

**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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003949
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Breda Noonan
Lead inspector:	Kieran Murphy
Support inspector(s):	Louisa Power
Type of inspection	Announced
Number of residents on the date of inspection:	10
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

From:	To:
16 July 2015 10:30	16 July 2015 18:30
17 July 2015 08:45	17 July 2015 16:30

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

This report sets out the findings of an announced inspection of Group F St. Anne's Residential Services following an application by the provider to register the centre. This was the first inspection of this designated centre. The centre consisted of two houses a number of miles apart in a large town. The centre was part of the local community and residents were facilitated to access the local community to socialise, dine out, work and participate in sporting events.

As part of the inspection, the inspectors met with the residents and staff members. Staff interaction with residents was observed and inspectors noted staff promoted

residents' dignity and maximised their independence, while also being respectful when providing assistance. It was clear to inspectors that residents were comfortable in the presence of staff and staff were confident in providing support and care to residents. 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. Inspectors reviewed a questionnaire submitted to the Authority by one resident's family who said that they were "very involved in the person centred planning each year".

Inspectors found that practices in relation to financial management, promotion of privacy and consent were not consistent and did not adequately safeguard residents at all times. Some residents did not have any contracts of care; in other cases the contracts of care had not been signed either by the resident or their representative.

The process for personal planning and review was inconsistent. A number of different methods were used to develop personal plans and, as a result, some personal plans lacked sufficient detail and some goals outlined did not improve the quality of lives for residents. Inspectors found that the care planning in relation to the management of behaviours that challenge required improvement. In one case the behaviour management plan for the resident did not have the input of a behaviour therapist as recommended.

The person in charge, while a registered nurse, was also responsible for a number of other centres. Inspectors were not satisfied that this arrangement provided for effective governance, operational management and administration of this centre.

Other areas for improvement included:

- Communication
- admissions
- contracts of care
- risk management
- use of restraint
- medication management
- staffing
- management of records.

Inspection findings including non-compliances are discussed in the body of the report and 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):

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

Findings:

Inspectors saw that the many practices within the centre endeavoured to respect residents' rights, privacy and dignity. There was evidence of effective consultation with residents. However, practices in relation to financial management, promotion of privacy and consent were not consistent and did not adequately safeguard residents at all times.

Residents had easy access to personal monies and records were kept of residents' financial transactions. Financial transactions were checked by a senior member of staff on a regular basis. However, inspectors noted that documentation was inadequate and not consistently maintained to safeguard residents. For example, there was documentation in relation to the decision making process for a resident who had paid for a surgical procedure privately. However, it was not clear if the resident had been involved in the decision and if independent advice has been sought and provided to the resident. Receipts were not always countersigned by a second member of staff or the resident to ensure transparency.

Residents were consulted about how the centre was planned and run. Inspectors saw minutes of monthly residents' meeting in each of the service units. Items discussed included results of the hygiene audit, ideas for summer days out, house rules, fire drills and the complaints procedure. The person in charge confirmed to inspectors that a process was in place to facilitate access to an independent advocacy service when requested.

Inspectors reviewed the policies and procedures for the management of complaints. The complaints process was user-friendly, accessible to all residents and was displayed

prominently in each service unit. An appeals process was outlined in the process and procedure. The complaints procedure was explained to residents at monthly residents' meetings. The complaints log was made available to inspectors and it was evident that residents were aware of the complaints process and were supported to make complaints. There was a nominated complaints officer and all complaints were recorded and fully investigated in a timely manner. Complainants were made aware of the outcome of the complaint promptly. Measures required for improvement in response to the complaint were seen to be implemented.

Inspectors found that inconsistent practices 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 even though all residents were adults. Privacy locks were not fitted on the doors of sanitary facilities used by residents for personal care.

Residents were encouraged and facilitated to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Bedrooms were personalised and reflected residents' personalities and interests. 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' personal communications were respected and some residents had access to a personal mobile telephone.

Residents are facilitated to exercise their civil, political and religious rights. Residents were conversant in current affairs and were facilitated to attend religious services of their choice.

Judgment:

Non Compliant - Major

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):

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

Findings:

Inspectors observed that staff supported residents to communicate effectively. Residents were supported to communicate at all times. Object cues and picture boards were observed to be used by staff and residents to communicate. However, personal care plans reviewed by inspectors did not contain consistent information to guide staff in relation to residents' communication requirements, interventions and goals. For

example, object cues and the use of a communication table were outlined in one area of a resident's personal care plan and not in other areas which could lead to inconsistent practices by staff.

Residents had access to specialist speech and language services. Inspectors saw that the input from external professionals was implemented for residents such as the use of object cues, LÁMH (which is a manual sign system used by children and adults with intellectual disability and communication needs in Ireland) and assistive technology. There was also evidence of one resident being referred for a sensory needs assessment by an occupational therapist in response to a need identified by a clinical nurse specialist in psychiatry. However, in one resident's case inspectors noted that there was a delay of seven weeks for the implementation of recommendations by a speech and language therapist and the reason for this delay was not documented.

Residents had access to radio, television, newspapers and information on local events.

Judgment:

Substantially 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):

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

Findings:

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

Positive relationships between residents and family members were supported. Many residents spent weekends and holidays with family. Residents were facilitated to keep in regular contact with family through telephone calls. Staff stated and inspectors saw that families were kept informed of residents' well being on an on-going basis. Records confirmed that families and residents attended personal planning meetings and reviews in accordance with the wishes of the resident.

Inspectors reviewed the policy in relation to visitors, which had been reviewed in June 2014. The policy outlined that residents were free to receive visitors except when requested by the resident or when the visit or timing of the visit would be deemed to pose a risk. Ample space was provided in both service units for residents to receive visitors in private.

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):

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

Findings:

It was not clear what services the resident was receiving and what fees were being charged. Some residents did not have any contracts of care; in other cases the contracts of care had not been signed either by the resident or their representative; in some contracts seen by inspectors the residential charges for accommodation of the resident were not outlined.

The admission practices and policies did not take account of the need to protect residents from abuse by other service users.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors reviewed a sample of personal care plans and saw that a comprehensive assessment of health, personal and social care supports and needs of each resident had been carried out. In feedback received from family members it was clear that residents and families were actively involved in the assessment and their individual needs and choices were identified.

The process for personal planning and review was inconsistent. A number of different methods were used to develop personal plans and, as a result, some personal plans lacked sufficient detail and some goals outlined did not improve the quality of lives for residents. Each resident had a written personal plan, which detailed their individual needs and choices. The personal plan outlined the services and supports to be provided to them in areas such as health, education, employment, transport, communication, nutrition, family/friends, spirituality and assistive technology.

There was evidence of residents' involvement in agreeing/setting residents' goals. There was also evidence of some individual goals having been achieved. However, inspectors saw that some of the goals and aspirations had changed but the personal plan was not updated to reflect the change. Some of the goals outlined were not specific and outlined that the resident would try a new experience or develop a new skill without defining what the new experience and skill would be. Those responsible for supporting residents in pursuing goals were not clearly identified. Timelines were not always specifically outlined for goals to be achieved.

Each plan was to be reviewed annually with new goals and aspirations set. Periodic reviews were to be completed monthly. However, one resident's records did not have a record of the goals and aspirations for 2014/15 nor was there a record of the annual review. Inspectors saw evidence that some annual reviews were comprehensive, promoted maximum participation from the resident and included showing a visual presentation of the residents' achievements over the past year. The reviews did assess the effectiveness of the plan and reviewed the goals/aspirations that had been identified. Changes in circumstances and new developments were included in the person centred plans and amendments were made as appropriate. However, this was not consistently implemented for all residents. There was a lack of formalised multi-disciplinary input in the review.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance but the information was not always up to date or comprehensive particularly in relation to residents' communication requirements.

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):

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

Findings:

The centre consisted of two houses located five minutes apart in the centre of town.

There were five people living in the first house which was clean and well maintained. There was a large kitchen/dining area, a television room and a sitting room which opened out to a large garden. The main bathroom had a shower, wash hand basin and a toilet. This was located next to the kitchen. There was a second bathroom upstairs and another toilet area also upstairs. All of the residents' bedrooms were personalised and homely.

There were five people living in the second house. This was a bright, clean and well furnished house. This house also had a large kitchen/dining area, a music room and a sitting room. There was a sunroom/conservatory area leading to a well maintained garden. One of the resident's had a "men's shed" in the garden which he used for all his "bits and pieces" as he described. There was a toilet downstairs and a second bathroom upstairs with a shower, toilet and wash hand basin. Four of the five residents had en-suite toilet and shower facilities in their bedrooms. All of the bedrooms were well decorated and had personal effects

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

Improvement was required in relation to how the designated centre was managing risk.

While there was a process in place for hazard identification and assessment of risk throughout the designated centre, it was not understood by all staff. There was a policy available on risk assessment guidelines but it didn't provide enough information for staff

on the process of risk assessment. For example there was a risk assessment in relation to fire safety for each resident which said it was a high risk. However after staff reviewed the risk assessment it was recorded as a low risk without any additional controls being put in place to reduce the risk of fire. Some of the risk assessments were out of date, for example the assessment on transport was to have been reviewed in January 2015 but it had not been done. However, there were other examples of comprehensive risk assessments which were accurate and showed a good understanding of the risk assessment process.

There was a risk management policy which set out the procedure for identifying hazards including checklist, judgement based on experience, flow charts, brain storming and systems analysis. However it did not include incident reporting which was used as the main tool to identify hazards. The risk management policy had a section on "links to quality" and a section on "specific risk management procedures". As discussed with the provider nominee at feedback these sections needed to be amended to reflect ongoing review of risk in this specific centre.

Inspectors reviewed the incident reporting in the first house from January 2014 to July 2015 and saw records for 20 incidents, seven of which related to medication errors and five incidents of violence and aggression. In the second house inspectors reviewed records for nine incidents from October 2013 to July 2015; five related to medication errors. There was evidence of learning from incidents and a medication management protocol had been introduced in response to the medication incidents.

The centre was visibly clean with a cleaning schedule identifying areas to be cleaned and cleaning frequencies. Staff spoken with were knowledgeable about cleaning and control of infection.

Fire evacuation maps were available and on display. There were also documents called a fire risk assessment mobility status which outlined the help that residents would need in the event of an evacuation. These were also on display in a discrete manner throughout the premises. There was sufficient information available for staff on what to do in the event of an emergency including where residents would go if the centre needed to be evacuated.

There were monthly fire evacuation drills being undertaken in both houses involving the residents. Records indicated that all staff had received fire training and a number of residents had undertaken fire training to include the use of fire extinguishers. The inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- Servicing of fire alarm system and alarm panel July 2015
- fire extinguisher servicing and inspection October 2014
- servicing of emergency lighting July 2015.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Inspectors found that the systems in place, including multi-disciplinary input and specialist behaviour support were not sufficient to support staff to manage behaviours that challenge.

There was a policy on challenging behaviour. However the copy of this policy provided to inspectors was dated 2009 and required updating. While staff had received training on the policy on challenging behaviour, records indicated that not all staff had received training on positive approaches to behaviours that challenge.

Inspectors found that the care planning in relation to the management of behaviours that challenge required improvement. One resident had recently had a review by a consultant psychiatrist who outlined that "a behaviour support plan under the supervision of a behaviour therapist is the mainstay of the management of problem behaviours". However, the behaviour management plan for this resident did not have the input of a behaviour therapist as recommended. For one resident a care planning review had recommended obtaining consent to record the resident's behaviours. However, in the records available to the inspectors there was no evidence as to why the consent to record the behaviours was being sought.

Inspectors were informed of a number of restrictive practices in place for residents including the use of a "hold for taking bloods". It was the policy of the service to review all restrictive practices every year. However the person in charge said that none of reviews of the restrictive practices been completed for any resident in this centre. For one resident the "hold for taking bloods" dated back to 2011 and it didn't outline the decision making process.

Where chemical restraint (the use of medication to control behaviour) was used, personal plans did not outline sufficient detail to guide staff in consistent and decision making in relation to the use of restrictive procedures that was in line with recommendations outlined by the consultant psychiatrist. Documentation reviewed by inspectors did not outline sufficient detail in relation to every episode where restrictive practices were used. Alternative strategies trialled were not always outlined. Therefore, it was not that all episodes of challenging behaviour were managed in a manner that

was least restrictive in all cases and if alternative strategies had been ineffective.

There was a policy on the management and prevention of abuse of residents. The person in charge outlined that there had not been any allegations of abuse in the last three years. She did provide details of an allegation of unsafe practice from 2010 and subsequently submitted to the Authority details of the investigation process that took place in response to that allegation. Records showed that all staff had attended training on prevention of abuse of residents. A number of residents had received safety training called "stranger danger" training.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

It is a requirement that all serious adverse incidents are reported to the Authority. A record of all incidents occurring had been maintained and all notifications had been sent to the Authority as required.

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):

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

Findings:

A number of residents who spoke with the inspectors outlined that they worked part-time in local businesses, including the local shop and hairdressers; residents said to inspectors that they "loved going to work". Some residents had undertaken further training and education including obtaining qualifications in food choice and computers. Each resident had specific goals in their person-centred folder in relation to education and work.

Inspectors observed that residents had opportunities to participate in activities that were meaningful and purposeful to them. Each resident was facilitated to attend an appropriate day service in the surrounding area and transport was provided. Activities within the day service included horse riding, gardening, life skills, massage and social outings. Inspectors observed that there was a good level of activity in the evenings. Activity planners included that residents had the choice of relaxing at home, going out for meals with friends and attending Special Olympics. At weekends, some residents stayed with family at weekends and social outings to the cinema, shops, restaurants and places of local interest were organised for residents who stayed in the centre. One resident said that he was "looking forward to an upcoming day trip to the seaside".

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

Inspectors found that residents were being supported to achieve and enjoy the best possible health. However, improvement was required in relation to how healthcare plans were being developed.

The person in charge outlined that residents had the option of attending a general practitioner (GP) of their own choice and each resident usually attended the GP practice with support from staff.

While there was evidence that residents were supported to attend appointments and had been referred to consultant specialists if required, the recording and follow up of recommendations from consultants required improvement. For example, it was recorded in one resident's care plan that the resident was attending a neurologist. The resident had attended an appointment in April 2015 with changes and recommendations outlined by the consultant. However, the care plan had not been updated to reflect these

changes.

There was evidence of access to specialist care in psychiatry as required. However, recommendations and instructions from the psychiatry team were not being followed. In addition, the health care plan was not being updated to reflect these instructions.

There was evidence that residents were being seen as required by allied health professionals including physiotherapy and occupational therapy. However, healthcare plans were not being updated to reflect these reviews. In one resident's case the care plan indicated that exercises were to be implemented as recommended in the physiotherapists report in 2011. However up to date physiotherapy recommendations were available from an appointment and the care plan had not been updated.

Inconsistencies were also noted in some care plans developed to guide staff in meeting residents' health care needs. For example, sections of a resident's care plan had not been updated following an assessment from a specialist adviser in relation to healthcare appliances. A resident was recorded as having an underactive thyroid in some parts of the care plan and an overactive thyroid in other parts.

Inspectors saw that, based on a sample of records reviewed, residents' wishes in relation to care at times of illness or end of life had not been ascertained. Therefore, information would not be available to guide staff in meeting residents' needs whilst respecting their dignity, autonomy, rights and wishes.

There was a policy on nutrition and hydration. As required residents were seen by a dietician with recommendations and suggested meal plans being followed by staff. At meal times the dining room tables were set in an attractive manner. The inspectors noted that the main evening meal, in sufficient portions, was plated and presented in an appetising manner. The inspectors found adequate quantities of food available for snacks and refreshments.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Medications for residents were supplied by a local community pharmacy. Staff confirmed

that there was appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland. There was a comprehensive medication policy that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines. The policy had been reviewed in October 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. Medicines requiring refrigeration were stored securely and the temperature of the refrigerator was monitored on a daily basis. Staff confirmed that medicines requiring additional controls were not in use at the time of inspection.

An inspector observed that compliance aids were used by staff to administer medications to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines.

A sample of medication prescription and administration records was reviewed by an inspector. The practice of transcription was in line with guidance issued by An Bord Altranais agus Cnáimhseachais and the centre specific policy. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. However, due to the way in which medicines were transcribed, medicines could potentially not be given as prescribed and the medication administration records did not accurately record the medicines administered. For example, a transcribed prescription stated that a resident was to receive 1x2mg tablet whilst the resident actually received half of a 4mg tablet.

There was evidence that residents were offered the opportunity to take responsibility for their own medicines. Staff with whom inspectors spoke confirmed that no residents were self-administering medication at the time of inspection.

Resident specific medication administration procedures had been developed where appropriate. The procedures were person centred and gave clear guidance to staff in relation to administering medications to the resident in line with their wishes and needs.

Staff with whom inspectors spoke confirmed that there was a checking process in place to confirm that the medicines delivered correspond with the medication prescription records.

Staff 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.

The results of a medication management audit were made available to inspectors that had been completed in November 2014. The audit identified pertinent deficiencies and inspectors confirmed that actions had been completed. This was augmented by a weekly checklist completed by staff to check that documentation was accurate and storage was safe,

Training had been provided to staff on medication management and the administration

of buccal midazolam.

An inspector reviewed a sample of medication incident forms and saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents.

Judgment:

Substantially 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):

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

Findings:

Inspectors found that the care provided was accurately described in the statement of purpose.

The statement of purpose described the service and facilities provided. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The stated aim of the centre was to provide a homelike environment for 10 services users all of whom had their own bedroom. It also outlined that the centre provided respite, or shared care, for two residents on alternate weeks.

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):

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

Findings:

Overall inspectors were not satisfied that there were effective governance arrangements in place as the provider nominee had responsibility for 15 centres and the person in charge had responsibility for four centres.

In relation to governance there had been a recent appointment of a senior clinical nurse manager who had been given responsibility for this centre and three other designated centres. The senior clinical nurse manager was a registered nurse in intellectual disability and had a degree in health services management from the University of Limerick. The person in charge reported directly to this senior clinical nurse manager.

The nominee on behalf of the Daughters of Charity Services was a registered general nurse and a registered nurse in intellectual disability. She had been appointed in February 2015 as services manager in this service in North Tipperary/Offaly and had previously worked as services manager in the Limerick region. The provider nominee had responsibility for 15 centres across a wide area.

The nominated person in charge was a registered nurse in intellectual disability. She also was appointed as person in charge for a number of other centres across a broad geographical area. The inspectors outlined concerns that these management arrangements across a number of centres could not ensure effective governance, operational management and administration of the designated centres concerned. The chief executive officer outlined a plan to reduce the burden on the person in charge with a recruitment process currently underway for a further clinical nurse manager.

There was a house manager had also been recently been appointed to cover both houses in this centre. He had a qualification in disability studies. The house manager was part-time in each house (17.5 hours per week) with no allocated supernumerary hours. He was not available on the day of inspection. Regular house meetings took place and inspectors found that issues discussed included policy development, audits, training and complaints.

An annual review of the quality and safety of care of the service dated 24.11.2014 had been completed by the Quality and Risk Officer for the service. Not all issues relevant to quality and safety in the audit tool were reviewed, meaning that the review was not comprehensive. There were a number of issues identified in the annual review, particularly around care planning and the agreement of a contract of care with each resident which had not been remedied.

The provider had ensured that unannounced visits to each house within the designated centre had been completed as required by the regulations. However, as with the annual review not all issues relevant to quality and safety in the audit tool were reviewed, meaning that the review was not comprehensive.

Inspectors reviewed the available audits for this centre which were for medication management completed in November 2014 and infection control in May 2015. The senior clinical nurse manager outlined plans for increasing the number of audits currently taking place to provide assurance around the quality and safety of the service.

Judgment:

Non Compliant - Major

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):

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

Findings:

There had not been any period where the person in charge was absent for 28 days or more since the last inspection. The person in charge and the nominated registered provider were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge. There were clear arrangements to cover for the absence of the person in charge with the acting senior clinical nurse manager having responsibility for management of the centre. Inspectors were satisfied that she had the requisite skills and experience to deputise when necessary.

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):

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

Findings:

The inspector formed the opinion that the centre was resourced to ensure the effective

delivery of care and support in accordance with the statement of purpose. The centre was maintained to a good standard inside and out and had a fully equipped kitchens and laundry. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly. There were suitable social care staff and nursing staff available to assist residents.

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):

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

Findings:

As evidenced under Outcomes 5 and 11, it was not demonstrated that staff had the required skills and qualifications to:

- Ensure each resident had a comprehensive assessment of their needs
- residents' health needs were met
- personal plans were effective and took into account changes in circumstances and new developments and
- support residents with behaviours that may challenge.

In relation to the meeting of health needs, while the person in charge was a qualified nurse, she was also the person in charge for four designated centres comprising eight houses over a broad geographical area. Inspectors found that this failing was compounded by the lack of multi-disciplinary input into key areas such as behaviour support plans for residents.

There was a staff rota, which was properly maintained. There were two staff on at all times during waking hours.

A previously identified area for development in St Anne's service, and in this centre, related to the finding that a number of care staff did not possess a formal recognised qualification relevant to the role of care assistant, such as the Further Education Training and awards council (FETAC) Level 5 Healthcare Assistant course or equivalent. A funded plan was in place to address this gap.

Staff files were held centrally and were not reviewed as part of this inspection.

Judgment:

Non Compliant - Major

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):

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

Findings:

A directory of residents was maintained in the centre and was made available to the inspectors.

There was a policy on the provision of information to residents and a residents' guide was available which included:

- A summary of the services and facilities provided
- the terms and conditions relating to residency
- arrangements for resident involvement in the running of the centre
- how to access previous inspection reports
- complaints procedure
- arrangements for visits.

The inspectors were provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover.

As referenced throughout this report most of the required policies and procedures were up to date. Staff with whom the inspector spoke demonstrated an understanding of specific policies such as the medication policy, risk management and the complaints policy. However, the guidelines made available to inspectors in relation to the provision of behaviour support had not been updated since 2009.

Judgment:

Substantially Compliant

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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:

Kieran Murphy
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-0003949
Date of Inspection:	16 July 2015
Date of response:	21 August 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:

Residents are not enabled to make informed decisions about their lives including giving consent.

Action Required:

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

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

The person in charge and key worker will include the service user in all decision making around all aspects of their lives. Residents will be given all information relating to their care needs in a manner that is understood by them, allowing them to make an informed decision and give consent over all aspects of their lives. Where the supports of an independent advocate or members of the multi disciplinary team are required, these will be made available to the service user.

Proposed Timescale: 14/08/2015

Theme: Individualised Supports and Care

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

Privacy locks were not fitted on the doors of sanitary facilities used by residents for personal care.

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:

Privacy locks will be fitted to all doors of sanitary facilities by the maintenance department.

Proposed Timescale: 21/08/2015

Theme: Individualised Supports and Care

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

Documentation relating to residents' finances was sometimes inadequate and not consistently maintained to safeguard residents.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

All staff in the centre will receive training from the nominee provider on the appropriate management of service user's finances, and including all service users in decision making around use of their finances in September 2015. The Director of finance is completing a review of all aspects relating to services user's finances within the centre and all centres of this part of the organisation. Findings and recommendations will direct improvements in a more consistent approach to documentation to ensure safeguarding of residents finances, the review will also ensure that going forward service user participation in decision making around their own finances will be an integral part of practice in the future.

Proposed Timescale: 28/09/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The reasons for delay in the implementation of recommendations by a speech and language therapist were not recorded.

Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

Where recommendations are made by speech and language therapist or other therapist, these recommendations will be implemented with immediate effect, if there is a delay in commencing the recommendations, the reason for delay will be discussed by the person in charge and the staff team with the therapist the service user and their representative which will be documented.

Where a service user specific communication aid may need to be ordered or developed, for example a picture exchange system, this may take time to develop, and this will be documented with a time frame for sourcing and implementation of the system noted.

Proposed Timescale: 14/08/2015

Theme: Individualised Supports and Care

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

Gaps and inconsistencies were noted in personal care plans in relation to residents' communication requirements, interventions and goals.

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:

The clinical nurse manager 3, the person in charge and the key worker of each service user will review the care plans and assessments in relation to communication requirements of each service user. Where required a referral to the speech and language therapist will be made immediately. Where speech and language therapist is involved in a service users care this will be clearly reflected in the care plan and assessment of care need for communication. All interventions to support service user's communication skills will be clearly documented outlining their use. Goals will be person centred and will have named responsible persons to assist the service user in their achievement.

Proposed Timescale: 18/09/2015

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:

Some residents did not have any contracts of care; in other cases the contracts of care had not been signed either by the resident or their representative; in some contracts seen by inspectors the residential charges for accommodation of the resident were not outlined. Therefore it was not clear what services the resident was receiving and what fees were being charged.

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:

All contracts of care will include the residential charges for accommodation. All contracts of care will be signed by the service users and/or their representative/family.

Proposed Timescale: 30/08/2015

Theme: Effective Services

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

The admission practices and policies did not take account of the need to protect residents from abuse by other service users.

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 nominee provider have requested the Service Admission Discharge and Transfer committee to review and update the policy to include the protection of service users from peer to peer abuse.

Proposed Timescale: 30/10/2015

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:

The process for developing personal plans was inconsistent

Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The link Clinical Nurse Manager 3 and the Person in Charge will work with the house manager and staff team to ensure that all personal plans are up to date, person focused, with goals. These goals will have set time frames for achievement, named responsible person, review dates for each goal to monitor its progress will be outlined. Goals will be broken down into steps that can be measured; this will indicate progress at the stage each goal is at in being achieved. Service users will be involved in this process.

The Clinical nurse manager 3 and the person in Charge, will complete six monthly audits on care plans in the centre to monitor the standard of the personal plan.

Proposed Timescale: 18/09/2015

Theme: Effective Services

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

There was a lack of formalised multi-disciplinary input in the review.

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:

The organisation is in the process of recruitment of multi disciplinary team members. All service users in the centre requiring multi disciplinary team support will have this made available to them, when not available within the organisation, it will be sourced through external therapists, and paid for by the organisation, not the individual. Where a service user is supported by a member of the multi disciplinary team, and recommendations are made regarding care, this will be clearly reflected in the assessment of need and the plan of care within the care plan.

Proposed Timescale: 18/09/2015

Theme: Effective Services

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

The process for reviewing personal plans was inconsistent

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The link Clinical Nurse Manage 3 and the Person in Charge will work with the house manager and staff team to ensure that all personal plans have set review dates, that are adhered with named responsible people for review.

The clinical nurse manager 3 will audit the personal plans, to ensure that the review dates are adhered to. Any findings and actions necessary from the audits will be shared with the staff team to ensure learning.

All goals will have set time frames for achievement, named responsible person, review dates for each goal to monitor its progress will be outlined. Goals will be broken down into steps that can be measured; this will indicate progress at the stage each goal is at in being achieved. Service users will be involved in this process.

Proposed Timescale: 18/09/2015

Theme: Effective Services

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

Those responsible for supporting residents in pursuing goals were not always clearly identified nor were agreed timescales outlined

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:

All goals will have set time frames for achievement, named responsible person, review dates for each goal to monitor its progress will be outlined. Goals will be broken down into steps that can be measured; this will indicate progress at the stage each goal is at in being achieved. Service users will be involved in this process. The clinical nurse manager 3 and the person in charge will monitor this.

Proposed Timescale: 18/09/2015

Theme: Effective Services

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

There was no record of the annual review included in a personal plan reviewed by inspectors

Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

The person in charge will review all plans in the centre; any plan not reviewed annually will be reviewed immediately. The person in charge will audit all personal plans in the centre on a six monthly basis to ensure review dates are adhered to.

Proposed Timescale: 04/09/2015

Theme: Effective Services

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

The information in transfer to hospital booklet was not always up to date or comprehensive particularly in relation to residents' communication requirements

Action Required:

Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

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

The communication passport for all individuals in the centre will be reviewed by the person in charge and key worker to the service user, to ensure that all information is up to date and comprehensive. The service user will be involved in the preparation of this

documentation.

Proposed Timescale: 18/09/2015

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 risk management system was not sufficiently robust as staff did not understand how to complete a risk assessment.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The nominee provider and the clinical nurse manger 3 will deliver in house support and training to the staff team in the centre on the identification of risk, and the completion of risk assessments. This will include clear guidance on the implementation of control measures and their effects on the risk rating

Proposed Timescale: 22/09/2015

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:

Multi-disciplinary input into behaviour support plans viewed in the centre was limited. Behaviour support plans for residents with behaviour that challenges did not provide adequate guidance for staff.

Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The nominee provider has met with the principal psychologist and principal speech and language who will deploy clinical support to the centre to ensure that all service user behaviour support plans are reviewed and all necessary changes made. Review dates will be outlined for each behaviour support plan. This process will include the person in charge and staff in the centre. This support is commencing in the centre on the week

commencing 24/08/2015. All behaviour support plans will be reviewed and in place within a month of this clinical support commencing in the centre.

Proposed Timescale: 18/09/2015

Theme: Safe Services

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

While staff had received training on the policy on challenging behaviour, records indicated that not all staff had received training on positive approaches to 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:

All staff in the centre will complete training in positive approaches to behaviours that challenge.

Proposed Timescale: 04/09/2015

Theme: Safe Services

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

A plan for the use of physical restraint had not been reviewed in 2011.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The nominee provider will arrange for the restrictive practices committee which comprises of staff from the relevant centre, multi disciplinary team members, person in charge and the chair of the committee, to convene and review all restrictive practices of the centre. Each restrictive practice will then have set review dates in place.

Proposed Timescale: 18/09/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

It was not clear from documentation that all alternative measures were considered before a restrictive procedure was used.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The nominee provider will arrange for the restrictive practices committee which comprises of staff from the relevant centre, multi disciplinary team members, person in charge and the chair of the committee, to convene and review all restrictive practices of the centre. Review of the restrictive practices will include reviewing that all practices in place are the least restrictive. The nominee provider has met with the principal psychologist and principal speech and language who will deploy clinical support to the centre to ensure that all service user behaviour support plans are reviewed and all necessary changes made, this review of the behaviour support plans will also include review of any restrictive practices in place for each individual.

Proposed Timescale: 18/09/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents had assessed healthcare needs but these needs had not been identified in a plan to direct care.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The Clinical nurse manager 3 and the person in charge with the service users key worker will review all care plans to ensure that all plans of care include recommendations of specialists and multi disciplinary team members. These plans of care will direct care delivery for each service user. All follow up and recommendations from hospital appointments, general practitioner visits and other specialist attended will be included in the plans of care. The clinical nurse manager 3 will provide in-house training to all staff in the centre on care planning, assessment and development of plans on care. This training will include supporting staff around the importance of reviewing assessments and plans of care for residents.

Proposed Timescale: 18/09/2015

Theme: Health and Development

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

It wasn't clear that staff were supporting residents to achieve their best possible health. Recommendations and instructions from the psychiatry team were not being followed. In addition, the health care plan was not being updated to reflect these instructions.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The clinical nurse manager 3 will provide in-house training to all staff in the centre on care planning, assessment and development of plans on care. This training will include the updating of assessments and plans of care where specialist and multi disciplinary team input has been given and recommendations made. The Clinical nurse manager 3 and the person in charge with the key worker will review care plans to ensure that the plan of care includes recommendations made by the psychiatrist and the plan of care will be updated to reflect this.

Proposed Timescale: 18/09/2015

Theme: Health and Development

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

Inconsistencies were also noted in some care plans developed to guide staff in meeting residents' health care needs. For example, sections of a resident's care plan had not been updated following an assessment from a specialist adviser in relation to healthcare appliances. A resident was recorded as having an underactive thyroid in some parts of the care plan and an overactive thyroid in other parts.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The clinical nurse manager 3 will provide in-house training to all staff in the centre on care planning, assessment and development of plans on care. This training will include the updating of assessments and plans of care. The Clinical nurse manager 3 and the person in charge with the key worker will review care plans to ensure that the plan of care includes recommendations made by a specialist adviser in relation to healthcare appliances and the plan of care will be updated to reflect this.

The person in charge and the key worker, will support the service user with the diagnosis of thyroidism to have a full medical review by the general practitioner and

have a review of their thyroid status, and this will be clearly documented in their care plan, its assessment and have a plan of care developed to reflect the service users care needs.

Proposed Timescale: 19/09/2015

Theme: Health and Development

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

Inspectors saw that, based on a sample of records reviewed, residents' wishes in relation to care at times of illness or end of life had not been ascertained. Therefore, information would not be available to guide staff in meeting residents' needs whilst respecting their dignity, autonomy, rights and wishes.

Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

Each service user will have an end of life care plan developed. The person in charge will liaise with the service and their family/ representative to discuss and develop this plan of care. The social worker will support this process.

Proposed Timescale: 27/11/2015

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:

As a result of transcription practices, medicines could potentially not be given as prescribed and the medication administration records did not accurately record the medicines administered

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The clinical nurse manager 3 and the medication management co coordinator will discuss this with the general practitioners supporting service users in this centre. The prescriptions and transcribing will reflect dosage and not quantities of tablet.

Proposed Timescale: 25/09/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Inspectors were not satisfied that there were effective governance arrangements in place as the provider nominee had responsibility for 15 centres and the person in charge had responsibility for four centres.

Action Required:

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

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

The organisation is currently in the recruitment process for 2x clinical nurse

Manager 2 positions. These when appointed will reduce the number of centres in the area of responsibility of the current person in charge of the centre. The nominee provider with the support of the two clinical nurse managers 3 and the increase in the number of persons in charge will ensure more effective governance to the centre. The clinical nurse manager 3 will complete audits of practices in the centre. These will be shared with the staff team; actions will be outlined with responsible persons for same. The nominee provider will schedule meetings with the person in charge and the house manager and clinical nurse manager 3 to review all matters relating to the centre.

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

There were a number of issues identified in the annual review, particularly around care planning and the agreement of a contract of care with each resident which had not been remedied.

Action Required:

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

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

The nominee provider will complete in full the provided audit; any areas not completed on last unannounced visit will be completed. The nominee provider will meet with the quality and risk officers to have the annual quality and safety audit tool reviewed. Issues highlighted in the previous audit will be reviewed and remedied, training will be given to all staff in the centre regarding care planning and these will be completed and up to date by 18/09/2015.

All service users will have a contract of care, which will outline the charges to them, this will be in place 25/09/2015.

The nominee provider has referred the need to include the protection of service users from peer to peer abuse to the chairperson of the admission discharge and transfer committee of the service to be included in the admissions discharge and transfer policy.

Proposed Timescale: 30/10/2015

Theme: Leadership, Governance and Management

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

The provider had ensured that unannounced visits to each house within the designated centre had been completed as required by the regulations. However, as with the annual review not all issues relevant to quality and safety in the audit tool were reviewed, meaning that the review was not comprehensive.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The nominee provider will complete in full the provided audit; any areas not completed on last unannounced visit will be completed. The nominee provider will meet with the quality and risk officers to have the annual quality and safety audit tool reviewed.

Proposed Timescale: 25/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

It was not demonstrated that staff had the required skills and qualifications to meet the needs of residents.

Action Required:

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

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

Funding is in place to provide FETAC level 5 training to all staff in the centre that do not currently have same. This training will support staff in the areas of care planning and person centered planning. This training is scheduled to commence in September 2015 and runs for the college year. Where staff do not attend this training, the organisation will provide in service training to staff to ensure they possess the required knowledge and skills to support service users in the centre. The nominee provider has met with the principal psychologist and principal speech and language therapist who will deploy clinical support to the centre to support the staff team in the development of behaviour support plans for service users requiring them.

Proposed Timescale: 30/06/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The guidelines made available to inspectors in relation to the provision of behaviour support had not been updated since 2009.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The person in charge has placed a copy of the up to date challenging behaviour policy in the centre.

Proposed Timescale: 10/08/2015

