

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ashington Group - Community Residential Service
<b>Centre ID:</b>	OSV-0003979
<b>Centre county:</b>	Dublin 7
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd
<b>Provider Nominee:</b>	Mary Lucey-Pender
<b>Lead inspector:</b>	Helen Thompson
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 02 November 2016 09:10 To: 02 November 2016 20:10

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

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 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to the inspection**

This was a triggered inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This inspection was scheduled in response to the increase in the number and severity of NF06 notifications received for residents in the centre since 7 October 2016 - specifically in two of the centre's houses. Initially, in response to HIQA's safeguarding concerns for residents, the provider nominee was contacted to seek reassurance that appropriate actions were being taken to address the situation and mitigate risk. These were provided but as notifications continued to be received, an inspection was scheduled to assess the current situation for residents in the centre.

Required actions from the centre's registration inspection in June 2015 were also followed up as part of the outcomes assessed in this inspection.

Following this inspection a meeting was scheduled with the provider in response to the increase in the number and severity of NF06 notifications for residents and subsequent findings from this inspection. The particular concerns of the regulator as outlined to the provider in a letter sent on the day after this inspection (03 November 2016) were the number & frequency of assaults for residents, the day to day management and supervision of the centre, and the persons participating in management's (PPIMs) relief that HIQA had arrived as they were concerned about

the centre. At this meeting the provider shared and outlined their action plan response to the current situation and assured the regulator of the provider's commitment to achieving improvements in the quality and safety of care provided to all residents in this centre. The case holder will continue to monitor activity in this centre.

#### How we gathered our evidence

The inspector met with a number of the staff team which included social care workers, healthcare assistants, a member of the nursing team and PPIMs. In assessing the quality of care and support provided to residents, the inspector met with residents, interviewed one resident, spent time observing staff engagement and interactions with residents and during the inspection process met with a resident's family member. The resident and the resident's representative expressed their concern and anxieties regarding the current situation in the centre, especially with regard to residents' safety and well being. The impact of the current safeguarding issues on residents' overall quality of life was also highlighted. For example, the ladies from one house are currently unable to access their conservatory which was impacting on some of their preferred activities when they were in their home. As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included residents' files, the statement of purpose and a number of the centre's policy documents. The inspector also completed a walk through the premises.

Staff members at all levels expressed concern regarding the quality and safety of the care and support provided to residents, particularly the current safeguarding situation. Staff also noted that it has been a very stressful situation recently for both residents and staff members.

#### Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was comprised of three community based houses. However, this inspection focused on two of the locations as all notifications received were for residents in these houses. These two semi-detached houses were located in a quiet suburban residential area. The houses had a separate front door but had a shared front and back garden. Additionally, the houses had a shared conservatory area to the rear which was accessed by residents from both locations through their respective back kitchen doors. There are also connecting doors between the dining area and in an upstairs bedroom. These doors are kept closed to allow separate functioning of the houses and to ensure residents' privacy and dignity. The statement of purpose stated that the houses are long stay, providing high support nursing care and are open 24 hours seven days a week to support residents with a moderate level of intellectual disability. Residents' support needs included mental health conditions, behaviours that challenge, mobility problems, cardiac problems, epilepsy and dementia.

Overall, there was capacity for 10 residents in the centre and on the day of inspection it was home to 10 female residents over 18 years of age, eight of whom were residing in the two locations that were inspected.

#### Overall judgment of our findings

Six outcomes were inspected against with five core outcomes found to be in major

non-compliance. These included safeguarding, governance and management, social care needs, workforce and health and safety and risk management. Significant improvements as outlined in the body of the report are required across all these outcomes but critically for residents, in safeguarding and governance and management. Safe and suitable premises was found to be in moderate non-compliance.

The correlated findings to each of these outcomes are outlined in the body of the report.

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

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that some residents' wellbeing and welfare was not maintained by a high standard of evidence-based care and support. The arrangements to meet some residents' assessed needs were not clearly documented and systematically outlined in their personal plan. Residents were not found to be comprehensively supported when moving between services. There was evidence of residents' representatives being involved in the planning process though some were not satisfied with the quality of this process. Residents were noted to be facilitated to engage in activities of their choice and some accessibility of documentation was observed in residents' files. Multidisciplinary supports were available to residents.

The inspector did not observe evidence that a comprehensive assessment, which involved multidisciplinary team members was completed prior to a resident's admission to the centre. Thus, the centre was not observed to have all the required arrangements in place to meet the resident's needs nor to ensure that the centre was suitable for the purpose of meeting the resident's needs. This was particularly observed by the inspector during a walkabout of the premises as it was noted that the required environmental changes to meet the resident's needs occurred following their admission to the centre as issues developed, rather than post the identification of these issues through the assessment process. At the time of inspection the resident's care plan was not systematically developed to inform and guide staff in supporting the resident's needs. The potential negative impact for the resident was increased as they were observed, at the time of inspection to be supported by a high number of relief staff. From review of a resident's file a nursing report was completed post a meeting with family representatives to discuss the resident's proposed move to the centre.

Additionally, the inspector noted that another resident's plan was not clearly updated to take into account key changes in their living circumstances and support requirements.

The inspector noted that care planning issues had previously been highlighted in the centre's latest annual review which was completed on 23 September 2016. The review recommended that residents' care plans required updating and that some were very difficult to navigate.

From observation, a review of residents' files and interviews with staff and a resident's representative, the inspector observed that some residents were not adequately supported with moving between services, especially with moving from a children's to an adult service. The inspector noted that there was a lack of clarity regarding the rationale for a resident's transition, their assessed needs and their correlating plan of care. No evidence of training in life-skills for their new residential situation was observed in the resident's files. The resident's representative expressed strong dissatisfaction with their experience of the transitional planning and overall process for their family member. Additionally, they noted to the inspector that they were not happy with the level of information provided with regard to the new living arrangement and that an alternative option was not made available.

The inspector noted that there had been some communication and meetings between the resident's previous and current service with a transition plan, including a pictorial format developed. However, a review of some documented visits demonstrated a lack of follow up regarding some recorded behavioural issues that occurred. This finding was reinforced by staff and the resident's family. Additionally, it was reported to the inspector that the resident's transition was very rushed with the resident having to cope concurrently with a number of changes and that significant information was not effectively communicated.

The inspector did observe that residents were facilitated to engage in activities of their choice and that residents' social goals were being supported. Residents were noted to be supported by members of the multidisciplinary team which included psychiatry, physiotherapy and speech and language therapy. Also, a number of documents were made available in an accessible format.

**Judgment:**

Non Compliant - Major

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that the design and layout of the centre did not meet residents' current individual and collective needs. This was especially identified with regard to the provision of adequate communal space, the size, location and facilities available in bathrooms and the lack of a downstairs bedroom option. Also, improvements were required in the decoration of the centre.

The inspector observed that a lack of space in the centre was not in keeping with some residents' identified needs as there was little space to freely roam about and in addition the rear garden was not an available option (see notes below ) for residents. This was noted to have an impact on the manner of staff support especially where a high level of supervision was required. This finding was supported by both staff and residents' representatives.

Also, there was no option to have a bath in either house though this was cited as a preference for some residents, as was a bigger space in the bathroom.

The inspector found that the lack of a downstairs bedroom option had impacted on a resident in recent months due to a change in their mobility needs. This necessitated that the resident was temporarily having to sleep in a downstairs communal area. Efforts were made to minimise disruption for everybody and the inspector noted that there was a plan to address and progress this situation.

A number of areas in the house required attention. These included painting, a worn carpet, no curtains on some windows, no shower curtain or alternative, and some presses in one of the kitchens were broken.

The inspector observed that two of the three actions from the previous inspection were not completed. This included the identified work to the rear garden, specifically to the back of one house, and the work required in the conservatory area.

These issues were identified in the centre's latest annual review which was completed on 23 September 2016 and were especially highlighted by residents' representatives.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that significant improvement was required to ensure that the health and safety of residents, visitors and staff was promoted and protected.

The centre had policies and procedures for risk management and emergency planning. It also had a safety statement and risk register to underpin the centre's risk management system. However, these documents had not been updated to reflect recent risk changes for residents and staff, and critically did not reflect the current mix of residents in the centre. Additionally, risk assessments had not been completed or updated to reflect some residents' current safety needs, particularly with the recently altered profile of residents in the centre. For example, an environmental assessment was not completed for a resident and their living area was not safety proofed to mitigate against the risk of injury as associated with their profile. Also, this resident's risk assessment was not updated since February 2016, though significant changes had occurred in their day and residential placement in the intervening period.

Additionally, the inspector noted that some cited control measures were not observed to be in place, such as the requirement for all staff to be trained in the Heimlich manoeuvre to mitigate a choking risk. Also, a resident's risk assessment was not reviewed as per the timeframe outlined. The inspector noted that issues regarding risk assessment reviews were highlighted in the centre's latest annual review which was completed on 23 September 2016.

With regard to infection control, the inspector identified that there was no risk assessment to mitigate against some recently identified hygiene related risks for residents and that the provider had recently been slow to identify a specific infection control related matter which may have put some residents at risk.

The inspector did not complete a full review of the fire management system during this inspection. However, from a review of a resident's file it was observed that no fire risk assessment had been completed since their admission to the centre and they had not participated in a fire drill. The inspector was informed that this was due to be completed in the coming days. At the feedback meeting the inspector requested that she be forwarded assurances regarding the completion of the fire drill and a fire risk assessment for the resident involved. This was subsequently addressed by the provider with documentary evidence forwarded to the inspector.

Additionally, gaps were identified in some staff's attendance at fire training.

The centre's transport vehicle was not assessed during this inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that there were insufficient measures in place in the centre to protect some residents from being harmed or suffering abuse. There was a positive behaviour support approach evident for residents that engaged in behaviour that was challenging. However, significant improvements were required with staff training and in the usage of restrictive practices as a response to residents' behaviour that was challenging.

This inspection was scheduled in response to the increase in the number and severity of NF06 notifications received for residents in the centre since 07 October 2016, specifically in two of the centre's houses. Initially, in response to HIQA's safeguarding concerns for residents, the provider nominee was contacted to seek reassurance that appropriate actions were being taken to address the situation and mitigate risk. These were provided but as notifications continued to be received, an inspection was scheduled to assess the current situation for residents in the centre.

The inspector found that, though the provider had taken some measures to address the safeguarding risks, some residents were still experiencing peer to peer incidents of aggression. In total 21 incidents were notified for eight residents between 07 October and 02 November 2016. Of note, a number of incidents with residents occurred in the early hours of or during the night period. The incidents had involved physical, psychological and verbal abuse.

Residents and their representatives expressed concern for the current situation and were especially concerned for their safety. The inspector spoke with a resident, who to date has experienced a number of abusive incidents. Though she acknowledged the measures that the provider had taken in recent days to reduce the safeguarding risks, she was still worried about the future situation in her home. Safeguarding plans were not in place for a number of residents.

The inspector noted that residents' families were being kept informed regarding their relative's situation.

From a review of training records, the inspector found that a number of staff required training in the safeguarding and protection of vulnerable persons.

The inspector found that residents' positive behaviour support needs were being acknowledged and supported. Residents were supported by the multidisciplinary team which included clinical nurse specialists in behaviour, social work and psychiatry. Residents' psychotropic medication was reviewed by psychiatry.

However, the inspector noted that staff had not been facilitated with the necessary training to comprehensively support residents that engaged in behaviour that was challenging. Also, some staff were not trained in a behavioural management technique which was required to support some residents' needs.

A number of restrictive practices were utilised in response to residents' behaviour that challenged. However, gaps were observed in some of the regulatory requirements regarding their usage. These included a lack of consent for the practice from the resident's representative and the absence of a standardised protocol document to inform staff in the administration of PRN chemical restraint with a resident. The inspector observed that this medication had been administered to the resident on a number of occasions in recent weeks.

All the policy documents as required by regulation were in place.

**Judgment:**

Non Compliant - Major

**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:**

Overall, the inspector found that the management systems in place in the centre did not ensure the delivery of safe and quality services for residents. There was no person in charge to directly oversee the day to day running of the centre and to facilitate staff in exercising their professional responsibility for the services that they were delivering. There was a defined management structure but improvement was required in the identification of lines of accountability. Some of these issues had been identified in the

centre's latest annual review process.

The inspector observed non-compliances in the day to day management and supervision of the houses inspected, especially with regard to the current challenging situation for both residents and staff members. The person in charge post had been vacant since 17 October 2016 and there were interim arrangements in place with a clinical nurse manager (CNM)<sup>3</sup> covering this vacancy. However, the inspector observed that these arrangements were not in keeping with or sufficient to meet the altered needs situation for residents of this centre. Additionally, this arrangement did not ensure that staff were adequately supported to cope with the current increased demands and responsibilities of residents' additional support requirements. On the day of inspection, the inspector found on her arrival that there was a lack of clarity with regard to who was in charge.

The inspector found that there was a defined management structure in the centre. However, a number of persons participating in management expressed relief that HIQA had arrived because they were concerned about the situation for both the residents and staff members. The inspector noted that in the absence of the provider nominee these persons fulfil this role, as indeed was the case at the time of inspection. The nursing night managers who were in recent weeks providing increased support to residents and staff had additionally raised and documented their concerns with regard to some residents' current support needs.

The annual review of the quality and safety of the care and support provided in the centre was completed in late September 2016 prior to the altered situation for residents of the centre. However, the review did identify gaps with the frontline governance of the centre and recommended that this be addressed, especially in light of the upcoming absence of a person in charge in the centre and the planned admission of a new resident to the centre.

The annual review did facilitate consultation with residents' representatives but this wasn't clearly completed in the most recent six monthly unannounced visit process. This was an action from the previous inspection.

**Judgment:**

Non Compliant - Major

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector observed that the staffing arrangements were not in keeping with the assessed needs of residents, particularly with regard to ensuring continuity of their care and support. Also, supervision arrangements were not available to support staff on a day to day basis. Staff training needs also required attention to ensure that their competencies were in keeping with some residents' assessed needs.

The centre maintained a planned and actual rota. Staff had a variety of backgrounds which included nursing, social care and health care assistance. The inspector noted that there were staff vacancies in the centre which included a staff nurse and the person in charge post. From observation, staff interviews, review of residents' documentation and a roster review the inspector found that there was an over-reliance on the usage of relief staff. This included staff from the service's relief panel and from an external agency. On the morning of inspection, of the six staff on duty, between the two houses, there was only two permanent members of staff and only one staff member that had been employed in the centre for longer than a month. There was three agency staff assigned to the house that was described as supporting residents with a higher level of support needs, one of whom had never worked there before. The inspector observed that this situation was difficult for some residents as they especially wanted to engage with, and be supported and assured by the staff member that they were familiar with. The inspector noted that not all staff were familiar with the residents and did not have the necessary competencies to support some residents' assessed needs. Residents' care and behavioural support plans, and control measures in some of their risk assessments cited that they required the consistent support of familiar staff.

The high usage of relief staff had previously been highlighted in the centre's latest annual review which was completed on 23 September 2016 with a recommendation that this situation be addressed for residents. Issues with staff changes were also identified by family representatives as part of their feedback process.

The inspector did observe that staff on duty on the day did make efforts to stabilise the situation for residents by attempting to match staff with a little more familiarity to supporting particular residents' needs.

The inspector did acknowledge that in response to the altered needs of some residents that staffing complement changes had been made in recent weeks in an attempt to stabilise the situation. These included an increase in the staff complement during the day and at night. Also, the inspector was informed at the inspection feedback meeting that attempts were continuing to be made to address some of the identified continuity of care issues.

The level of staff supervision available was not appropriate to their role nor the altered situation in the centre which required the consistent availability and direct leadership of senior staff. The inspector also observed that some staff's communication regarding residents was a little disrespectful.

The inspector reviewed a number of staff training records and gaps were identified with staff training needs. These included both mandatory and ancillary training which

encompassed fire, manual handling, first aid, midazolam and education regarding mental health conditions.

**Judgment:**

Non Compliant - Major

**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:***

Helen Thompson  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
<b>Centre ID:</b>	OSV-0003979
<b>Date of Inspection:</b>	02 November 2016
<b>Date of response:</b>	30 November 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 05: Social Care Needs

**Theme:** Effective Services

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

A comprehensive assessment was not completed prior to a resident's admission to the centre. Thus, the centre was not observed to have all the required arrangements in place to meet the resident's needs nor to ensure that the centre was suitable for the purpose of meeting the resident's needs.

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

**1. 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:**

A comprehensive Person Centered Multidisciplinary Needs Assessments is currently being completed for the resident.

**Proposed Timescale:** 20/12/2016**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A personal plan was not available to inform staff in the provision of a resident's care and support needs.

**2. Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

A personal plan is in place to inform staff in the provision of a residents' care and support needs.

**Proposed Timescale:** 30/11/2016**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A resident's plan was not found to be updated in line with key changes in their support needs.

**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:**

The residents' plan had been updated in line with key changes in their support needs.



**Proposed Timescale:** 30/11/2016

**Theme:** Effective Services

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

Information regarding services and supports was not made available to the resident and their representative.

**4. Action Required:**

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

1. Regular meetings have been set up with the service user representative, the social worker, interim manager and the CNM3.
2. The service user representative has been informed of the interim manager and has met her.
3. The Director of Client Services, The Provider Nominee and the Social Worker have met the service users' representative to outline the lines of communication and who she should contact. There are clear systems of communication in place.
4. The staff in the designated centre are supporting the resident and providing her with information about the designated centre and her programmes.
5. The service user had an independent advocate that her mother has engaged.

**Proposed Timescale:** 30/11/2016

**Theme:** Effective Services

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

Some residents were not facilitated in the provision of life-skills for their new living arrangement.

**5. Action Required:**

Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

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

Residents are facilitated in the provision of life skills such as activity planning, routines and self care for their new living arrangements.

**Proposed Timescale:** 30/11/2016

## Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

As per the findings in the body of the report the premises was not in keeping with the residents' current needs.

**6. Action Required:**

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

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

1. A Person Centered Multidisciplinary Needs Assessment is currently being completed for the resident.
2. An Environmental Assessment has been carried out by the Logistics officer.
3. An Environmental assessment has been carried out by the Physiotherapist and the Occupational Therapist.

**Proposed Timescale:** 20/12/2016

**Theme:** Effective Services

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

Some areas of the premises were not in a good state of repair.

**7. 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 priority maintenance list will be completed for the designated centre and work will be prioritised in early 2017

**Proposed Timescale:** 31/03/2017

**Theme:** Effective Services

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

Some areas of the premises were not suitably decorated.

**8. 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 priority maintenance list will be completed for the designated centre and work will be prioritised in early 2017

**Proposed Timescale:** 31/03/2017

**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 centre's risk management documentation did not identify and assess all the current safety and risk related matters for residents of the centre.

**9. Action Required:**

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

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

The Centre's Risk Management documentation has been updated to identify all current risks in the centre.

**Proposed Timescale:** 30/11/2016

**Theme:** Effective Services

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

Some infection control related issues were identified for residents.

**10. 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 comprehensive infection control audit has been completed and actions put in place to protect residents from risk of infection.

**Proposed Timescale:** 30/11/2016

**Theme:** Effective Services

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

A resident's evacuation support requirements were not assessed and documented.

**11. 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:**

The residents' evacuation support requirements have been assessed and documented.

**Proposed Timescale:** 03/11/2016

**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:**

Staff had not been facilitated with the necessary training to comprehensively support residents that engaged in behaviour that was challenging.

**12. Action Required:**

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

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

1. Safeguarding training has been provided for staff who required this.
2. The Clinical Nurse Specialists in Behaviour are supporting staff at house level and providing training specific to the needs of this centre. A formal session of training is scheduled for 6/12/16

**Proposed Timescale:** 06/12/2016

**Theme:** Safe Services

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

Some staff were not trained in a behavioural management technique which was required to support some residents' needs.

**13. Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

1. A training needs analysis is being completed for the designated centre and staff that requires training will be prioritised.
2. The clinical nurse specialists in behaviour are providing support and training at local level specific to the needs of this designated centre. A formal session is scheduled for 6/12/16

**Proposed Timescale:** 06/12/2016

**Theme:** Safe Services

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

There was no evidence of consent from a resident's representative for the usage of a restrictive procedure to respond to their relative's behaviour that challenged.

**14. Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Written consent has been obtained from the residents' representative for the usage of a restrictive procedure.

**Proposed Timescale:** 30/11/2016

**Theme:** Safe Services

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

There was no standardised protocol to underpin the usage of a chemical restraint in response to a resident's behaviour that challenged.

**15. Action Required:**

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

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

A standardised protocol to underpin the usage of a chemical restraint is now in place.

**Proposed Timescale:** 30/11/2016

**Theme:** Safe Services

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

Some residents were not being consistently safeguarded from abusive incidents.

**16. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

1. Additional staff is in place to provide 1:1 staffing to one resident both day and night.
2. Staffing has been reviewed to ensure that regular staff is in place in the centre.
3. An interim PIC had been appointed to the centre to support residents and staff.
4. Training on Safeguarding has been provided to staff that required this.
5. Residents have been offered independent advocates and referrals have been made to the National Advocacy Service.
6. The Clinical Nurse Specialists in Behaviour have visited the centre at critical times and made recommendations to safeguard residents.
7. There is a weekly review of incidents to monitor and analyse times, triggers, staffing, location of incidents and to make recommendations to ensure the safeguarding of residents.

**Proposed Timescale:** 30/11/2016

**Theme:** Safe Services

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

Some staff had not completed the required training in the protection of vulnerable persons.

**17. 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:**

1. A social worker had provided training at local level to staff that required it.
2. Two newly recruited staff have completed the training as part of Service Induction on 22/11/16

**Proposed Timescale:** 30/11/2016

**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:**

Management systems did not ensure that that the service provided was safe and appropriate to residents' needs.

**18. 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:**

1. An interim PIC is now in place since the 14/11/16 and is based in the designated centre 39 hours per week.
2. A recruitment process is in place to source a permanent PIC for the centre.
3. The centre is supported by a named CNM3/PPIM and the Provider Nominee.
4. The centre is supported at night by night managers.

**Proposed Timescale:** 30/11/2016**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Effective arrangements were not in place to support staff to exercise their personal and professional responsibility for the care and supports that they were providing to residents.

**19. 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:**

1. An Interim PIC is in place in the centre to support staff.
2. A recruitment process is in place to source a permanent PIC
3. Support has been provided to staff by the Clinical Nurse Specialist in Behaviour and further support is being organised.
4. A social worker has provided training on Safeguarding at local level to staff who required this.
5. A training needs analysis is being completed for staff and priority will be given to staff from this centre for identified training.
6. The Director of HR and the Provider Nominee are meeting with all staff.
7. An expert in Relationships and Sexuality will meet with staff to provide guidance on managing specific issues in the designated centre.
8. Debriefing is being provided to staff post incident.
9. Staff have access to an Employee Assistance Programme.
10. A referral for staff support has been sent to the Psychology Department.

**Proposed Timescale:** 20/12/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff did not have the necessary competencies to support some residents' assessed needs.

**20. 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:**

1. A comprehensive training needs analysis is being compiled and staff will be prioritised for training.
2. The Director of HR, The Director of Client Services, the Provider Nominee and a CNM3 have met to review staffing at the centre and a number of staff have been identified to transfer to the centre to provide continuity of care.
3. The rosters have been reviewed to ensure that regular staff in place in the centre.
4. Designated staff are identified daily to provide 1:1 support to a resident.
5. Local training on safeguarding has been provided by social worker.
6. The Clinical Nurse Specialists in Behaviour are providing support, guidance and local training to staff specific to this centre.

**Proposed Timescale:** 20/12/2016

**Theme:** Responsive Workforce

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

The staffing arrangements in the centre did not ensure the continuity of care and support for some residents.

**21. Action Required:**

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

1. The Director of HR, The Director of Client Services, the Provider Nominee and a CNM3 have met to review staffing at the centre and a number of staff have been identified to transfer to the centre to provide continuity of care.
2. The rosters have been reviewed to ensure that regular staff in place in the centre.



3. Designated staff are identified daily to provide 1:1 support to a resident

**Proposed Timescale:** 30/11/2016

**Theme:** Responsive Workforce

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

Gaps in staff training needs were observed .

**22. 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:**

1. A comprehensive training needs analysis is being compiled and staff will be prioritised for training.
2. Local training has been provided in safeguarding by the social worker.
3. An expert in Relationships and Sexuality will meet with staff to provide guidance on managing specific issues in the designated centre.
4. The Clinical Nurse Specialists in Behaviour are providing support, guidance and local training to staff specific to this centre.

**Proposed Timescale:** 20/12/2016

**Theme:** Responsive Workforce

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

The level of staff supervision was not appropriate to their role nor the altered situation in the centre.

**23. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

1. An interim PIC has been in place since the 14/11/16 and is based in the centre 39 hours per week on a supernumery basis.
2. A recruitment process is in place to source a permanent PIC for the designated centre.

**Proposed Timescale:** 30/11/2016

