

**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 Camphill Communities of Ireland
Centre ID:	OSV-0003609
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Louisa Power
Support inspector(s):	Vincent Kearns
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	1

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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
03 February 2016 09:00	03 February 2016 18:00
04 February 2016 08:50	04 February 2016 16:10

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

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

Summary of findings from this inspection

The inspection was an announced registration inspection and took place over two days. As part of the inspection process, inspectors met with the provider nominee, person in charge, persons participating in management, residents and co-workers/staff members. Inspectors 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 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, inspectors found that residents received support that was individualised and person centred. A good rapport between residents and co-workers/staff was evident throughout the inspection and co-workers/staff supported residents in a respectful and dignified manner. Residents reported to be well-cared for, happy and content. Residents were supported to participate in meaningful activities, appropriate to their individual preferences and abilities; residents' independence 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 judgment of major non-compliance was made in relation to two outcomes - Outcome 7: Health and Safety and Risk Management and Outcome 14: Governance and Management. Fire safety precautions and procedures were inadequate. Local management systems were not effective and proactive to ensure that the service was safe, appropriate, consistent and effectively monitored. 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.

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 inspectors spoke with and questionnaires completed by residents and their representatives indicated that residents felt safe and were positive about the care and the consideration provided in the centre. Residents outlined that the co-workers/staff were readily available to them if they had any concerns. Interaction between residents and co-workers/staff was observed and inspectors noted co-workers/staff promoted residents' dignity and maximised their independence, while also being respectful when providing support and assistance. However, a phrase used in documentation to describe a resident's needs and the use of incontinence wear was not respectful.

Inspectors observed that residents and their representatives were actively involved in the centre. Residents and their representatives were consulted about, and participated in, decisions about their care and the organisation of the centre. A 'morning gathering' was held every weekday morning at 9.15am attended by residents and co-workers/staff. Inspectors observed that the gathering allowed for all parties to come together and the activities/plans for the day were discussed. Records of weekly house meetings were made available to inspectors which were attended by residents and co-workers/staff. Items such as activities, plans for holidays, menu choices, roster for meal preparation and maintenance were discussed. The format of these meetings allowed for each resident to express his/her wishes and views. Where issues or requests were raised by residents, there was a clear outcome documented by the House Co-ordinator.

Residents had access to an independent advocate was facilitated through the National Advocacy Service and information in relation to this service was available for residents.

Co-workers/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' capacity to exercise personal independence was promoted.

Residents were encouraged to maintain their own privacy and dignity. Each resident had their own bedroom and co-workers/staff were observed to knock before entering. Suitable locks were provided on the doors of toilets and sanitary facilities. Some residents had access to en-suite facilities while for others the sanitary facilities were shared. Inspectors noted that co-workers/staff took appropriate measures to promote the privacy and dignity of residents during personal care. However, improvement was required as the information outlined in personal care plans was not always comprehensive in relation to the support required for residents in relation to a number of personal care tasks and the related measures to be put in place to promote the resident's privacy and dignity during personal care.

Inspectors observed and co-workers/staff confirmed that a listening device was used in a resident's bedroom to monitor in relation to night-time seizures. However, staff/co-workers confirmed that clear documented rationale for the use of the listening device and a documented protocol were not in place to ensure the resident's privacy and dignity were maintained whilst the listening device was live.

Residents' personal communications were respected and residents had access to a telephone. A resident also had access to a personal mobile telephone.

There was a complaints policy which was also available in an accessible format. The policy was displayed prominently in a number of areas in the centre. The complaints policy identified the nominated complaints officer and a deputy complaints officer. An independent appeals process as required by legislation was included.

An inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The response to complaints was thorough, comprehensive and prompt. The complaint was resolved in a timely and satisfactory manner. However, the complaints log did not record whether the complainant was satisfied.

Residents were encouraged and facilitate to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Adequate facilities were available for residents to do their own laundry if they so wished.

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. Where residents required full support with their finances, an itemised record of all transactions was kept. However, this system required review as the practice was inconsistent as unreceipted transactions were not always countersigned by the resident or two senior co-workers as required by the centre-specific policy.

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 attend 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):

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

Findings:

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

Co-workers/staff demonstrated an awareness of the different communication needs of residents and were observed to support residents to communicate and be understood in a respectful manner. However, for residents who did not use verbal communication, the information contained in personal plans was limited and did not sufficiently outline the resident's individual requirements, interventions and goals in relation to communication. There was no evidence that access to specialist input had been considered and sought from speech and language therapists to ensure that the most appropriate and effective interventions, including assistive technology, aids and appliances, were in place for residents if required. The training matrix indicated that twelve co-workers/staff members had not completed training in communication.

The centre was part of the local community and residents had access to radio, newspapers and information on local events.

Judgment:
Non Compliant - Moderate

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

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

Theme:

Individualised Supports and Care

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

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. Residents were supported to spend time with family including overnight trips at holidays. Residents were facilitated to keep in regular contact with family and co-workers/staff reported that family members were made welcome when visiting. There were adequate facilities for each resident to receive visitors in each service unit and a number of areas were available if residents wished to meet visitors in private.

Co-workers/staff stated and inspectors 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.

Inspectors reviewed the policy in relation to visitors. The policy outlined that the centre was open to visits by parents, family members and friends and, in so far as it was practicable, there would be no restrictions of visiting times except when requested by a resident.

Residents were supported to make and maintain friendships. The day service fostered friendships through education and training.

Residents were supported to participate in a range of activities in the local and wider community. Inspectors noted that there were strong links with the community with residents participating in activities external to the centre such as swimming, going to cinema, shopping in the local town, meals out, attending cultural events and using the local gym. Residents with whom inspectors spoke outlined that they enjoyed attending and participating in music sessions locally. Social events such as birthday parties held in local pubs and restaurants were greatly enjoyed by residents. Support was provided for residents who wished to participate in local clubs such as the beekeeping club.

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:

The joining, leaving and transferring from Camphill policy had been reviewed in September 2015 and included the procedure in place that protected residents from peer abuse. Residents' admissions were seen to be in line with the statement of purpose which indicated that the centre provided residential services for adults with intellectual disabilities, on the autism spectrum and physical/sensory disabilities including epilepsy.

Inspectors noted that written agreements with residents and their representatives which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided for that resident had been provided to each resident. The contracts were also available in an accessible version. The fees and additional charges were included in these agreements. However, based on a sample reviewed, inspectors noted that the contract did not accurately reflect the fees paid by or on behalf of a resident.

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:

A sample of residents' personal plans was reviewed by inspectors. A comprehensive needs assessment was used to assess the health, personal, social care and support needs of the resident annually. The information gathered was based on the observation of the key worker and agreed with the resident. However, where a resident was unable to express his/her views verbally, the information gathered was limited to the key worker's observation. Evidence based tools were not used to support the assessment.

The comprehensive needs assessment formed the basis of a personal support plan and a personal plan. A personal plan had been developed for each resident. The personal plan outlined residents' needs in many areas including healthcare, education, life long 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 personal plan was made available to each resident in an accessible format in line with their needs.

Goals and objectives were outlined in some but not all personal plans. There was evidence of resident involvement in agreeing/setting these goals. There was also evidence that individual goals were achieved. However, it was identified that goals were based on a resident's individual wishes and did not take into account assessed needs. Therefore, goals were not holistic and focussed on limited aspects of the resident's life, e.g. social. In addition, the person responsible for supporting the resident in pursuing these goals and the timeframe was not always clearly identified.

The personal plan was subject to a review on an annual basis or more frequently if circumstances change. Inspectors saw evidence that the review was carried out with the maximum participation of the resident and their representatives. 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 personal plans and amendments were made as appropriate. However, inspectors noted that the information contained in personal plans were not always up to date. For example, a personal plan indicated that a positive behaviour support plan was in place for the resident. Co-workers/staff confirmed that the positive behaviour support plan was no longer required as this need had resolved. In addition, the review of the personal plan was not multidisciplinary

A booklet was available 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):

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

Findings:

The centre consisted of three domestic houses located in a rural location. At the time of the inspection, two of the houses were occupied by residents and a new purpose-built two storey house was at the advanced stages of completion. Adequate communal and private accommodation was provided throughout and all areas were personalised with photographs and personal memorabilia.

There were suitable and sufficient furnishings, fixtures and fittings. There were adequate sanitary facilities to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation. A separate kitchen area was available in each house with suitable and sufficient cookery facilities, kitchen equipment and tableware. Inspectors observed that residents were supported to participate in preparing meals. A dining area was located within each kitchen. Laundry facilities were provided and residents were supported to do their laundry according to their wishes.

Residents had all personalised their bedrooms with photographs of family and friends and personal memorabilia. Ample storage space was provided for residents' personal use. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a number of communal areas available.

One of the occupied service units was a two-storey construction that was bright, well ventilated, homely and was decorated in a tasteful manner. In contrast, the other occupied service unit, which was a single storey construction, was in a poor state of repair throughout. A number of aspects of the décor, including uncovered floors, detracted from a homely atmosphere. The dining area was dark and artificial light was observed to be required even during daylight hours.

There were suitable accessible grounds/outside areas in each service unit with suitable garden seating and tables provided for residents' use.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There was a health and safety statement in place which was last reviewed in February 2015. 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 framework, last reviewed in May 2015. An emergency plan was in place and was dated September 2015. An external health and safety audit had been completed in November 2015 and the actions were observed to have been completed.

Risk assessments from across the centre were reviewed by an inspector which included a range of centre-specific risks. However, the measures and actions in place to control the unexplained absence of a resident, violence and aggression and self harm were not included. In addition, a number of the risk assessments viewed were not complete and details such as the additional controls in place, date of review and the person responsible for the implementation of controls were omitted. Furthermore, inspectors observed a number of specific risks which had not been included such as access to matches.

An inspector reviewed a sample of incident forms and saw that there was a system to identify, report, investigate and learn from incidents and accidents. However, it was noted that incident forms were not completed for all incidents including three occasions where a notification had been submitted to the Authority in line with Regulation 31(1)(e) and, therefore, there was no documentary evidence of the investigation or learning from these events to prevent recurrence. In addition, seven of the ten incident forms reviewed in relation to incidents of challenging behaviour were not fully complete including follow up actions and risk reduction measures to prevent recurrence.

Suitable fire fighting equipment was provided throughout the centre and was serviced on an annual basis, most recently in October 2015. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas. Records of daily and monthly fire checks were kept. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure. Co-workers/staff and residents demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire. Fire drills took place at least every six months and a detailed description of the fire drill, duration, participants and any issues identified were reviewed by an inspector.

However, inspectors identified significant failings in relation to fire safety. A report from a competent person in fire safety dated 23 October 2015 was made available to inspectors. The report outlined ongoing fire safety issues in one of the service units

relating to inadequate fire evacuation, containment and detection measures which had been identified in previous reports from 2011 onwards. Inspectors noted that there were inadequate fire safety measures in place and, for example, emergency lighting was not installed to provide an adequate means of escape. The training matrix indicated that two co-workers/staff members had not completed fire safety training.

A policy was in place for the prevention and control of infection and resources appropriate to the social care setting were available. There were adequate hand sanitising and washing facilities. However, improvements were required to prevent and control infection in line with the Standards issued by the Authority. The training matrix indicated that co-workers/staff had not completed training in infection control and hand hygiene. Inadequate measures were documented and in place to minimise the infection risk posed by pets. There was a risk of cross-contamination observed in relation to the storage of farm clothing.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

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

Findings:

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and would effectively guide the effective 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.

Co-workers/staff with whom inspectors spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. However, training records provided to inspectors indicated that none of the co-workers/staff had completed training in relation to responding to adult protection and the management of incidents, suspicions or allegations of abuse.

Residents with whom inspectors 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 nominee and person in charge confirmed that there was an ongoing system to oversee and review the measures in place to protect residents and ensure that there are no barriers to co-workers/staff or residents disclosing abuse.

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. 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 co-workers/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 three co-workers/staff members had not completed this training.

An inspector reviewed a selection of plans for support behaviour that challenges and spoke with co-workers/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 co-workers/staff were able to describe the strategies in use. Protocols were in place and evidence based tools were used to validate that the strategies outlined were effective.

A restraint-free environment was promoted, in line with the centre-specific policy. Inspectors saw and co-workers/staff confirmed that no restrictive practices were in place at the time of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

Inspectors 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):

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

Findings:

The policy on access to education, training and development was made available to inspectors. Residents participated in meaningful activities throughout the day such as farming, weaving, art, crafts, sport and horticulture. Residents were supported to develop life skills such as cooking, baking, repairs and maintenance by working alongside co-workers/staff.

Co-workers/staff Information was gathered in the 'comprehensive needs assessment' to establish each resident's education, training and employment goals. The 'comprehensive needs assessment' was based on observation by their key worker and agreement from the resident. As previously outlined, some residents did not use verbal communication. Co-workers/staff with whom an inspector spoke confirmed that the assessment was completed by co-workers/staff based on their knowledge of the resident and not on an evidence based assessment tool. Therefore, the information included in some of the comprehensive needs assessments reviewed was not holistic, incomplete and lacked detail. The information contained 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 residents' needs.

Inspectors were informed that a resident had expressed a wish in the past year to access a course in a third level institution but co-workers/staff indicated that this had not been further explored.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

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. Access to a medical practitioner was facilitated regularly. There was evidence that their treatment was recommended and agreed by residents, this treatment was facilitated. Residents' right to refuse medical treatment was respected. Residents were encouraged and enabled to make healthy living choices.

Where referrals were made to specialist services or consultants, co-workers/staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry, psychology, dental and optical.

A policy was in place to support residents in later years, reviewed in November 2014. This policy outlined the procedures to ascertain residents' wishes in relation to end of life care, local contacts for palliative care services and care to be provided in order to meet residents' needs (physical, social and spiritual). However, a plan had not been completed for residents capturing residents' wishes in relation to care at times of illness or end of life. Therefore, information was not available to guide co-workers/staff in meeting all residents' needs whilst respecting their dignity, autonomy, rights and wishes.

Inspectors saw that the food prepared was nutritious, appetising, varied and available in sufficient quantities. Inspectors were informed that the majority of the ingredients used were organic. Some of the ingredients were produced on the centre's farm. An ample stock of food was kept and residents reporting having access to snacks and drinks when required. Hygienic food storage was provided. Residents were involved in the preparation and cooking of each meal. Mealtimes were social occasions where residents and co-workers/staff shared information about what was going on in each other's lives.

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):

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

Findings:

Medicines for residents were supplied by local community pharmacies. Co-workers/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 medication policy that detailed the procedures for safe ordering, prescribing, storing administration and disposal of medicines. The policy outlined that support would be offered to residents who wished to manage their own medicines and outlined the risk assessment to be used.

Co-workers/staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medicines were stored securely. Inspectors saw and co-workers/staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection.

A sample of medication prescription and administration records was reviewed by an inspector. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. However, the date of prescription was not present for two prescriptions reviewed in line with the Medicinal Products (Prescription and Control of Supply) Regulations.

Co-workers/staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed were 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.

There was a documented checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. A system was in place for reviewing and monitoring safe medicines management practices. A system was in place to identify, record, investigate and learn from medication related incidents

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 co-worker/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.

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:

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 February 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):

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

Findings:

There was a full-time person in charge in the centre. However, it had been identified by the provider that a change of person in charge would be necessary to provide effective governance and management in the centre. The provider nominee outlined that the recruitment process was ongoing at the time of the inspection.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. Co-workers/staff and residents with whom inspectors spoke were familiar with the structure.

The person in charge also reported to the Camphill communities' senior management group, called the Council. The Council maintained oversight of the organisation and service development. On an annual basis the person in charge provided a summary of activity to the Council including issues including:

- staffing
- health and safety
- resident admissions/discharges
- finances
- opportunities/challenges.

There were regular scheduled senior management team meetings between all persons in charge of the Camphill communities. This management team was called the collaborative learning group where service development and quality issues were discussed. However, the person in charge confirmed that he had not attended the recent meetings.

The provider nominee had arranged for an unannounced visit to the centre in the previous six months to assess quality and safety. Inspectors read a report of an unannounced inspection from November 2015 which 'highlighted very serious shortcomings' which had been previously identified in other reports due to inaction by the management team. The report also outlined that the required actions from the previous unannounced visit in May 2015 had not been completed. An action plan in relation to the report from November 2015 was reviewed by inspectors and many of the actions emanating from the report that were the responsibility of the person in charge or the local management team had not been progressed.

The annual review made available to the inspectors was an overview of the centre and did not review the quality and safety of care in the centre in accordance with the Standards.

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:

Inspectors found that adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify the Authority of any such absence. The provider was aware of the need to notify the Authority in the event of the person in charge being absent.

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:

Inspectors 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.

Inspectors found that the facilities and services available in the designated centre reflected the statement of purpose.

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:

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

A sample of co-workers/staff files was reviewed and the majority found to contain all the required elements. One file reviewed did not contain a full employment history but this was completed before the end of the inspection.

There was evidence of effective recruitment and induction procedures in line with the centre-specific that had been reviewed in August 2015. Co-workers/staff were supervised appropriate to their role and a formal system of supervision was in place which was in accordance with the centre-specific policy which had been reviewed in August 2015.

Co-workers/staff with whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the Regulations and the Standards had been made available to them. Accessible copies of the Standards were available in the premises and co-workers/staff spoken with demonstrated adequate knowledge of the Regulations and Standards.

An inspector reviewed the training matrix and found that there was a programme of ongoing training and development available for co-workers/staff. Training had been completed by co-workers/staff in the areas of the administration of buccal midazolam, manual handling, first aid, recruitment, complaints and recruitment. However, gaps in training and development in accordance with residents' needs were identified:

- ten co-workers/staff had not completed medicines administration training
- six co-workers/staff had not completed manual handling training
- eight co-workers/staff had not completed first aid training.

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):

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

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 co-workers/staff who demonstrated a clear understanding of these policies.

Records were kept securely, were easily accessible and were kept for the required period of time. However, correction fluid and pencil was observed to have been used throughout a number of residents' personal care plans.

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 inspectors.

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

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003609
Date of Inspection:	3 February 2016
Date of response:	4 April 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:

A phrase used in documentation to describe a resident's needs was not respectful.

1. Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability,

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

family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

Documentation changed to reflect appropriate language respectful to the resident's needs. 30/03/2016

Report writing training will be scheduled as per the designated centre training matrix. 30/06/2016

Proposed Timescale: 30/06/2016

Theme: Individualised Supports and Care

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

The information outlined in personal care plans was not always comprehensive in relation to the support required for residents in relation to a number of personal care tasks and the related measures to be put in place by staff to promote the resident's privacy and dignity during personal care

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:

Documentation will be completed accurately to demonstrate the resident's involvement and support required in relation to personal care and plans to promote the residents privacy and dignity during personal care.

Proposed Timescale: 30/05/2016

Theme: Individualised Supports and Care

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

Clear documented rationale for the use of the listening device and a documented protocol were not in place to ensure the resident's privacy and dignity were maintained whilst the listening device was active.

3. 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:

Documentation and clear guidelines will be completed accurately to demonstrate the rationale for the use of listening devices in conjunction with approved protocols with the National Policy Co-ordinator to ensure the residents privacy and dignity are maintained.

Proposed Timescale: 30/05/2016

Theme: Individualised Supports and Care

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

The practice in relation to residents' finances was inconsistent as unreceipted transactions were not always countersigned by the resident or two senior co-workers as required by the centre-specific policy.

4. 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 will receive scheduled training into Camphill Community of Irelands' policy and procedures for supporting residents to Manage their Finances and local Operational Procedure with regards to Finance. 31/05/2016

Staff to ensure all transactions are receipted/ co-signed and documented correctly. 29/04/2016

Person in charge to ensure a schedule of internal personal finance audits is maintained and adhered to on a monthly basis. 31/05/2016

Proposed Timescale: 31/05/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The training matrix indicated that twelve staff members had not completed training in communication with residents.

5. 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:

Communication training was undertaken on 25/02/2016 of which 7 staff attended. Four employees have attended Lamh sign training on 10/03/2016. A schedule of training will be adapted to ensure all staff with the responsibility for resident care, receive communication training.

Proposed Timescale: 30/06/2016

Theme: Individualised Supports and Care

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

The information contained in personal plans was limited and did not sufficiently outline the resident's individual requirements, interventions and goals in relation to communication.

6. 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:

Documentation will be completed accurately to demonstrate the resident's goals in relation to communication needs.

Proposed Timescale: 30/05/2016

Theme: Individualised Supports and Care

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

There was no evidence that access to specialist input had been considered and sought from speech and language therapists to ensure that the most appropriate and effective interventions, including assistive technology, aids and appliances, were in place for residents if required.

7. 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 required residents will have a comprehensive communication passport that is specific to the residents communication needs and preferences, assistive technology will be explored to support the residents communication needs.

A referral to the community speech and language therapists will be made on behalf of any resident with communication needs.

Proposed Timescale: 30/05/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract did not accurately reflect the fees paid by or on behalf of a resident.

8. 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:

The resident will receive an amended contract to reflect accurately fees paid by or on behalf of the resident.

Proposed Timescale: 29/04/2016

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:

Some personal plans were not update to reflect the changing needs of the resident.

9. 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:

A full review of residents personal plans will be completed to reflect the changing needs of the residents.

Proposed Timescale: 15/06/2016

Theme: Effective Services

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

Where a resident was unable to express his/her views verbally, the information gathered during the assessment was limited to the keyworker's observation. Evidence based tools were not used to support the assessment.

10. Action Required:

Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

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

Staff assessing the residents' needs will ensure that they have access to appropriate communication tools.

Staff responsible for documenting the needs of the residents will be trained in how to carry out comprehensive, evidence based needs assessments.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

The person responsible for supporting the resident in pursuing goals and the timeframe was not always clearly identified.

11. 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:

The person responsible and timeframe for all residents goals will be clearly identified in each residents personal plan.

Proposed Timescale: 15/06/2016

Theme: Effective Services

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

Goals were not holistic and focussed on limited aspects of the resident's life.

12. 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:

Residents' goals will be reviewed to reflect the wishes and personal development needs identified by the resident in cooperation with staff.

Proposed Timescale: 15/06/2016

Theme: Effective Services

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

The review of the personal plan was not multidisciplinary.

13. 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:

All personal plans will be reviewed with multi disciplinary input to the assessed needs of the resident.

Proposed Timescale: 30/09/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Parts of the centre were poorly maintained and in need of repair.

14. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

A schedule of maintenance will be developed. 30/05/2016

Suitable alternative accommodation has been sourced and proposed transition care plans are being devised in consultation with residents in order to vacate the existing premises on registration of new unit by HIQA. 31/12/2016

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

A number of aspects of the décor in parts of the centre detracted from a homely atmosphere.

15. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

A schedule of maintenance will be developed. 30/05/2016

Issues identified above will be completed. 30/06/2015

Proposed Timescale: 30/06/2016

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:

The risk management policy did not include the measures and actions in place to control the unexplained absence of a resident.

16. Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

Risk assessment written and implement to include the measures and actions in place to control the unexplained absence of a resident. 03/02/2016

Risk management policy to be localised to include the measures and actions in place to control the unexplained absence of a resident. 30/04/2016

In addition the Camphill national policy will be reviewed by the national policy committee in respect of the above finding. 30/10/2016

Missing person drill to be scheduled as additional control measure. 30/07/2016

Proposed Timescale: 30/10/2016

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control aggression and violence.

17. Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

Risk assessment written and implement to include the measures and actions in place to control aggression and violence. 03/02/2016

Risk management policy to be localised to include the measures and actions in place to control aggression. 30/04/2016

In addition the Camphill national policy will be reviewed by the national policy committee in respect of the above finding. 30/10/2016

Proposed Timescale: 30/10/2016

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control self-harm.

18. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Risk assessment written and implement to include the measures and actions in place to control self-harm. 03/02/2016

Risk management policy to be localised to include the measures and actions in place to control self-harm. 30/04/2016

In addition the Camphill national policy will be reviewed by the national policy committee in respect of the above finding. 30/10/2016

Proposed Timescale: 30/10/2016

Theme: Effective Services

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

A number of the risk assessments viewed were not complete and details such as the additional controls in place, the person responsible for implementing the controls and the date of implementation for these controls were omitted.

19. 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:

A review of risk management and risk assessments ongoing. 30/04/2016

All risk assessments to be updated to reflect additional control measures, person responsible, risk rating, implementation dates and review dates. 30/05/2016

Proposed Timescale: 30/05/2016

Theme: Effective Services

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

Some risks in the centre had not been assessed.

20. 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:

A review of risk management and risk assessments ongoing and been updated.

Risk assessments will be written to include use of candles and access to matches.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

The systems in place for the identification, reporting, investigating and learning from incidents and accidents were not always followed.

21. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

All incidents will be reviewed and discussed at the management meeting. Findings from the reports/incidents will be shared to the staff team at monthly staff meetings.

Proposed Timescale: 30/04/2016

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 issued by the Authority.

Co-workers/staff had not completed training in infection control and hand hygiene.

Inadequate measures were documented and in place to minimise the infection risk posed by pets.

There was a risk of cross-contamination observed in relation to the storage of farm clothing.

22. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

A schedule of training will be developed for all staff to ensure staff attend infection prevention and control and hand hygiene training. 30/06/2016

A cleaning schedule will be developed and a designated area for work clothing assigned to each building. 15/06/2016

All pets will have a schedule of vet visits and a person assigned to the welfare of each pet. 30/06/2016

Local operational procedure with regards pets and cross contamination to be developed.
30/07/2016

Proposed Timescale: 30/07/2016

Theme: Effective Services

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

Adequate fire safety measures, including emergency lighting, were not in place.

23. Action Required:

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

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

A schedule of adequate fire safety measure to be developed and implemented.

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

The training matrix indicated that two co-workers/staff had not received fire safety training.

24. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff to be trained in fire safety.

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:

Training records confirmed not all co-workers/staff had completed training in the management of behaviour that is challenging including de-escalation and intervention

techniques.

25. 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:

A schedule of training to be developed to ensure all staff that are responsible for resident care attend training with regards to challenging behaviours including de-escalation and intervention techniques.

Proposed Timescale: 30/06/2016

Theme: Safe Services

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

Training records indicated that not all staff members had completed training in relation to responding to incidents, suspicions or allegations of abuse.

26. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

A schedule of training will be developed to ensure all staff attend Safe guarding training with regards to the new HSE Safeguarding policy. 30/06/2016

Social Care Manager to induct staff to new HSE Policy. 30/05/2016

Proposed Timescale: 30/06/2016

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:

A robust assessment process was not in place to ensure that appropriate opportunities were made available in relation to new experiences and social participation in line with resident's needs.

The aspirations of a resident in relation to education had not been adequately explored.

27. 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:

All Personal plans to be reviewed to reflect the residents' opportunities to new experiences including education, job opportunities and social participation. This will be documented through the residents' goals.

Proposed Timescale: 30/06/2016

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:

A plan had not been completed for residents capturing residents' wishes in relation to care at times of illness or end of life.

28. 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 reflect residents' wishes in relation to care at times of illness or end of life when relevant to residents needs.

Proposed Timescale: 30/08/2016

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 date of prescription was not present for two prescriptions reviewed in line with the Medicinal Products (Prescription and Control of Supply) Regulations.

29. Action Required:

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

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

All prescriptions have been checked and amended. 30/04/2016

An internal audit will be scheduled on a monthly basis to ensure compliance.

30/05/2016

Proposed Timescale: 30/05/2016

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:

The annual review of the quality and safety of care in the centre was not in accordance with the Standards.

30. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Annual review will take place of the community in relation to service quality and safety of care.

Proposed Timescale: 30/10/2016

Theme: Leadership, Governance and Management

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

Many of the actions emanating from the report of the unannounced visit that were the responsibility of the person in charge or the local management team had not been progressed.

31. 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:

Person in Charge to develop and implement Quality Enhancement Plan to include all outstanding action and assign person responsible to complete ongoing action or any action arising from audits or quality reports with achievable and measurable timelines.

Proposed Timescale: 15/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

However, gaps in training and development in accordance with residents' needs were identified:

- 10 co-workers/staff had not completed medicines administration training
- 6 co-workers/staff had not completed manual handling training
- 8 co-workers/staff had not completed first aid training.

32. 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:

A schedule of training to be implemented to address all gaps in training for staff team.

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:

Records are maintained but the use of correction fluid and pencil could lead to inaccuracies.

33. Action Required:

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

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

Pencil and correction fluid is not used in documentation from immediate effect.

Staff will be trained by Person in Charge in relation to report writing.

Proposed Timescale: 30/05/2016