

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	85/86 Sugarloaf Crescent
Centre ID:	OSV-0001700
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Company Limited by Guarantee
Provider Nominee:	John Hannigan
Lead inspector:	Karina O'Sullivan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 January 2017 10:00 To: 25 January 2017 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of this designated centre. This inspection was conducted to follow up on the actions identified from the previous inspections on the 14 June 2016 where high levels of non-compliances were identified. Since then the provider had reconfigured the designated centre through submitting an application to HIQA (Health information and quality authority) to vary their registration conditions. This resulted in a reduction in residents' numbers and a change in the footprint of the designated centre from two houses to one house. This designated centre was now registered for occupancy of five residents.

How we gathered our evidence:

As part of the inspection, the inspector visited the designated centre, met with four residents and spoke with the person in charge and four staff members. The inspector viewed documentation such as, care plans, person-centred support plans, recording logs and policies and procedures. Over the course of this inspection residents communicated in their own preferred manner with the inspector. Residents allowed

the inspector to observe their daily life in the designated centre. This included meal times and activities. The inspector spoke with four residents, some residents allowed the inspector to view their bedroom.

Description of the Service:

This designated centre is operated by Sunbeam House Services (SHS) Limited and is based in Bray, County Wicklow. Four residents resided in the designated centre at the time of this inspection. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The inspector found the service provided was in line with the statement of purpose.

Overall Judgments of our findings:

Twelve outcomes were inspected against, two were found to be compliant. Four outcomes were found to be substantially compliant. Six outcomes were found to be moderately non-compliant. Improvements were evident within outcomes however, the level of improvement was not in accordance with the action plan response provided by the provider as a number of actions remained outstanding.

The person in charge along with the assistant manager facilitated the inspection.

All proposals outlined and plans agreed will be verified at the next inspection.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action plan.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector reviewed this outcome in relation to the non-compliances identified on the previous inspection and found one of the actions had not been addressed in relation to complaints.

The inspector found the complaints policy had been updated to reflect the regulations by nominating a person independent of the complaints process. This person is available to residents to ensure all complaints are appropriately responded to and a record of all complaints maintained.

The inspector reviewed complaints within the designated centre and found some complaints did not identify if the complainants were informed of the outcome. This was also identified on the previous inspection and despite an action plan submitted to HIQA by the provider, identified this would be completed by September 2016 this remained outstanding.

Judgment:

Substantially 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):

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

Findings:

The inspector viewed written agreements and found all residents had a written agreement in place. However, the details contained within the agreements were not accurate for example; services provided were not accurately reflected within the documents. This was also identified on the previous inspection and despite an action plan submitted to HIQA by the provider, identified this would be completed by July 2016 this remained outstanding.

Judgment:

Substantially 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):

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

Findings:

The inspector reviewed this outcome in relation to the non-compliances identified on the previous inspection and found actions had not been fully addressed in relation to social care needs.

The inspector found all residents had dated plans in place, this formed part of an action from the previous inspection. The inspector found duplicated documents had been removed resulting in one version of resident's plans available on the day of inspection.

The inspector found some resident's personal plans were not updated to reflect the current circumstance of residents.

The inspector also found reviews of personal plans did not assess the effectiveness of the plan or the goals identified. For example, the some goals set were basic everyday activities of living, rather than based on an assessment of need an example of which included, hanging clothes up correctly. This exact goal was also highlighted during the previous inspection. The inspector acknowledged this may be a valuable skill development goal for some residents however; the assessment of need and choice of the resident was not evident in relation to this. The inspector asked if this was the resident's choice and staff members confirmed it was based on staff's knowledge.

The inspector viewed a plan dated October 2015 the inspector requested to view the residents plan for 2016 however, this was not available. The inspector also found the review process required improvement as the previous goals were dated 2013. The inspector found this system was not in accordance with regulations or with the organizations quality enhancement policy as residents plans were to be reviewed annually.

The inspector found some plans did not identify if some residents had participated in the review of their plan. Nor was there evidence some goals set were based on resident's wishes. All of these areas were identified in the previous inspection and despite an action plan submitted to HIQA by the provider, identified this would be completed by October 2016 these areas remained outstanding.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The inspector found a considerable difference in relation to the appearance and the state of repair of the house since the previous inspection. Furniture had been replaced, rooms had been decorated, exposed nails had been removed and a hand wash basin had been removed from a small sitting room.

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):

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

Findings:

The inspector reviewed this outcome in relation to the non-compliances identified on the previous inspection and found two of the three actions had been fully addressed in relation to risk management.

The inspector found individual risk assessments and location risk assessments had been updated.

Effective arrangements in relation infection prevention and control were implemented.

The inspector found the external fire exit was unobstructed. However, the inspector found residents were assessed with having the ability to remain in the designated centre for periods of time. The inspector found some of the documents did not specify the duration of time some residents could be left within the designated centre without staff present. The inspector found this did not safely guide staff members in relation to this practice. The inspector was unable to view evidence of these residents safely evacuating the designated centre in the event of an emergency without staff being present.

The emergency plan within the designated required updating and the incorrect telephone number was identified within the document.

The inspector found no changes had occurred in relation to the provision of fire doors within the designated centre. The provider identified within their action plan a review of this would be completed by December 2016. However, this review was not available within the designated centre. The inspector requested this report be submitted to the inspector within three days following inspection however, this report was not submitted.

All of these areas were identified in the previous inspection and despite an action plan submitted to HIQA by the provider, identified these would be completed by December 2016 however, some of these remained outstanding.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found there were appropriate measures in place to protect residents being harmed and to keep people safe. However, some improvements were required in relation to the reporting structure should an allegation of abuse arise.

The inspector found intimate care plans were in place for residents requiring them.

All staff members had received training in the area of adult safeguarding and protection.

The inspector found the information in relation to the reporting structure in relation to allegations of abuse within the designated centre was inaccurate as members of staff no longer employed were identified with the reporting structure. Some staff members spoken with were unclear in relation to the system in place.

These areas were identified in the previous inspection and despite an action plan being submitted to HIQA by the provider, identified these would be completed by October 2016, these remained outstanding.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector reviewed this outcome in relation to the non-compliances identified on the previous inspection and found the actions had not been fully addressed in relation to healthcare needs.

The inspector found evidence of a dietitian review dated 30 November 2016. However, a resident identified as a high risk of choking did not have a swallow assessment completed as identified during the previous inspection. The inspector was informed this was completed however; no evidence of this being completed was available during this inspection.

The healthcare needs of residents were completed via a plan entitled 'my health development plan'. From this a care plan and or support plan was developed. The inspector viewed four resident's plans. However, some healthcare conditions were not identified. The inspector found interventions were in place for some healthcare conditions. However, some of these conditions were not identified within the healthcare assessment. The details contained within some care plans were not sufficiently detailed to ensure staff members could effectively implement the interventions within some of the care plan viewed. The inspector also found care plans were in place for areas not identified within the assessment and no evidence was present as to why these care plans were in place for example, the removal of underwear.

The inspector found there was a review system in place for goals set however, this review did not assess the effectiveness of some of the interventions in place. The inspector found some interventions in place were not implemented such as, weight monitoring.

The inspector found healthcare plans contained generic information not relevant to residents. For example, the document stated staff teach me personal care, eating well, being more active, smoking, alcohol and drug intake. Some of these documents were signed by the resident themselves. The inspector discussed this with the person in charge and some of these areas were not relevant to residents.

All of these areas were identified in the previous inspection and despite an action plan being submitted to HIQA by the provider, identified this would be completed by October 2016, these remained outstanding.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector found the medication management system within the designated centre required some improvement in relation to the management and administration medication.

The inspector found the system for recoding errors had been improved since the previous inspection. However, the outcome arising or learning from the error was not recorded to ensure the future risk was mitigated.

The inspector found while the administration recording sheet specified a time as identified in the previous inspection this was not matched to the prescription record for example the 12 hour clock was identified within one document and the 24 hour clock was identified within the other document.

The inspector found some prescribed products stored within the medication press did not specify a date of opening.

The inspector found one medication was present without an expiry date.

The inspector found some p.r.n. (medicine only taken as the need arises) protocols were not accurate. The inspector observed discrepancies in the dosage in relation to what was specified in the protocol and what was actually prescribed for the resident.

The inspector found staff members were not guided effectively in the administration of some p.r.n medications for example, when two or more medications were prescribed for the same purpose. No guidance was available to staff in relation to which medication to administer or if both medications could be administered. Staff members spoken with were unsure if both medications could be administered.

All of these areas were identified in the previous inspection and despite an action plan being submitted to HIQA by the provider, identified these would be completed by October 2016, however, these remained outstanding.

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):

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

Findings:

The inspector found the statement of purpose had been reviewed to reflect the designated centre.

The organizational structure within the document required updating to reflect the current arrangements on the designated centre.

All of these areas were identified in the previous inspection and despite an action plan being submitted to HIQA by the provider, identified these would be completed by August 2016, however, these remained outstanding.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found the structure of the designated centre had changed with the appointment of a person in charge, the second house previously joined to this designated centre had been reconfigured to form a standalone designated centre. Staff

members spoken with were very clear in relation to the management structure within the designated centre.

An annual review had been completed within the designated centre dated 31 August 2016. The inspector also viewed a visit conducted on the 13 September 2016 by a person nominated by the provider. The person in charge had completed an action plan with dates specified however; no progress was evident in relation to actions specified.

The inspector found while significant developments had occurred further improvements were still required in the area of effective management systems in place to ensure the service provided was safe, appropriate to resident's needs, consistent and effectively monitored. This was evident from the amount of recurring actions from the previous inspection and also the level of audits available within the designated centre was limited.

Staff members were receiving supervision however, this was not consistent the person in charge identified this was due to the number of staff they were required to supervise between two other designated centres.

All of these areas were identified in the previous inspection and despite an action plan being submitted to HIQA by the provider, identified these would be completed by December 2016, however, these remained outstanding.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector reviewed this outcome in relation to the non-compliances identified on the previous inspection and found one of the two actions had not been fully addressed in relation to the assessed needs of residents.

The inspector found the actual rota maintained within the designated centre was not maintained accurately staff confirmed this on the day of inspection. Therefore, the

inspector was unable to determine if sufficient staff members were deployed to meet the needs of residents.

The inspector found appropriate training had been provided to staff including refresher 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):

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

Findings:

The inspector reviewed this outcome in relation to the non-compliances identified on the previous inspection and found the two actions had been fully addressed in relation to records and documentation.

The inspector found the directory of residents was up to date.

Information set out under schedule 3 was available within the designated centre.

Judgment:

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:

Karina O'Sullivan
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 Sunbeam House Services Company Limited by Guarantee
Centre ID:	OSV-0001700
Date of Inspection:	25 January 2017
Date of response:	02 March 2017

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:

Some complaints viewed did not identify if the complainant was informed of the outcome.

1. Action Required:

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

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

All complaints will be revisited by Keyworkers to ensure that complainants are aware of the outcome of their complaints.

Proposed Timescale: 30/04/2017

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 details contained within some written agreements viewed were not reflective of the provision of services provided to each resident.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

All service level agreements to be updated to include all relevant information

Proposed Timescale: 30/03/2017

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 plan reviews did not assess the effectiveness of each plan and take into account changes in circumstances and new developments within the resident's lives.

3. Action Required:

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

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

Keyworkers are currently reviewing client's plans to include the recommendations made during the inspection

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

Some plans viewed did not identify if residents participated in the review of their plans.

Some goals set were not based on assessment nor was there any evidence these goals were based on resident's wishes.

4. Action Required:

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

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

Client plans are currently under review and the recommendations' made will be taken in to account

Proposed Timescale: 30/04/2017

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 emergency plan required updating to reflect current information.

Assessments in place in relation to residents remaining in the designated centre without staff required the time frame to be specified.

5. Action Required:

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

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

Relevant information will be recorded in the clients plan

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

Adequate arrangements for containing fires were not evident within the designated centre.

6. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

A review of the fire doors has taken place, we are now awaiting what action senior management will put in place

Proposed Timescale: 30/08/2017

Theme: Effective Services

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

Adequate arrangements for evacuating all residents in the designated centre when staff were not present was not evident within the designated centre.

7. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

A plan to be made with each client and recorded in their plan

Proposed Timescale: 30/04/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Information in relation to the reporting structure for allegations of abuse within the designated centre was inaccurate.

Some staff members spoken with were unclear in relation to the system in place.

8. Action Required:

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

Safeguarding & Protection policy to be discussed at staff meeting, outline of reporting structure to be attached to office wall to help guide staff

Proposed Timescale: 30/03/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some healthcare plans did not contain interventions for identified healthcare conditions and other healthcare plans had interventions for healthcare condition not identified within the healthcare assessment.

Evidence of a swallow assessment complement was not available within the designated centre for one resident.

9. Action Required:

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

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

Awaiting report from the GP to place on clients file

Proposed Timescale: 30/03/2017

Theme: Health and Development

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

Some healthcare interventions viewed were not based on any assessment nor was there evidence residents were consulted in relation to the interventions in place.

Some healthcare plans were not sufficiently detailed to ensure staff could facilitate interventions for residents.

Some reviews did not assess the effectiveness of the healthcare interventions to ensure the healthcare interventions were effective in meeting the healthcare treatment of the resident.

10. Action Required:

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

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

Key workers are currently working on client plans

Proposed Timescale: 30/04/2017

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:

Some prescribed products in the medication press did not specify a date of opening.

Some prescribed products stored in the medication press did not contain an expiry date.

Some p.r.n. medication protocols were not accurate in relation to the dose required to be administered.

Guidance was not available in relation the p.r.n medication prescribed for the same purpose.

The time conversion did not match between the prescription records and the administration records.

11. 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:

Products with no expire date have been removed

PRN protocols has been updated

Time conversion on prescription and administration have been amended

Proposed Timescale: 02/03/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The information in relation to the organisational structure within the designated centre was not reflected within the statement of purpose.

12. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Request has been made to have an updated plan of the organisational to be included in the Statement and Purpose

Proposed Timescale: 30/04/2017

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 management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored required some improvement to ensure actions identified were follow up on.

Limited audits were available within the designated centre.

13. 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:

New audit plans to be put in place

Proposed Timescale: 30/03/2017

Theme: Leadership, Governance and Management

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

Supervision of staff members was not completed regularly.

14. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

New structure to ensure availability of supervision now in place

Proposed Timescale: 02/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The assessed needs of the residents in relation to staff needs were not available within the designated centre.

15. Action Required:

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

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

This information will be put in place to ensure that the needs of the residents are met

Proposed Timescale: 30/04/2017

Theme: Responsive Workforce

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

Some rotas were not maintained accurately within the designated centre.

16. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

New rota structure is now in place

Proposed Timescale: 02/03/2017

