

**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 Brothers of Charity Services Clare
Centre ID:	OSV-0004887
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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:
14 January 2016 10:00	14 January 2016 18:20
15 January 2016 07:50	15 January 2016 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The centre was a purpose built accessible bungalow in a suburban location close to a large town and provided a residential service for elderly adults with an intellectual disability and those who require support with medical needs.

As part of the inspection process, the inspector met with the provider nominee, person in charge, a person participating in management, residents, staff members and volunteers. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies and procedures. The documentation submitted by the provider as part of the application process was submitted in a timely and precise manner and was examined prior to the inspection. Questionnaires

completed by residents and their representatives were also reviewed; the feedback was positive and is referenced in the body of the report.

Overall, the inspector found that residents received support that was individualised; their social and health care needs were met. A good rapport between residents and staff was evident throughout the inspection and staff supported residents in a respectful and dignified manner. Residents reported to be well-cared for, happy and content. Residents were supported to participate in meaningful activities within the centre, appropriate to their individual preferences and abilities; residents' independence and ability to communicate were maximised and residents were supported to develop and maintain family and community links. Residents were consulted with and participated in decisions about their care. Access to advocacy services was provided.

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

- assessment and personal planning practices
- medicines management
- review of documentation to ensure accuracy and completeness
- infection prevention and control practices.

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:

Residents with whom the inspector spoke and interacted with stated that they felt safe and spoke positively about their care and the consideration they received. Interaction between residents and staff was observed and inspectors noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

Residents and their representatives were actively involved in the centre. Residents were consulted about, and participated in, decisions about their care and the organisation of the centre. Advocacy discussions with residents take place on a monthly basis. Minutes of local self-advocacy meetings attended by a representative from the centre were made available to the inspector. The meetings took place at least six times per year and issues such as social events and development of information in easy read format were discussed. Representatives from the local advocacy group attended the regional advocacy group who meet the local management teams at least three times per year.

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. Residents were encouraged to choose their activities for the day. The inspector saw that, for some residents, there had been steps taken to support and assist residents to provide consent and make decisions about their care and support. However, this practice was not consistent and, in some circumstances, siblings and parents provided consent for residents in relation to the provision of intimate care and administration of medicines.

Inspectors observed that residents were supported in a dignified and respectful manner.

Residents' capacity to exercise personal independence was promoted. For example, residents' ability to perform tasks in relation to personal hygiene and dressing was identified and residents were encouraged to perform these tasks.

Residents were encouraged to maintain their own privacy and dignity. Each resident had their own bedroom and staff were observed to knock before entering. Suitable locks were provided on the doors of toilets and sanitary facilities. Sanitary facilities were shared and the inspector noted that staff took appropriate measures to promote the privacy and dignity of residents during personal care. However, the measures were not always outlined in intimate care plans.

Residents' personal communications were respected and residents had access to a telephone and the internet.

There was a complaints policy which was also available in an accessible format and had been reviewed in June 2015. The policy was displayed prominently throughout the centre. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation.

The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The complaints form had been recently updated to include whether the complainant was satisfied. The investigation undertaken in response to complaints was thorough, comprehensive and prompt.

Residents were encouraged and facilitate to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in relation to residents' valuables were maintained and updated regularly in line with the centre-specific policy reviewed in February 2015. Residents were supported to do their own laundry if they wished and adequate facilities were available.

Residents had easy access to personal monies and, where possible, control over their own financial affairs in accordance with their wishes. Money competency assessments were completed annually for each resident which outlined the supports and training needs, if any, required. Staff outlined a transparent and robust system for the management of residents' finances who required support in this area. An itemised record of the all transactions with the accompanying receipts was to be kept. However, the inspector noted that there were gaps and delays in documentation and therefore a documented, verifiable audit trail was not available for some transactions.

Residents are facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote. Residents were supported to access religious services in line with their wishes.

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:

Residents were facilitated to communicate in line with the centre-specific policy, reviewed in April 2014. Residents had diverse communication needs; some residents did not use verbal communication.

Staff demonstrated an awareness of the different communication needs of residents and implemented the information contained in personal plans. Residents had access to specialist input from speech and language therapists who completed comprehensive communication assessments. Residents were facilitated to access assistive technology, aids and appliances to promote their full communication capabilities. The majority of the personal plans viewed by the inspector outlined individual requirements, interventions and goals in relation to effective communication. However, for one resident who did not use verbal communication, there was limited information included in the personal plan in relation to communication requirements. The personal plan stated that staff needed to be familiar with the resident's way of communicating and that visual aids were to be used to offer choices. However, there was no information in relation to the meaning of the resident's signs and gesture to ensure that the resident could communicate effectively with all staff.

The centre was part of the local community and residents had access to radio, television, newspapers, internet 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):

No actions were required from the previous inspection.

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. Residents were supported to spend time with family including overnight trips at weekends and holidays. Residents were facilitated to keep in regular contact with family through telephone calls and family members were made welcome when visiting. There were adequate facilities for each resident to receive visitors and a number of areas were available if residents wished to meet visitors in private.

Staff stated and the inspector saw that families were kept informed of residents' well being on an ongoing basis. Records confirmed that families and residents attended personal planning meetings and reviews in accordance with the wishes of the resident.

The inspector reviewed the policy in relation to visitors, which had been reviewed in March 2014. The policy outlined that a warm welcome was extended to all visitors except when requested by the resident or when the visit or timing of the visit is deemed to pose a risk.

Residents were supported to participate in a range of activities in the local and wider community including attending a local day centre, meals out, local knitting group and availing of complementary treatments at a local wellness centre. Residents enjoyed socialising in the local community and two residents went to a concert at a local venue on the evening of the first day of the inspection. Residents were encouraged to shop and use services locally.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The policy on admissions, transfers and discharge of residents, which had been reviewed in February 2014, was made available to the inspector. The policy outlined the transparent criteria for admission and took account of the need to protect residents from abuse by their peers. Residents' admissions were seen to be in line with the statement

of purpose.

A written contract was in place which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided. The fees and additional charges were included. The contract was also available in an accessible version.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

A sample of residents' plans was reviewed. A discovery document was used to assess the health, personal, social care and support needs of the resident annually and the information contained was individualised and person centred. The discovery document formed the basis of an individual personal plan (IPP).

The centre provided a residential service for elderly adults with a disability and those who require support with medical needs as outlined in the centre's Statement of Purpose. The inspector saw that evidence based tools were used to assess some healthcare needs for residents such as falls risk. However, the inspector noted and staff confirmed that some residents in the centre had needs in relation to nutrition and pain management. The person in charge confirmed that evidence based tools were not in use to screen for nutritional risk or to identify and assess pain where appropriate.

An IPP had been developed for each resident which included a comprehensive life story, family support network and important background information. The IPP outlined residents' needs in many areas including healthcare, education, lifelong learning and employment support services, social services, personal support network, transport and mobility. The resident and representatives were consulted with and participated in the development of the personal plan. The IPP was made available to each resident in an accessible format in line with their needs.

Goals and objectives were clearly outlined. There was evidence of resident involvement in agreeing/setting these goals. There was also evidence that individual goals were achieved. A number of goals were true aspirations and would improve the residents' quality of life such as attending a cookery class, a spa day, achieving financial independence, helping to organise the Christmas Mass in the centre and attending social events. However, the inspector noted that a number of the goals outlined focussed on staff continuing to support the residents in activities of daily living and meeting healthcare needs. The person responsible for supporting the resident in pursuing these goals was not always clearly identified. Some of the goals outlined were not specific. For example, goals outlined for residents included providing support to participate in the local community and build relationships or to implement recommendations of the multidisciplinary team without outlining the recommendations. The lack of definite goals could lead to residents not maximising their personal development.

The person in charge and staff outlined that the IPP was subject to a review on an annual basis or more frequently if circumstances change with the maximum participation of the resident. The inspector noted that the review 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 IPP and amendments were made as appropriate. However, the inspector noted that an IPP was not reviewed to include the specialist recommendations made following the development of a positive behaviour support plan and the changing needs of the resident. The review was not multi-disciplinary in nature for all IPPs reviewed during the inspection.

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 and contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

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):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was in line with the centre's statement of purpose and met residents' individual and collective needs in a homely and comfortable way. The centre was a purpose built seven bedroom detached bungalow located in a quiet cul de sac residential setting. There was a large back garden and ample parking was provided.

There was adequate private and communal space for residents. Each resident had their own bedroom which was personalised with the resident's choice of soft furnishings, photographs of family and friends and personal memorabilia. Ample storage space was provided for residents' personal use. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a number of communal areas available including two sitting rooms and a dining room. A pleasant seating area was provided in a sun room. All rooms were of a suitable size and layout for the needs of residents.

There were adequate sanitary facilities provided throughout. There were three en-suite shower rooms which contained a toilet, sink and shower. Each bedroom opened onto an en-suite shower room and, therefore, two bedrooms shared each en-suite shower room. Suitable adaptations such as ceiling hoists and grab rails were provided as appropriate. A bathroom was also available with an assisted Jacuzzi bath, sink and toilet.

The centre was clean, suitably decorated and well maintained. The residents had input into the décor of the centre and each area reflected the residents who resided there. Residents' artwork was displayed throughout. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings.

The centre had a separate kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided and residents were supported to launder their own clothes if they so wish. A contract was in place for the disposal of clinical waste.

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):

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

Findings:

Overall, the provider was committed to protecting and promoting the health and safety of the all in the centre. A proactive approach had been implemented in relation to risk

management. However, some improvement was required in relation to risk assessments and infection prevention and control practices.

There was a health and safety statement in place which was last reviewed in September 2014. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy, last reviewed in November 2014. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk.

The inspector reviewed the risk register and saw that there was a system to identify and review hazards on an ongoing basis. The risks identified specifically in the Regulations were included in the risk register. However, improvements were required in relation to the implementation, review and documentation of control measures. It was not clear from the risk assessments completed before and after the implementation of controls, whether the controls were adequate as the documented level of risk had not reduced. A number of controls implemented in relation to the safe storage and use of oxygen such as restriction on smoking, checks of tubing and flow rate and ongoing maintenance were not outlined in the risk assessments. The inspector noted that there were adequate controls in place for the management of enteral feeding overnight. Staff with whom the inspector spoke outlined that visual checks of the enteral nutrition system were undertaken approximately every 30 minutes. However, staff and the person in charge confirmed that the checks were not outlined in the risk assessment and there was no documented record maintained of the checks.

A comprehensive emergency plan was in place which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

The inspector reviewed a sample of incident forms and saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents. The inspector noted that the improvements identified were implemented in a timely fashion. A quarterly review was completed of incident forms which analysed any patterns and reviewed the effectiveness of preventative actions.

Suitable fire safety equipment was provided throughout the centre. Fire safety equipment was to be serviced on an annual basis. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas. A fire engineer's report had been completed for all service units and actions had been completed. The fire panel was serviced on a quarterly basis, most recently in December 2015. Emergency lighting had been serviced in January 2016. Records of daily and monthly fire checks were kept. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure.

Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire and the training matrix made available confirmed that all staff had

received mandatory fire training. Fire drills took place on a quarterly basis and a detailed description of the fire drill, duration, participants and any issues identified was maintained.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and had been updated regularly and in line with resident's changing needs.

Procedures were also in place for the prevention and control of infection. The infection prevention and control policy had been reviewed since the last inspection and contained comprehensive information in relation to the management and disposal of sharps, hand hygiene, waste disposal, food safety and the management of an outbreak of norovirus. The centre was visibly clean and there were adequate hand sanitising and washing facilities for residents, staff and visitors. Staff confirmed that personal protective equipment such as gloves and aprons were available. However, due to the assessed medical needs of the residents, improvements were required to prevent and control infection. The inspector saw and staff confirmed that alginate bags were not available for the handling and segregation of laundry. The infection prevention and control policy did not include the management of other outbreaks of common infections in the community such as influenza, scabies, rotavirus and chickenpox/shingles. The training matrix indicated and the person in charge that one staff member had not completed hand hygiene training and staff had not yet completed infection prevention and control training.

Suitable moving and handling equipment was provided and serviced regularly, in line with the manufacturer's recommendations. The training matrix confirmed that moving and handling training had been completed by all staff.

Vehicles were available and records confirmed that the vehicles were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. Improvements were required in relation to training and ensuring that multi-disciplinary input was sought when planning restrictive interventions for individual residents.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in February 2015. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team. The policy was also available in an accessible format.

The intimate care policy outlined how residents and staff were protected. Each resident had a personal care plan which was reviewed on a regular basis. The plan outlined in detail the supports required, resident's preference in relation to the gender of staff delivering personal care.

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

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was implemented, all staff received ongoing training in understanding abuse and staff stated that there was an open culture of reporting within the organisation.

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

A centre-specific policy was in place to support residents with behaviour that challenges, reviewed in October 2014. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques. However, the training matrix indicated and the person in charge confirmed that one staff member had not completed this training.

The inspector reviewed a selection of plans for support behaviour that challenges and spoke with staff. Residents and their representatives were involved in discussions and reviews that had been arranged to support residents to manage their own behaviour. Specialist input had been sought and clear strategies were in place to support residents to manage their own behaviour and staff were able to describe the strategies in use. Protocols were in place and evidence based tools such as Antecedent Behaviour Consequence (ABC) charts and scatter plots were used to validate that the strategies outlined were effective.

Environmental restraint was in use; its use was guided by a centre-specific policy and followed an appropriate assessment. The policy had been reviewed in October 2014, was comprehensive and was in line with evidence-based practice. A risk balance tool was used prior to the use of environmental restraint, less restrictive alternatives were considered and signed consent from residents was secured where possible. However, documentation reviewed by the inspector indicated and staff confirmed that multi-disciplinary input had not been sought when planning and reviewing individual interventions for residents.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector noted that a comprehensive record of all incidents was maintained. Notifications to the Authority were made in line with the requirements of the Regulations.

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):

No actions were required from the previous inspection.

Findings:

Residents' opportunities for new experiences, social participation, education, training and employment were facilitated and supported. Improvements were required to ensure that assessments met residents' educational/employment/training needs.

The policy on access to education, training and development was made available to the inspector and had been reviewed in October 2014. A number of residents had reached retirement and a flexible and individualised day service was provided in the centre which focussed on maintaining social links, life skills, hobbies and interests. Some residents attended a day care centre regularly and transport was provided. Art and music classes by external artists were facilitated in the centre which residents really enjoyed. Other in-house activities available included bingo, pampering sessions, board games, jigsaws, knitting and craftwork. Residents were supported to access new experiences such as complementary therapy in the local community.

Information was gathered in the discovery document to establish each resident's education, training and employment goals. The discovery document was based on a direct 'question and answer' format in the second person relating to educational history, educational supports, subject areas of interest, literacy and future interests. As previously outlined, some residents do not use verbal communication. Staff with whom the inspector spoke confirmed that the assessment was completed by staff based on their knowledge of the resident. Therefore, the information included in some of the discovery documents reviewed was not holistic, incomplete, lacked detail and was not sufficient to perform a robust assessment to ensure that appropriate opportunities were made available in relation to new experiences and social participation in line with resident's needs. For example, the assessment completed for one resident in April 2015 indicated that the resident would benefit from a cookery class. However, a music class was provided for residents in the centre and the resident really enjoyed this. This was discussed at length with the management team who acknowledged that improvements were required in this area and outlined steps they planned to take.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

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

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

Findings:

The centre provided a residential service for elderly adults and those who required support with healthcare needs as outlined in the centre's Statement of Purpose. Residents had diverse healthcare needs which required daily interventions such as diets and fluids of a modified consistency, catheterisation, enteral nutrition and blood monitoring. The inspector saw that nursing care was provided to residents in line with their needs.

Residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. The inspector saw that residents were reviewed by the medical practitioner regularly. Medical advice and consultation in the event of clinical deterioration was seen to be sought in a timely fashion. There was clear evidence that their treatment was recommended and agreed by residents, this treatment was facilitated. Residents' right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, the inspector saw that staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including dental, dietetics, speech and language, physiotherapy and chiropody. A physical therapist visited the centre on a weekly basis to facilitate a group exercise class with residents.

The management of epilepsy was in line with evidence based practice. A comprehensive record of seizure including date, time, type of seizure, duration and recovery was maintained. A personalised management plan was in place which guided staff in the administration of buccal midazolam and all staff had received appropriate training. Residents were supported to visit the neurology clinic regularly and the appropriate recommendations were implemented.

A bereavement and end of life policy was made available to the inspector which described the procedure to be followed in the event of a sudden or unexpected death. The policy outlined that a proactive approach was to be taken in order to ascertain residents' views in relation to loss, death, dying and end of life. The person in charge outlined that discussions with residents and their representatives in relation to residents' wishes in relation to care at times of illness or end of life had commenced but had not been completed for all residents. Therefore, information would not be available for some residents to guide staff in meeting residents' needs whilst respecting their dignity, autonomy, rights and wishes.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents' weights were monitored on a monthly basis and residents' weights were stable and within a healthy range. A process

was in place to make referrals to a dietician, when appropriate. Residents were encouraged to be active and enjoyed walks and other activities in the locality.

Residents were encouraged to be involved in the preparation and cooking of meals. Staff with whom the inspector spoke confirmed that a choice was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. The inspector saw that there were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks. The inspector observed that residents were encouraged to prepare their own refreshments and light snacks. There was adequate provision for residents to store food in hygienic conditions. The specialist advice of speech and language therapists in relation to the provision of food and fluids of a modified consistency was seen to be implemented by staff.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents' needs was available in an easy read format.

Judgment:

Substantially 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):

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

Findings:

Medicines for residents were supplied by local community pharmacies. Staff confirmed that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. There was a centre-specific medicines management policy and had been reviewed in January 2016. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. The inspector noted that medicines were stored securely and there was a robust key holding procedure. However, the person in charge confirmed that the temperature was not monitored and recorded daily to ensure the reliability of the medication refrigerator. Medicines requiring additional controls were stored securely and a documented record was maintained when these medicines were received, administered and returned to the pharmacy. However, there was not a

documented check of stock balances of controlled drugs were checked at the handover of each shift to ensure a robust chain of custody.

Compliance aids were used by staff to administer some medicines to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines.

A sample of medication prescription and administration records was reviewed. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. The inspector saw that the medication administration records indicated that medicines were administered as prescribed. However, the inspector noted that there was a discrepancy between the maximum dose of an 'as required' medicine to be used for a resident during episodes of severe agitation. The prescription indicated that a maximum dose of 2.5mg twice daily could be administered. A separate protocol signed by a prescriber indicated that a maximum dose of 10-15mg could be administered in a 24 hour period. There was potential that the dose administered to the resident could inadvertently be above or below the effective dose. This was brought to the attention of the person in charge who undertook to clarify the maximum dose with the prescriber.

There was evidence that residents were offered the opportunity to take responsibility for their own medicines. Where a resident had chosen to take responsibility for her own medicines, a comprehensive and individualised risk assessment had been completed which took into account cognition, communication, reception and dexterity. Appropriate controls and supervision were in place to ensure that the practice was safe.

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. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Staff with whom the inspector spoke confirmed that there was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. Stock levels were checked and reconciled on a weekly basis to identify any errors or discrepancies. A system was in place for reviewing and monitoring safe medicines management practices. The results of a medication management audit were made available to the inspector. The audit identified pertinent deficiencies and the inspector confirmed that actions had been completed.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and/or their representative. This record was signed by staff and the resident and/or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A sample of medication incident forms were reviewed and the inspector saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented. Medication incidents and the use of

'as required' medicines were reviewed on a quarterly basis to identify any trends.

Training had been provided to staff on medication management and the administration of buccal midazolam.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

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

The statement of purpose contained all of the information required by Schedule 1 of the Regulations and the inspector found that the Statement of Purpose was clearly implemented in practice. The statement of purpose had been last reviewed in March 2015.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The person in charge was also appointed as the person in charge in four other centres and had demonstrated her suitability to the Authority on registration inspections in these centres. Two persons participating in management (a senior staff nurse and a social care worker) were appointed in the centre to ensure the effective governance, operational management and administration of the centre. The inspector spoke with the senior staff nurse who confirmed that the person in charge was accessible at all times. The inspector observed a good and supportive working relationship between the person in charge and the senior staff nurse. There were established regular management meeting between the provider nominee, the person in charge and the regional manager. The inspector saw minutes of these meetings.

The inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge had worked with the organisation as a community manager since 2011. She had previously worked with the housing association affiliated to the Brothers of Charity Services Clare as a housing officer from 2006. The person in charge was employed full time by the organisation. The person in charge demonstrated a in-depth knowledge of the residents and their needs. Residents were observed to be familiar with the person in charge and were comfortable in her presence.

The provider nominee had arranged for an unannounced visit to the centre in the previous six months to assess quality and safety. The inspector read a report of the most recent unannounced inspection. There was evidence that pertinent deficiencies were identified, acted upon and improvements made.

The annual review of the quality and safety of care in the centre from 2015 was made available to the inspector who saw that it was comprehensive and was based on the Standards and Regulations. Areas for improvement were identified and actions completed in a timely fashion

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There had been no periods where the person in charge was absent from the centre for 28 days or more since the commencement of the Regulations and there had been no change to the person in charge. The provider nominee was aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence.</p> <p>There were adequate arrangements in place for the management of the centre when the person in charge is absent. Two senior staff members were identified to deputise for the person in charge in her absence. The inspector spoke with one of the senior staff members who demonstrated that she had a good understanding of her responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.</p>
<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose. Sufficient resources were available to support residents to achieve the goals. The inspector observed that there was sufficient transparency in planning and deployment of resources in the centre. The facilities and services available in the designated centre reflected the Statement of Purpose.</p>
<p>Judgment: Compliant</p>

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):

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

Findings:

There was a planned and actual staff roster in place which showed the staff on duty during the day and the waking and sleepover staff on duty at night. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The inspector noted that a regular team supported residents and this provided continuity of care and support.

A sample of staff files was reviewed and found to contain all the required elements. There was evidence of effective recruitment and induction procedures; in line with the centre-specific policy. Documentary evidence of up to date registration with the relevant professional body was available for nursing staff.

Staff were observed to be supervised appropriate to their role on a formal and informal basis. Regular staff meetings were held every two months and items discussed included health and safety, medicines management, residents' needs, complaints/compliments, safeguarding and documentation. A formal and meaningful supervision and appraisal system was in place for all staff.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. The minutes of management meetings were disseminated and discussed at staff meetings. The inspector saw that copies of both the Regulations and the Standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. Further education and training completed by staff included mandatory training and training in first aid, epilepsy awareness and enteral nutrition. However, the training matrix indicated and the person in charge confirmed that one relief staff member who was working at night-time at the time of the inspection had not completed training in enteral nutrition which was required in line with a resident's needs.

Records confirmed that volunteers received supervision and were vetted appropriate to

their role and level of involvement in the centre.

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):

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

Findings:

The records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the Regulations were in place and reflected the centre's practice. These policies were made available to staff who demonstrated a clear understanding of these policies. However, the food and nutrition policy made available to the inspector did not outline the monitoring and documentation of nutritional intake as required by the Regulations.

A process was in place to ensure that policies and procedures were reviewed and updated to reflect best practice and at intervals not exceeding three years. However, the policy in relation to intimate care had not been reviewed since July 2012. The medicines management policy did not outline the storage and management of medicines requiring refrigeration and additional controls.

Records were kept securely, were easily accessible and were kept for the required period of time. Residents' records were stored securely. The inspector found that the system in place for maintaining files and records was very well organised.

The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

Residents' records as required under Schedule 3 of the Regulations were maintained. The residents' directory was up-to-date.

Records listed in Schedule 4 to be kept in a designated centre were all made available to

the inspector.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Clare
Centre ID:	OSV-0004887
Date of Inspection:	14 and 15 January 2016
Date of response:	26 February 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents were not always afforded the opportunity or assistance to provide consent and making decisions about their care and support.

1. Action Required:

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,

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

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:

All relevant forms will be reviewed to support the individuals to consent for example the provision of intimate care and administration of medicines.

Proposed Timescale: 24/04/2016

Theme: Individualised Supports and Care

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

Gaps in documentation were noted in intimate care plans and measures to promote the privacy and dignity of residents during personal care in the context of shared sanitary facilities were not always outlined.

2. 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 intimate Care Protocol is currently under review, The revised document will be amended to include instruction on promoting the privacy and dignity of individuals.

Proposed Timescale: 24/04/2016

Theme: Individualised Supports and Care

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

There were gaps and delays in documentation relating to residents' financial transactions and, therefore, a documented, verifiable audit trail was not available for some transactions

3. 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:

An expenditure ledger will be utilised for recording day to day transactions prior to information being put on the Financial spreadsheet.

Proposed Timescale: 01/03/2016

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:

There was limited information included in a personal plan to guide all staff in relation to communication requirements for a resident who did not use verbal communication.

4. 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:

Plan will be updated to include details around communication requirements of a non verbal resident, including how he communicates in relation to pain.

Proposed Timescale: 30/03/2016

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:

Evidence based tools were not in use to screen for nutritional risk or to identify and assess pain, where appropriate.

5. Action Required:

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

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

Nutritional Risk will be assessed at least annually and linked to the Individual Plan using an evidence based tool. Evidence based tools will be provided to identify and assess pain.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

in the following respect:

A personal plan had not been updated to include the specialist recommendations made following the development of a positive behaviour support plan and the changing needs of the resident.

6. Action Required:

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

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

The personal plan will be updated to include the recommendations made in the Behaviour support plan

Proposed Timescale: 30/03/2016

Theme: Effective Services

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

The personal plan reviews were not multidisciplinary.

7. 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:

Multi-Disciplinary input will be sought at reviews including input from a nurse. The recommendations will be specified in the I.P.

Proposed Timescale: 24/06/2016

Theme: Effective Services

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

The personal plans were not specific:

- the person responsible for supporting the resident in pursuing these goals was not always clearly identified
- some of the goals outlined were not specific.

8. 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:

Plans will be reviewed to ensure all goals are specific and identify a person responsible.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

Some goals were not specific, focussed on activities of daily living and did not maximise the resident's personal development.

9. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

Plans will be reviewed to ensure that they contain goals that will maximise the residents personal development.

Proposed Timescale: 30/04/2016

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:

Measures and actions in place to control the risks of oxygen and enteral nutrition were not outlined in the risk assessment.

The visual checks of enteral nutrition system were not documented.

10. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The risk register will be updated to include the practice in place to control the risks of oxygen and enteral nutrition. Visual checks will be recorded.

Proposed Timescale: 25/03/2016

Theme: Effective Services

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

It was not clear from the risk assessments completed before and after the implementation of controls, whether the controls were adequate as the level of risk had not reduced.

11. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The risk register will be reviewed and will ensure that the controls in place are adequate to reduce the level of risk.

Proposed Timescale: 24/03/2016

Theme: Effective Services

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

Improvements were required to prevent and control infection in line with the standards for the prevention and control of healthcare associated infections published by the Authority:

- alginate bags were not available for the handling and segregation of laundry (criterion 3.6)
- the infection prevention and control policy did not include the management of outbreaks of common infections in the community (criterion 10.1)
- one staff member had not completed hand hygiene training and staff had not yet completed infection prevention and control training (criterion 4.5)

12. 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:

Alginate bags have been ordered for handling and segregating laundry and will be available from 14/03/16.

The infection Prevention and Control Procedure will be reviewed and updated to include guidance around the management of outbreaks of common infections in the community. 30/05/16.

Staff will attend infection prevention and Control training which will also include hand hygiene, 29/04/16

Proposed Timescale: 30/05/2016

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:

One staff member had not received training in the management of behaviour that is challenging including de-escalation and intervention techniques.

13. 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 have now completed training in the management of behaviour that is challenging technique.

Proposed Timescale: 26/02/2016

Theme: Safe Services

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

Multi-disciplinary input had not been sought when planning and reviewing individual interventions for residents.

14. 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:

Multi-D input will be sought for all plans including Nursing staff.

Proposed Timescale: 24/06/2016

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:

The information included in some of the discovery documents reviewed lacked detail and was not sufficient to perform a robust assessment to ensure that appropriate opportunities are made available in relation to education, training and development.

15. 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:

A robust assessment tool will be developed to ensure that residents are supported to access opportunities for education, training and employment.

Proposed Timescale: 25/04/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Discussions with residents and their representatives in relation to residents' wishes in relation to care at times of illness or end of life had commenced but had not been completed for all residents.

16. 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:

All plans will be updated at the next scheduled review with specific reference to planning at times of illness or end of life.

Proposed Timescale: 31/01/2017

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:

The temperature was not monitored and recorded daily to ensure the reliability of the medication refrigerator.

There was not a documented check of stock balances of controlled drugs were checked at the handover of each shift to ensure a robust chain of custody

17. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated

centre is stored securely.

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

The temperature in the medication fridge will be recorded daily, 30/3/16
Controlled drugs are now checked and stocks balanced at the handover of each shift.

Proposed Timescale: 30/03/2016

Theme: Health and Development

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

The maximum dose for an 'as required' medicine differed on a prescription and signed protocol.

18. 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 protocol and prescription have now been reviewed and corrected.

Proposed Timescale: 26/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

One relief staff member who was working at night-time at the time of the inspection had not completed training in enteral nutrition which was required in line with a resident's needs.

19. 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:

The staff member will receive training in enteral nutrition.

Proposed Timescale: 14/03/2016

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 food and nutrition policy made available to the inspector did not outline the monitoring and documentation of nutritional intake as required by the Regulation.

20. 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 food and nutritional policy will be reviewed and updated to outline the monitoring and documentation of nutritional intake.

Proposed Timescale: 30/06/2016

Theme: Use of Information

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

The policy in relation to intimate care had not been reviewed since July 2012.

The medicines management policy did not outline the storage and management of medicines requiring refrigeration and additional controls.

21. 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 intimate care procedure is currently under review, 24/04/16.

The medication management policy will be reviewed to outline the storage and management of medicines requiring refrigeration and additional controls 25/06/16.

Proposed Timescale: 25/06/2016