had access to a MDT team, including occupational therapy (OT), physiotherapy, dietetics, speech and language therapy (SALT), psychology and psychiatry. A number of clinical nurse specialists were also available in the service, including in areas such as health promotion, food and nutrition, tissue viability and infection control.

Input from medical and allied health professionals was documented in residents' care plans and the inspector found that such input informed practice. Communication with the acute sector was demonstrated in files, as necessary to ensure continuity of care including for example, to ensure adequate pain control.

There was evidence that all medical and nursing care was explained to residents with resident and parental consent documented where required.

The person in charge had commenced eliciting the wishes of residents in relation to advanced care planning for end of life and clinical input had been sought where necessary.

The inspector found that residents' nutritional needs were met:

Main meals and supper were prepared in a central kitchen and this was overseen by the catering manager. Meals were distributed to the centre via hot trolleys. The inspector observed lunch which appeared appetising and well-presented. Where food required

modification, this was completed by centre staff. The fridge was well stocked for breakfast and other snacks. A weekly menu was displayed in the kitchen. The centre had a suitably equipped kitchen and separate dining area, which were spacious and homely. The inspector observed lunch and found that it was an unhurried occasion. Any assistance required was offered discreetly.

A policy was in place for residents who received nutrition and hydration via percutaneous endoscopic gastrostomy (PEG) tube. Inspectors spoke with staff who were knowledgeable about the management of this area.

Advice relating to dietary needs was sought from the dietician and speech and language therapist as required and recommendations were reflected in residents' care plans. Different foods and drinks were presented in pictorial format. Residents had access to drinks throughout the day. Care staff described how choice in relation to meals was facilitated. A folder was maintained outlining residents' likes and dislikes.

Inspectors reviewed residents' files and found that residents' nutritional needs were clearly documented. Of the sample reviewed, inspectors found that plans were very specific and included information such as how the resident liked their food, how choice was facilitated, what portion size they liked and information regarding the thickening of food. Care plans addressed the social aspects of mealtimes. Fluid charts were maintained for residents as necessary.

Residents were supported to make healthy living choices. For example, for some residents hand hygiene was promoted and aided by pictures and posters in pictorial format.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were protected by safe medication management policies and practices.

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications. The inspector spoke with nursing staff and

found that they were familiar with the guidance as outlined in the policy.

The inspector reviewed residents' files and found that individual medication plans were appropriately implemented and reviewed as part of the personal plan review process.

Prescription charts and administration charts were completed in line with relevant professional guidelines and legislation. Clear information was available for each resident including a full description of each medicinal product, the indication for use and the potential side-effects of any medicinal product.

All medications were individually prescribed including medications that were required to be crushed. Medications that were administered via PEG were prescribed as such. Inspectors noted that the maximum dosage of PRN ("as required") medications were also prescribed and all PRN medications were regularly reviewed by the GP. There were no residents prescribed controlled medications at the time of inspection.

The inspector observed practices relating to the safe administration of medication, including the administration of medication via PEG, and found that they were reflective of policy and in line with relevant professional guidelines.

A secure fridge was available for any medicinal product that required refrigeration. A daily log of temperature readings was being maintained. Weekly checks of the medication fridge, drug trolley and emergency trolley were maintained. Oxygen was available in the centre in the event of an emergency.

Used and out of date medications were segregated from other medications, although not all staff were familiar with the arrangements in place. This was discussed with the person in charge.

Any changes, updates or medication errors were captured in a centralised system. Medication management audits included all steps in the medication management cycle, including competency assessment. Improvements could be made to the PRN audits to aid learning as they involved data collection but not data analysis.

Oversight of medication management, including PRN and psychotropic medications, was by the Drugs and Therapeutics committee.

Judgment:

Compliant

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):

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

Findings:

The Statement of Purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which was to be provided for residents.

The Statement of Purpose contained most but not all of the information required by Schedule 1 of the Regulations.

More specific information was required with respect to the following: criteria for admission of adults to the centre; the organisational structure of the designated centre; the full-time nature of nursing care provided in the centre; emergency admissions; arrangements made for dealing with reviews and development of a resident's personal plan and; the specific arrangements made for dealing with complaints.

Inspectors found that the Statement of Purpose was clearly implemented in practice. For example, the manner and delivery of care was respectful and there was ample evidence that family were seen as partners in care.

Judgment:

Substantially 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:

Overall, the inspector found that there was an effective management system in place, clearly defined management structures and the person in charge had the required skills, qualifications and experience to manage the designated centre.

The inspector found that there was a clearly defined management structure in place in the designated centre. Inspectors spoke with staff and found that they were clear in relation to lines of authority. Staff confirmed that they were well-supported by management, including the person in charge and the provider nominee.

The post of the person in charge was full-time. The person in charge was a registered nurse in both general and intellectual disability nursing and held a management qualification. The inspector interviewed the person in charge and found that she had the necessary experience, skills and qualifications, as required by the Regulations. The person in charge was fully aware of her responsibilities under the legislation.

There were systems in place to support the role of the person in charge. The person in charge reported to the CNM3 and attended meetings with the CNM3 on a monthly basis. The provider visited the centre regularly (weekly) and was in contact other week days as necessary. In addition, the provider and the person in charge met monthly at CNM2 meetings. Recently, the provider nominee had introduced quarterly 1:1 meetings with the person in charge.

There were audits in place to monitor the quality and safety of the service in the designated centre. These included audits of infection control/hygiene, medication management, bedrails and finances. As previously mentioned under Outcome 12: Medication Management, the PRN ("as required") audits required improvement.

The provider had put in place a formal system for carrying out a bi-annual unannounced visit of the designated centre. A copy of the visit was made available to inspectors. A system was in place for carrying out an annual review of the service and a report was available for such a review.

Arrangements were in place that ensured staff were facilitated to discuss issues relating to safety and quality of care and that staff could exercise their responsibility for the quality and safety of the services that they delivered. These included monthly team meetings. The inspector reviewed minutes that confirmed that such meetings took place and spoke with nursing, care and household staff who confirmed the relevance of such meetings.

There were arrangements in place to ensure oversight of key areas relevant to the provision of safe, quality care to residents. These included a; health and safety committee and fire committee, drugs and therapeutics committee, advocacy committee and restrictive practices committee.

Judgment:

Compliant

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):

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

Findings:

Formal arrangements were in place that identified a specific deputising arrangement for any notifiable absence of the person in charge. Arrangements were also in place for other times that the person in charge was not on duty with the CNM2 in charge during such times.

There had not been any times when the person in charge had been absent from the designated centre for 28 days or more. The provider nominee was aware of the requirement to notify the Authority in such an event.

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:

Overall, the centre was sufficiently resourced to ensure effective delivery of safe care in line with the Statement of Purpose.

Facilities and services available in the designated centre reflected the Statement of Purpose. Resources were allocated for any repairs, for the maintenance and servicing of equipment and the upkeep of the centre.

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):

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

Findings:

At the time of inspection, the numbers and skill mix of staff were appropriate to the assessed needs of residents. Systems were in place for the induction of new staff and for the management of volunteers. Improvements were required in relation to ensuring a nurse was present in the centre in accordance with the staff rota and the provision of mandatory training.

Since the previous inspection, staffing levels had been increased during key times of the day to support individual residents. The provider nominee outlined that recruitment for an additional care staff was underway. However, the inspector found that there while the person in charge confirmed that a nurse was rostered to work in the designated centre at all times; there were times when the nurse would assist with medication administration in other nearby centres on-campus. During such times, a care staff would replace the nurse in the centre. The inspector discussed this with the provider nominee who said that the CNM3 could instead complete such tasks so as to ensure that a nurse was in the centre at all times in accordance with the staff rota. The provider nominee confirmed that this change was effective immediately.

There was an induction process in place for new staff. Staff were supervised appropriate to their role. Staff annual appraisals took place. Inspectors reviewed such appraisals and found that they contained a written contribution from both managers and staff, were thorough and of good quality.

There was a training plan in place for 2015. The annual staff appraisal system facilitated the identification of staff training needs. Inspectors spoke with staff who confirmed what training they had received and records of training were reviewed. As previously mentioned, the inspector found that not all mandatory training had been provided in accordance with the Regulations. Three staff required training in relation to Children's First; two staff required training in relation to abuse prevention; one staff required training in relation to the prevention of behaviour that challenges. Volunteers required training in relation to Children's First and abuse prevention. Dates had been identified

for any outstanding training for staff or volunteers. Gaps in mandatory training were also identified at the previous inspection.

Staff had completed other training or instruction relevant to their roles and responsibilities including in relation to hand hygiene, first aid, food safety and safe moving and handling as well as specific topics such as paediatric tube replacement, dysphagia in adults and care planning.

Staff were aware of the Regulations and Standards. The inspector noted that the organisation had held information and training sessions for staff and management in relation to the Regulations and Standards, in accordance with their roles and responsibilities.

There was a system in place for the management of volunteers within the organisation, which was overseen by the volunteer coordinator. There was a volunteer policy in place which clearly set out the roles and responsibilities of volunteers 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 training and supervision system in place. Volunteers working with children were supervised.

Staff files were not reviewed on this inspection, however, files were reviewed on a number of occasions in recent months and the Authority were satisfied that there was a robust system and audit procedure in place to ensure completeness of files as required in Schedule 2 of the Regulations.

Judgment:

Non Compliant - Moderate

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:

At organisational level, while significant work had taken place in relation to policies required under Schedule 5 of the Regulations in the preceding year, some policies required implementation. Some documentation required improvement to ensure clarity.

A directory of residents was maintained in the centre and this contained all of the items required by the Regulations. The centre was adequately insured.

A record of each resident's 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. As previously discussed, improvement was required to personal plans. In addition, inspectors found that the completion of some documentation, including MDT minutes and fire servicing records, required improvement in terms of clarity.

Records relating to money or valuables, other personal possessions, notifications and staff rotas were maintained, stored securely and were easily retrievable.

The majority of policies required under Schedule 5 of the Regulations were in place. The policy in relation to 'access to education, training and development' for residents had been recently approved by the CEO and was in the process of being rolled out. The complaints policy required amendment to outline how anonymous complaints are addressed in a satisfactory way. An infection control policy was required. There was a draft policy on access to education, training and development for children which was undated. The provider nominee told the inspector that a policy in relation to protected disclosure had commenced.

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:

Julie Hennessy
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 Daughters of Charity Disability Support Services Ltd. |
| Centre ID: | OSV-0003930 |
| Date of Inspection: | 21 April 2015 |
| Date of response: | 21 May 2015 |

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:

It was not clearly demonstrated how the advocacy committee was representative of all residents.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access

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

to advocacy services and information about his or her rights.

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

Advocacy issues related to the residents in the centre will be forwarded to the Chairperson of the Advocacy committee. The format and manner of individual advocacy issues will be collated into themes and will be discussed at the service advocacy committee. The nominee provider will discuss this change of format and approach to communicating on advocacy issues for residents with the Service Advocacy chairperson. This format will ensure that the advocacy issues for all residents will be represented at the service advocacy committee.

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

Arrangements to support privacy and dignity required review. The door of the main bathroom did not close fully and there was no sign or other means of indicating whether the bathroom was occupied. In addition, two residents shared a dormitory-style bedroom. In addition, while the two beds were separated by a full-length privacy screen, the screen did not fully encircle each bed. Also, where an audio monitor was in use, it was not satisfactorily demonstrated that all alternative measures had been considered.

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:

The bathroom door was fixed and action completed on the day of the inspection. A occupied/ un occupied sign is now in place on the bathroom door. The screen now encircles each individual bed in the shared bedroom. The audio monitor for 1 resident will be reviewed by the MDT to ensure that all alternative measures are considered instead of using an audio monitor

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

Where a child was in the process of transitioning to adulthood, this process was not formal and a transition plan had not been completed to prepare the child for adulthood.

Action Required:

Under Regulation 13 (3) (c) you are required to: Provide each child with opportunities to develop life skills and help preparing for adulthood.

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

A transition plan will be completed to support the child in developing life skills transition from childhood to adulthood. The transition plan will be developed in conjunction with the child, his/her family and members of the multi-disciplinary team.

Proposed Timescale: 03/07/2015

Theme: Individualised Supports and Care

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

Off-campus activities, particularly at weekends, were very limited.

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:

The opportunities for residents to participate in weekend activities off campus will be reviewed and developed to encourage more activities to occur at weekends. These activities will be tracked and monitored by the PIC to ascertain that the quality of life outcomes for each resident is enhanced.

Proposed Timescale: 12/06/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Individual communication plans were in place, however, these required further development to fully reflect the knowledge of the staff and robustly guide practice.

It wasn't evident that residents had access to the input of a speech and language therapist (SLT) to ensure that communication practices were relevant and met the changing needs of the residents. For example, of the files viewed, one working file indicated that the resident was last seen in 2010 and for another, staff confirmed it had been six years since their last SLT review.

The recommendations of the SLT based on their last review were not recorded in the file.

Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

Individual communication plans will be updated to reflect staffs' knowledge of each service users cues / communication skills and abilities. All residents have been referred and were assessed by the Speech and Language therapist (SALT). The SALT recommendations will be reflected and documented in each resident's communication care plan.

Proposed Timescale: 30/07/2015

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

Theme: Individualised Supports and Care

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

Improvement was required in relation to the development of community links. Inspectors found that residents accessed day services and other activities mainly on-campus.

Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

Activities will be focussed off campus for residents assessed needs and in accordance with their wishes and interests. Day services that are provided on campus will provide more of the activities focussed on developing community links for each individual.

Proposed Timescale: 30/07/2015

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:

Contracts had not been individualised and they were not sufficiently clear.

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:

Contracts will be amended to reflect the provision of services provided to the resident and details of the fees that will be charged will be set out in the amended contract.

Proposed Timescale: 12/06/2015

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:

Improvements were required to the documentation pertaining to the setting of personal goals for both adults and children. Documentation relating to how goals will be achieved (including any supports required), whether goals are short-, medium- or long-term and a clear plan for achieving goals were not maintained for each resident. It was not always clear how goals contributed to improving the resident's quality of life. In addition, key goals that had been discussed at MDT had not been included in the personal plan in a detailed way. The personal plan did not include plans in place to support residents during key transitional periods in their lives.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

An MDT meeting for the children has being organised for 01/07/2015 where each resident's personal goals will be reviewed in conjunction with the resident, their family and the MDT. At this review MDT meeting the personal plans of each resident will identify time frames of goal achievement and whether goals are of short, medium or are long term duration. The personal plan for each resident will reflect the recommendations of the MDT from this meeting and review and will include any transitional plans that are forecasted to occur in each person's life.

Proposed Timescale: 01/07/2015

Theme: Effective Services

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

The personal plan was not in an accessible and age-appropriate format.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

The personal plan for each resident will be developed into an accessible format and in an age appropriate format. This process has been commenced since the inspection with 1 individual easy to read personal plan completed since the 06/05/2015. All other easy to read personal plans will be completed in an accessible format by the proposed timescale. Any changes following the MDT meetings on the 01/07/2015 will be incorporated into the accessible format of the personal plan for each resident.

Proposed Timescale: 15/07/2015**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Input from MDT into the review process did not meet the requirements of the Regulations for the review of the personal plan to be multidisciplinary.

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:

An MDT meeting will take place for each resident to review their individual personal plans and all MDT recommendations will be documented in the individual resident's personal plan. The MDT meetings are organised for the children for the 01/07/2015 and MDT meetings for the adults are scheduled for the 04/06/2015. The personal plans will be amended to include all recommendations and review by the MDT.

Proposed Timescale: 01/07/2015**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Overall, the review process did not assess the effectiveness of the personal plan or consider proposed changes to the plan.

Action Required:

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

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

At the planned MDT meetings for the children and adults in the centre the MDT will review the effectiveness of each resident's personal plan in enhancing each resident's life outcomes. All changes will be documented and the effectiveness of each resident's personal plans will be monitored and evaluated on a regular basis by the named nurse and the person in charge. The effectiveness of the individuals personal plans will be communicated to the MDT by the person in charge every 2 monthly or more regularly if required.

Proposed Timescale: 01/07/2015

Theme: Effective Services

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

The placement of one resident in the centre and the mix of residents within the centre was unsuitable. In addition, the centre catered for both adults and children, which was not acceptable.

Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

There service has a resident's review group that has identified that 1 resident who is an adult and the remaining 2 adults in the centre require to be transferred to alternative accommodation suitable to their needs. Due to the specific complex needs of the adults, specific living accommodation will require to be developed to support the adults present and future needs. The service will develop a plan to accommodate the adults in this centre in accommodation suited to the specific needs of the adults. The adults will no longer reside in this centre by the 02/12/2015

Proposed Timescale: 02/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The design and layout of the dormitory-style bedroom did not meet the needs of the residents.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs

of residents.

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

The dormitory style bedroom area will be reconfigured so that each child will have their own bedroom in a home like environment.

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

Not all of the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) were met: suitable storage was not provided to accommodate all equipment

Action Required:

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

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

A facility for storage will be provided to the centre.

Proposed Timescale: 13/11/2015

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 arrangements in place for the prevention of infection required review. First, a cleaning schedule was not in place to ensure that the cleanliness of the physical environment was effectively managed on days that no household staff were on duty. Second, a risk assessment had not been completed in relation to an identified infection control hazard that considered the adequacy of the number and location of hand wash facilities in the centre.

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:

A risk assessment has been completed since the inspection and is now in place which reflected the requirement for hand wash facilities in the centre. The hand wash facilities

have increased in areas at risk of healthcare infections since the inspection. The cleaning schedule now reflects the cleaning completed when the household staff is off duty and is effectively managed.

Proposed Timescale: 08/05/2015

Theme: Effective Services

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

While the mobility needs of residents were considered in the evacuation procedure, the cognitive needs had not been considered as required.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The cognitive needs of each resident will be documented in the evacuation procedure to support each resident in the fire evacuation process.

Proposed Timescale: 06/06/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

A copy of the child's individual education plan (IEP) or equivalent was not available in the centre.

Action Required:

Under Regulation 13 (4) (c) you are required to: Ensure that when children enter residential services their assessment includes appropriate education attainment targets.

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

The nominee provider and PIC have requested a meeting with each child's school teacher and the MDT to ensure that the assessment of each child's education needs / abilities will be the central to the MDT review scheduled for 01/07/2015. The assessed educational needs and educational goals for each child will be then clearly set out in the each child's personal plan. This has been agreed with the school facility.

Proposed Timescale: 08/07/2015

Theme: Health and Development

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

Improvements were required in relation to arrangements in place to access education, training, personal and skills development. There was a draft policy on access to education, training and development for children which was undated. There was no evidence in the designated centre of an assessment process to establish each child's educational goals. There was no assessment process in place to establish each adult resident's skills development or training goals.

Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The child's individual education plan which details each child's educational assessment and their goals has been sought from the school. The policy of the school is not to distribute the educational individual plan to either the child's family or the service as the care provider. The nominee provider and PIC have requested a meeting with the child's school teacher and the MDT to ensure that the assessment of each child's education needs / abilities will be the central to the MDT review scheduled for 01/07/2015 and the assessed educational needs together with each educational goals' will be documented in the child's plan of care. This has been agreed with the school facility.

A formal assessment of each adults education and training needs has commenced and the findings of this assessment for each adult will be discussed at each adults scheduled MDT meeting which are scheduled for 04/06/2015 and from this assessment and MDT review, each adults suitability and appropriateness of day service will be discussed and actioned by the service as decided on by the MDT.

Proposed Timescale: 09/07/2015

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 contained most but not all of the information required by Schedule 1 of the Regulations.

More specific information was required with respect to the following: criteria for admission of adults to the centre; the organisational structure of the designated centre; the full-time nature of nursing care provided in the centre; emergency admissions; arrangements made for dealing with reviews and development of a resident's personal plan and; the specific arrangements made for dealing with complaints.

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:

The statement of purpose will be amended to contain all the information required as 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.

Proposed Timescale: 29/05/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

A nurse was not present in the centre at all times.

Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

A nurse is now present at all times in the centre

Proposed Timescale: 08/05/2015

Theme: Responsive Workforce

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

Not all mandatory training had been provided in accordance with the Regulations.

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:

Mandatory training will be provided to staff as part of their continuous professional development.

Proposed Timescale: 15/05/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies required development or improvement. The policy in relation to 'access to education, training and development' was not fully implemented. The complaints policy required amendment to outline how anonymous complaints are addressed in a satisfactory way. An infection control policy was required. There was a draft policy on access to education, training and development for children which was undated. A policy in relation to protected disclosure had commenced.

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:

The draft policy on 'access to education, training and development' is now signed off by the CEO and is circulated within the centre. The complaints policy has been updated in 2015 and has been approved by the National Advocacy Unit. The Policy on procedures for Protection of Children and Vulnerable adults and the Management of Allegations of Abuse DOC020 is currently under review to ensure it is in line with national policy and a section in relation to the process in dealing with anonymous complaints will be reviewed and updated to adequately describe the process of dealing with such complaints. An infection policy has been commenced and will be completed. The draft policy on access to education, training and development for children will be dated by the CEO and will be circulated throughout the service. The policy in relation to protected disclosure has commenced and the service human resource department are reviewing our policies to ensure protected disclosure is included.

Proposed Timescale: 29/10/2015

Theme: Use of Information

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

Improvement was required to personal plans. The completion of some documentation, including MDT minutes and fire servicing records, required improvement in terms of clarity.

Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

All personal plans will be reviewed to ensure that all MDT minutes are reflected and documented in them. All disciplines of the MDT will be noted on the minutes. The Fire service records have been submitted to the authority following the inspection.

Proposed Timescale: 30/06/2015