

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001790
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Jillian Connolly
Support inspector(s):	Rachel McCarthy
Type of inspection	Announced
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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 January 2016 09:30	11 January 2016 17:30
12 January 2016 09:30	12 January 2016 17:30

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

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

Summary of findings from this inspection

This inspection took place following an application to register the designated centre under the Health Act 2007 (as amended). The application was to provide services for six adults in two community based houses. However, on review of the services provided inspectors determined that one house did not meet the associated criteria within the guidance document 'What constitutes a designated centre for people with disabilities?' and therefore was not required to be registered. Following on from the inspection, the Authority invited the provider to re submit their application to reflect this.

This report is in regards to one of the community houses, which provides support to five residents. There was one vacancy on the day of inspection.

Inspectors met with residents and staff, observed practice and reviewed documentation. Inspectors found the designated centre to be a homely environment. Residents communicated to inspectors that they were very happy with their home and that staff were very good to them. Evidence also supported that family members were satisfied with the care provided to their loved ones. Inspectors observed staff to engage with residents in a dignified and respectful manner.

Notwithstanding these observations and feedback, inspectors found that there was considerable work required by the person in charge and the registered provider to ensure that the systems in place were adequate to ensure a quality and effective service was provided.

Common themes arose throughout the inspection, which fundamentally impacted on the support provided to residents and the operation of the designated centre. These included insufficient staffing, inadequate assessment of the health and social care needs of residents, staff training and the effectiveness of the reviews of the quality of care completed.

These core themes impacted on the findings throughout the report and resulted in major non compliance being identified in Social Care Needs, Safeguarding and Safety, Notifications of Incidents and General Welfare and Development.

Inspectors found that due to an absence of recognition of situations which could indicate abuse, there was an absence of investigation in line with policy.

Inspectors further found that the routine of the designated centre was primarily led by resources as opposed to the needs of residents. During the inspection inspectors found that in the previous twelve months there had been a significant change in the needs of residents however, the operation of the designated centre had not been sufficiently altered to meet those needs.

These findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The designated centre had policies and procedures in place for the receipt and management of complaints. Inspectors reviewed the record of complaints maintained in the designated centre and found that complaints were managed in line with the procedures. However, inspectors determined that a review was required of staffs' knowledge of the procedure as the persons nominated to receive and oversee complaints differed between staff members.

Inspectors observed staff to engage with residents and found the approach to be dignified and respectful. Each resident had an intimate care plan in place. Bedrooms were single occupancy which enabled personal activities to be undertaken in private.

In the main, inspectors found that residents' personal documentation was stored in enclosed locations. The procedure for emergency evacuations was that pertinent documentation be removed for residents. Inspectors recognised that this was positive practice however, the information was located in an open area. Therefore a review was required of the current system.

The registered provider had issued quality improvement surveys to family members. Families stated that they were informed regarding the well being of their loved one at appropriate intervals in these surveys. There were also weekly residents' meetings which discussed day to day issues such as the activities that residents were due to partake in.

The designated centre had engaged with an advocacy service. An advocate had attended the centre to speak with staff and residents regarding the services provided.

Notwithstanding this, inspectors found that improvements were required in staff recognising when residents' rights were being impeded and individual referrals may be required, particularly regarding the use of residents' finances.

There was an absence of evidence to support residents' finances were utilised in consultation with the appropriate individuals. Records of residents' personal belongings demonstrated that residents had purchased their own beds. The decision making process in respect of this was not clear or in line with the organisation's policy for residents' personal property.

The rights of residents were further infringed in the opportunities residents had to engage in activities in line with their interests and capabilities. Factors such as the collective needs of residents, staffing levels and the external premises, resulted in limitations to the opportunities residents had to participate in activities. Efforts had been made to provide activities within the designated centre, such as complimentary therapy however inspectors found that activities were primarily led by available resources.

As a result inspectors observed limitations to the time residents had to engage in recreational activities outside of their home. For example, inspectors observed one resident leaving the designated centre for a period of 90 minutes in one day. This was to assist staff with a task orientated activity relating to the operation of the centre.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

There was a policy on communication in the designated centre. Whilst the individual communication requirements of residents were highlighted in personal plans, inspectors determined a review was required to ensure that they were reflective of the actual need of residents. This was as the supports residents required had not been adequately reassessed following a significant change in need. Therefore the inspector was unable to determine if the information remained relevant.

The centre had a television, stereo and telephone for the use of residents.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors found that visitors were welcomed to the designated centre. This was supported by the policy and the record maintained of visitors. Due to the number of communal rooms and single bedrooms, there were sufficient areas for residents to meet visitors in private. Inspectors found that the personal plans placed an emphasis on maintaining relationships with family members.

An area of improvement identified was links with the wider community. As per the Statement of Purpose, residents did visit the local church, supermarket and go to a music session. However due to constraints in the available resources, some residents did not leave the centre for three to four consecutive days.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There were policy and procedures in place for the admissions, discharge and temporary absence of residents. There had been one admission to the designated centre since the commencement of regulation in November 2013. Inspectors found that the resident had the opportunity to visit the centre prior to admission and was involved in the decisions

regarding their admission. The resident confirmed that they were happy with their home. Inspectors identified non compliance in respect of the admission, which is evidenced in Outcome 5.

Inspectors reviewed a sample of written agreements and found that they adequately outlined the terms and conditions for residents living in the centre and the fees to be paid.

However, the designated centre was operating outside of the written agreement due to the absence of adherence to the policy on residents' personal possessions. This policy was clearly referenced in the written agreement for the circumstances in which additional fees may be paid by a resident.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

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

Findings:

Each resident had a personal plan which aimed at identifying and addressing their social and healthcare needs. Inspectors reviewed a sample of personal plans, and found that significant work was required to ensure compliance with Regulation 5. As stated in Outcome 4, the admission of one resident was not in line with regulation. Inspectors found that the admission meeting occurred two months following their admission. Staff informed inspectors that this was as the first two months were a trial period. Whilst this supports that the resident was an active participant in the decision making process it resulted in the resident not having a comprehensive assessment on admission or a personal plan within 28 days of admission.

There was evidence that residents and their families were involved in the annual reviews of the personal plans. Inspectors identified areas of improvements in the assessment and planning process both in regards of the social and health care needs. The health care needs will be addressed in Outcome 11.

Inspectors found that whilst an assessment had been completed, it was not comprehensive. This resulted in personal plans not adequately addressing residents' needs and the supports required to meet that need. For example, inspectors were verbally informed by staff that some residents required the support of two staff to engage in certain activities, however this was not clear from the assessment and subsequent care plans.

In the main, personal goals of residents were led by resources as opposed to the capabilities of residents. There was further evidence that when goals were identified, insufficient action had been taken to achieve the goal.

For example, there was a resident who required the support of staff to engage in activities in the wider community. Goals had been identified for the resident, all of which were focused within their home. One goal identified was for the resident to access their back garden. The back garden contained hazards which restricted the resident accessing the back garden independently. Therefore an unnecessary restriction was in place preventing the resident from achieving that goal. This had been identified by the registered provider as a restriction and was first notified to the Authority in September 2014. There had been no actions taken to address this as of the day of inspection.

Inspectors were informed that the needs of residents had changed significantly in the past twelve months. However, inspectors found inadequate reviews of personal plans had occurred to address the changing needs and to modify the supports required. In regards to these residents, their personal plans were primarily health focused and where a social need was identified such as gardening, evidence did not support that attempts had been made to meet that need.

There was evidence of input from Allied Health Professionals inclusive of Occupational Therapy (OT), Physiotherapy and Speech and Language Therapy (SALT). The recommendations from the Allied Health Professionals were maintained in residents' records as required by Schedule 3. However, recommendations were not consistently included in the personal plans of residents to inform the supports residents required.

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):

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

Findings:

Inspectors found the centre to be homely, suitably decorated, clean and warm. The centre consisted of a kitchen/ dining area, sensory room, living room, laundry room, three bathrooms, four bedrooms, two staff bedrooms and one vacant bedroom.

Each of the residents had their own bedroom. Inspectors observed that the bedrooms were personalised and decorated to meet the wishes of each resident. There was sufficient communal space suitable for social and cultural activities.

The centre had an enclosed back garden and a small open yard in the middle of the centre, which prior to a change in need of residents had been used by residents. There was adequate space in the external back garden. Inspectors observed an uneven surface in the back garden prohibited one resident from accessing the area independently.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The registered provider had a standardised Health and Safety Statement which informed of corporate risks associated with the operation of a designated centre. There was also a Safety Statement which was utilised as a tool to inform practices of the designated centre.

There was a risk management policy in place. An identification of environmental hazards had also been completed. Control measures had been identified for these hazards.

Residents also had individual risk management plans in place. Inspectors identified hazards which had not been identified in the assessments of risk, both individual and collective. Primarily there was an absence of recognition of the operational and clinical risks present in the designated centre, inclusive of medication management, behaviours that challenge and staffing levels.

There were policies and procedures in place in respect of infection control. Inspectors found the designated centre to be clean during the course of the inspection. There were residents who required supports with dressings/applications of creams. However, on review of the hand hygiene facilities, inspectors found that there was an absence of soap or other forms of sanitizers to support adequate hand hygiene, in pertinent areas. This was also absent in the laundry room. There was a system in place to segregate cleaning equipment via colour code.

Improvements were also required in the guidance to support appropriate washing of soiled laundry. Minutes of staff meetings referenced the use of soaking clothing overnight which is not in line with best practice. Staff had not received training in this area.

The centre had policies and procedures in place for the management of emergencies and the control measures in place with the aim of preventing an emergency occurring. Inspectors reviewed the records which evidenced that emergency equipment inclusive of fire extinguishers and fire alarm were serviced at appropriate intervals. Staff had received training in the prevention and response to fire.

Residents had individual personal evacuation plans in place which referenced the supports required in the event of an emergency. However, improvements were required as they did not reference the number of staff required to support a resident.

The procedure of the designated centre was for a full evacuation. Regular fire drills had been undertaken which evidenced that residents could be evacuated between one minute and thirty seconds and five minutes. Additional control measures had been implemented inclusive of fire doors with self closers to assist with preventing the spread of fire. Inspectors noted that work was required to ensure that they were effective as there was a significant gap between the floor and one door.

Inspectors also identified self closers which were not operating correctly. The centre had two final fire exits. There was an absence of signage in place to guide individuals on the appropriate route. There were also additional final exits which were not recognised as fire doors. Inspectors were informed that they would be utilised in the event of an emergency. The front door was key operated which also could present with an unnecessary delay in the event of an emergency.

Inspectors met with the Health and Safety representative and the person in charge on the second day of inspection and were provided with verbal assurances that the work would be addressed.

There was one room of the designated centre which was vacant as of the day of inspection. Due to the exit route in the event of an emergency, inspectors determined that the comprehensive assessment of any new admission would need to include a resident's ability to evacuate in the event of an emergency.

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):

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

Findings:

There were policies and procedures in place for the prevention, detection and response to abuse. The policy was published in November 2014 and therefore did not include the national policy published by the Health Service Executive in December 2014.

HIQA had not been notified of an allegation or suspicion of abuse in respect of this centre since the commencement of regulation. Inspectors found through speaking with staff and reviewing documentation, indicators of abuse were present in line with Appendix One of the national policy. The indicators had not been identified by staff and therefore there was an absence of a preliminary screening as required by National Policy. As a result inspectors were unable to determine if there was a requirement to initiate a full investigation.

There were policies and procedures in place for providing positive behaviour support to individuals when required. There was also a policy in place for use of restrictive procedures.

HIQA had been notified on a quarterly basis as required by regulation of all restrictive practices in place in the designated centre. In the main they were mechanical such as lap straps for wheelchairs or bedrails. There were instances in which medication as required (PRN) was utilised for the purposes of medical appointments. Support had been obtained by the relevant Allied Health Professional in respect of positive behaviour support plans. The plans identified proactive and reactive strategies. Inspectors reviewed the records of incidents in which residents engaged in behaviours that challenge and found that they did not adequately evidence that staff had implemented the pre mentioned strategies. Therefore it was unclear if the strategies were effective.

Inspectors also observed a resident engaging in socially inappropriate behaviour during the course of the inspection. There was no reference to these behaviours in the resident's assessment. Therefore, there was an absence of appropriate supports identified.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

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

Findings:

Inspectors confirmed that the designated centre had a system in place to record incidents and accidents. As stated in Outcome 8, there were instances in which suspicions of allegation abuse had not been identified. As a result there had been no notification to the Chief Inspector as required by Regulation 31.

The appropriate notifications were subsequently submitted to the Authority following the inspection.

Judgment:
Non Compliant - Major

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

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

Findings:

As stated previously, the opportunities residents had to partake in activities were infringed by the collective needs of all residents and the number of staff on duty. The majority of activities were based on available resources as opposed to the needs of the residents. There was a policy in place for residents' access to education, employment and training. The practice of the designated centre did not promote skill building, learning, development or sustaining of skill.

One resident of the designated centre had access to a formal day service.

Judgment:
Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

Inspectors found that residents had access to their general practitioner (GP) if a need was identified. Residents were also supported to receive clinical interventions if required. As stated previously, the primary focus of residents' personal plans was on their health. Inspectors were verbally informed by staff that this was as a result of residents changing needs. Some residents were queried as having a diagnosis of dementia. There had also been a significant change to residents' mobility needs.

Inspectors were assured that residents were supported to access community based services, inclusive of the palliative care team when required. However, there remained an absence of appropriate assessment and subsequent plans of care to support residents' health care needs being met. A standardised health action plan was in place, the purpose of which was to become 'the document people rely upon to tell them how to successfully support the person with their health condition.'

A review was required to ensure that the health action plans fulfilled that purpose. For example, residents had experienced pressure sores, there was an absence of assessment utilising an evidence based tool to identify the appropriate interventions to be provided by staff on a daily basis. Care plans for conditions such as epilepsy omitted pertinent information such as the use of medication in the event of a seizure. There was also an absence of health care plans for certain identified needs.

Inspectors reviewed the personal plan of a resident who had died and found that the resident was supported within their home. Evidence supported that staff were provided with additional training to meet the need of the resident. Through speaking with staff and documentation, inspectors found that the end of life care was in line with the wishes of the resident's family and was dignified.

Residents had been seen by the appropriate Allied Health Professional if the need arose in respect of their nutritional intake and for the modification of food. A record was maintained of the food and fluid intake of residents. From a review of the records, they

did not support that the recommendations were consistently implemented in practice. In some instances there was also PRN medication prescribed for residents due to their digestive needs.

However there was an absence of guidance to support when this medication was administered. Inspectors found that there were times when the medication was administered despite records indicating that it was not necessary.

Inspectors observed a mealtime and found it to be a social experience. Food was modified in line with the assessed needs of residents. There was sufficient staff available to support residents. Inspectors also observed residents to be offered drinks throughout the day.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were policies and procedures in place for the ordering, prescribing, storing and administration of medication. Inspectors found medication was stored in a secure location. Inspectors observed staff administer medication and found that it was administered as prescribed with appropriate hand hygiene.

From a review of the prescription and administration records, inspectors identified breaches in regulation. Prescription sheets contained the necessary information, inclusive of the photograph, name, address and name of the prescriber. The name of the medication, times of administration and dosage was also documented. This included the maximum dose of medication as required to be administered in a twenty four hour period. There was also a comments box in which the administrator could document if medication was omitted or refused and the rationale for same.

Inspectors found one instance in which the time of administration of a medication was omitted. Therefore inspectors were unable to determine if it had been administered as prescribed. There was also an absence of a signature from the prescriber for medications which had been discontinued.

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):

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

Findings:

As part of the application to register the designated centre, the registered provider was required to submit a copy of the Statement of Purpose. The copy submitted had been created in November 2013 and reviewed in December 2015. Inspectors reviewed the document following the inspection to ascertain if it was reflective of the practices of the designated centre.

The document submitted contained all of the information as required by Schedule 1 of the regulations. However, based on the findings of this inspection, inspectors found that the registered provider was not fulfilling the Statement of Purpose. An example was that the aims of the designated centre were to provide opportunities to build skills or access community facilities. This was not occurring to an adequate level in practice.

The Statement of Purpose further states that emergency admissions can be facilitated and that information gathering will be completed retrospectively. This is not acceptable, as at a minimum, an assessment should be conducted to ensure that the basic needs of any resident can be met prior to admission.

A review was also required of the staff compliment identified in the Statement of Purpose to ensure that it was inline with the actual staff roster, inclusive of number of staff employed.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge facilitated the inspection. The person in charge was employed full time and met the requirements of Regulation 14. The designated centre had a clear management structure in place which involved the person in charge reporting to the area manager. The area manager reported to the Executive Director. The Executive Director was the person nominated on behalf of the provider for the purposes of engaging with the Authority. The above mentioned were nominated as persons participating in management and the appropriate documentation, as required by Schedule 2, was submitted to HIQA as part of the application to register.

There were systems in place for the review of the quality and safety of care provided to residents. This included audits of medication, personal plans of residents and financial. Unannounced inspections had also occurred as required by Regulation 23. This had resulted in a 'work plan' being created for the person in charge and an annual review. Inspectors reviewed minutes of meeting which included regular staff meetings, both at a local and regional level.

Notwithstanding the systems in place, the inspector found that improvements were required in the governance and management systems to ensure that the systems were robust. For example, whilst audits were conducted they did not adequately identify the deficits in the provision of service as found on this inspection. Furthermore, inspectors were informed that the person in charge/area manager were in the main on call when they were not on duty. This system was that staff would try contact the person in charge first and if not contactable, the area manager. If the area manager was not available, they would contact the Executive Director.

However, this system was not formalised. Therefore there was an absence of clarity to ensure that at a minimum one member of the team were available to staff at all times.

The person in charge was also included in the staffing compliment for frontline care. Considering the insufficient staff identified on this inspection, and the non compliances identified in the personal plans, inspectors found that the absence of protected time to engage in managerial activities negatively impacted on the operation of the designated centre.

The person in charge informed inspectors that practices, such as audits, were completed outside of the standard working hours of the person in charge or late at night once residents were in bed. Inspectors also reviewed the date of the area management meetings and confirmed that these were completed outside of the standard working hours of the person in charge. This provides evidence that the centre was not effectively resourced to ensure that the management systems provide sufficient resources to ensure consistent and effective monitoring of services.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

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

Findings:

The person in charge had not been absent from the designated centre for more than 28 days, therefore no notification was required to be submitted to the Chief Inspector as stipulated in Regulation 32. The deputy person in charge was available throughout the inspection and holds the position of Area manager.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

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

Findings:

Inspectors found that the centre was sufficiently heated; there was sufficient food available and transport available for residents' use. There was also regular input from Allied Health Professionals. However evidence did not support that the staffing levels were sufficient.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The designated centre maintained a planned and actual staff roster. Inspectors reviewed a sample and confirmed that in the main there were two staff on duty for twenty one hours a day with a third staff available in the morning for approximately three hours. The two night staff completed sleepover shifts. As outlined, the evidence did not support that there was sufficient staff on duty to meet the identified needs of residents.

The person in charge confirmed that this had been identified and were awaiting a roster review in consultation with the Human Resources apartment. However due to the absence of appropriate assessment, the evidence did not identify the exact number of staff required to meet the needs of residents. However inspectors were verbally informed by staff that two staff were required to support two of the residents with activities such as bathing, dressing, getting up and going to bed. A third resident also required the support of one staff for activities outside of the home. Therefore as there were only two staff on duty for the majority of the day, the opportunities for access to the community were limited based on the collective needs in the house.

Inspectors found this further impacted on staffs ability to supervise residents appropriately. This was further confirmed by family members, who stated staff 'do their up most to take care'. However, staff 'are ran off their feet most days.'

Two staff completed a sleepover shift at night. There was evidence of one resident being up regularly at night. Another resident was identified at being at risk of pressures sores, due to the presence of pressure sores. However there was no assessment in place to identify if the resident required re positioning at night as a preventative measure. Therefore, inspectors were not assured that two staff sleeping at night met the needs of the residents. The staffing levels as of the day of inspection were identified based on available and historical resources.

Inspectors found that the person in charge completed staff supervision sessions and inspectors reviewed minutes of same. Records of training were also provided to inspectors. Inspectors identified that two staff who were active on the staff roster had not completed training in the administration of medication. There had been no training in the appropriate infection control practices or the management of complaints. Refresher training was also required in the area of fire management as residents needs

had changed considerably and some staff had not received training since November 2013.

As stated in Outcome 8, improvements were required in the recognition of indicators of abuse and the initiation of the appropriate policies. Staff had not received training in the protection of vulnerable adults since the implementation of National Policy in December 2014 and the organisation's policy had not been updated since then. Therefore inspectors determined that there was a failing of Regulation 16 (2) (c).

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The designated centre maintained all of the relevant items in respect of staff as required by Schedule 2.

Inspectors reviewed the records as required by Schedule 3 and 4. There was a directory of residents maintained in the designated centre. Considering the absence of appropriate assessment and appropriate care plans, an adequate record of all nursing and medical care provided to residents was not maintained as required by Schedule 3 (3) (f).

The policies and procedures as required by Schedule 5 were maintained in the designated centre however as reflected throughout the report, reviews were required to ensure that they adequately reflect the practice of the designated centre.

The registered provider has submitted a copy of the insurance of the designated centre, evidencing adequate insurance until March 2016.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jillian Connolly
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 Western Care Association
Centre ID:	OSV-0001790
Date of Inspection:	11 January 2016
Date of response:	22 February 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Personal information of residents was maintained in an unsecure location.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The Emergency evacuation plan containing personal information of residents is now in a secure location, and is accessible in the event of an emergency evacuation.

Proposed Timescale: 15/02/2016

Theme: Individualised Supports and Care

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

There is an absence of appropriate supports in place to obtain the consent of residents in respect of his/her care and support, particularly in the use of their personal finances.

2. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

The Provider and PIC will use the circle of support meetings, attended by the resident, their family member/s, and staff as the forum where decisions, including the use of personal finances, are made.

The Person in Charge will ensure that evidence is maintained on all decision making for each resident, including in relation to residents personal finances.

The support of the Independent Advocate will be sought to support residents prior to any future purchases to ensure their consent is sought based on their wishes and preference. A referral has been made to the Independent Advocate on 29/01/2016.

The Provider will develop a plan to promote autonomy for residents based on the recently published guidance document 30/3/2016

Proposed Timescale: 30/03/2016

Theme: Individualised Supports and Care

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

Improvements were required in the opportunities residents had to engage in activities in line with his/her capabilities.

3. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

A range of activities for each resident has been developed by the PIC and Named Staff/Key workers to ensure that each person has a range of purposeful and meaningful activities, in line with their individual abilities, preferences and priorities.

This will be further developed for each resident through the Individual Planning Process.

Additional staffing has been allocated to support the implementation of this action.

See action 4, 6, 19

Proposed Timescale: 08/03/2016

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

Theme: Individualised Supports and Care

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

Improvements were required to ensure residents had the opportunity to maintain links with the wider community.

4. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

The Organisations Volunteer co-ordinator will facilitate a workshop in this service on community mapping and social roles. The purpose of this is to further develop and expand on the community maps in place in each Individual Plan and to develop action plans from this for each resident. This will be completed by 08/03/2016.

The Provider has allocated additional staffing to support residents to have opportunities to maintain community links in line with their preferences and priorities as set out in each person's individual plan 15/2/2016

Proposed Timescale: 08/03/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

A comprehensive assessment was not completed prior to the admission of a resident to the designated centre.

5. 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:

The Person in Charge will ensure that an assessment of need is undertaken prior to any future admission to the designated centre.

A comprehensive assessment of need for all residents has been commissioned by the Provider to effectively plan for meeting the needs of all residents, including the most recent admission to the service. The information gathering and assessment was completed on 20/2/2016 and a report will be provided to the Provider by 29/2/2016

Proposed Timescale: 20/02/2016

Theme: Effective Services

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

A comprehensive assessment had not been completed following a change in need of residents.

6. Action Required:

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

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

The registered Provider has commissioned a comprehensive assessment of each resident's needs, to take account of the changed needs of residents in this designated centre. The information gathering and assessment was completed on 20/2/2016 and a report will be provided to the Provider by 29/2/2016

A revised Individual Planning process has been developed by the Registered Provider to allow for a more focussed selection and follow-through on priorities. A briefing for Staff in the designated centre is scheduled for 24/02/2016.

Following this briefing Staff will be facilitated by the Person in Charge and another manager (who will be freed up to support this work) to complete the planning booklets for each person, to ensure that each person's goals across a range of domains are identified and planned for. These are scheduled to be completed by 04/03/2016

The Person in Charge will Audit each individual plan in Supervision meetings with staff. The Regional Services Manager will review individual plans through monthly supervision meetings and bi annually unannounced visits to the service.

Proposed Timescale: 04/03/2016

Theme: Effective Services

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

A personal plan had not been developed within 28 days of admission.

7. 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:

The Person in Charge will ensure that an individual plan will be developed within 28 days for any future admissions to the designated centre.

Proposed Timescale: 15/02/2016

Theme: Effective Services

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

Personal plans did not adequately reflect the supports residents required to meet identified needs.

8. Action Required:

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

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

The registered provider has commissioned an independent assessment of support needs within this service using the Supports intensity scale measuring tool. This was completed on 20/02/2016 and a report will be sent to the Provider by 29/2/2016

The registered provider will respond to and implement the recommendations and the findings from this report once received by 08/03/2016

Proposed Timescale: 08/03/2016

Theme: Effective Services

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

Whilst there was assessments by Allied Health Professionals, recommendations were not consistently included in the personal plans of residents.

9. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The Person in Charge will review all individual plans to ensure that all recommendations from assessment by Allied Health Professionals are included 26/02/2016. The PIC will monitor the implementation of recommendations.

The Person in Charge will audit all individual plans with Named staff in supervision to ensure they include all pertinent information, including recommendations from Allied Health Professionals.

The Regional Services Manager will review individual plans in monthly supervision meetings with the Person in Charge.

Proposed Timescale: 26/02/2016

Theme: Effective Services

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

Reviews of personal plans did not account for the effectiveness of each plan.

10. 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:

In the individual planning process quarterly updates and reviews will be conducted by the Named Staff/Key worker.

The Person in Charge will audit each plan for progress and effectiveness through supervisory meetings with named staff. The PIC will ensure that corrective action will

be taken where plans are not effective

The Regional Services Manager will review progress of individual plans in monthly meeting with the Person in Charge.

Proposed Timescale: 01/04/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Due to the external grounds, the designated centre was not in a position to meet the aims and objectives of the service and the needs of all residents.

11. 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:

The registered Provider will allocate funding to address issues in the external grounds to ensure access. An element of the work is being undertaken in partnership with a local community group and is weather-dependent. Work will be completed by 30/4/2016

Proposed Timescale: 30/04/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The systems in place for the assessment and management of risk were not effective as they did not adequately identify all hazards within the designated centre.

12. 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:

The Registered Provider will develop and implement a revised risk assessment process to aid the development of a Risk Register with a clear process for risk escalation.
16/3/2016

All Personal risk management plans, staffing and environmental risks will be reviewed, rated and compiled into a local Risk Status Report.

Any required follow up actions will be addressed by the Regional Services Manager and raised with the Executive Director as required.

Proposed Timescale: 16/03/2016

Theme: Effective Services

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

The procedures in place for the prevention and management of infection were inadequate.

13. 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:

The Person in Charge has audited the procedures in place for the prevention and management of infection in line with organisation procedure to ensure they are being fully implemented.

The PIC has developed and implemented a protocol on how to wash soiled laundry and staff have been briefed on its implementation.

Alginate bags have been provided for washing soiled laundry.

Soap and sanitizers are available in pertinent places. The checking of these is now incorporated into the daily cleaning roster.

Proposed Timescale: 19/01/2016

Theme: Effective Services

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

Due to an absence of appropriate signage, routes of evacuation were not easily identifiable.

14. Action Required:

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

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

The registered provider has installed 5 additional exit signs to routes of evacuation. Completed 16/02/2016.

Proposed Timescale: 16/02/2016

Theme: Effective Services

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

It was not clear the specific supports residents required in the event of an evacuation.

15. 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 Registered Provider and Person in Charge has reviewed the evacuation plan for the designated centre. The evacuation plan now includes the specific supports each resident requires in the event of an evacuation. 10/02/2016

An independent Fire trainer will review the evacuation plan on 04/03/2016.

Bespoke training on fire and evacuation will be provided to the team on 04/03/2016.

Proposed Timescale: 04/03/2016

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:

Evidence did not support that the proactive and reactive strategies identified for residents were implemented and therefore alleviated the cause of a behaviour.

16. Action Required:

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

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

The Behavioural Support Specialist will review and update the behaviour support plans to include guidance on how to support residents if they engage in socially inappropriate behaviours and provide guidance to the team on how to implement and record the

proactive and reactive strategies outlined in the support plan. 25/02/2016

The Person in Charge will monitor the implementation of the plan.

The Behavioural Support Specialist will review the implementation and effectiveness of the plan with the Person in Charge. 08/04/2016

Proposed Timescale: 08/04/2016

Theme: Safe Services

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

There was an absence of recognition of indicators of abuse. As a result, there was an absence of evidence to support adherence to National Policy.

17. 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:

The registered provider has scheduled a bespoke Safeguarding training event for staff in this service. 04/03/2016

The Organisation's policy is being updated to reflect the "National Safeguarding Vulnerable People at Risk of Abuse" policy for release on 11/03/2016. .

The Executive Director will brief all Persons in Charge on the requirement to notify the Chief Inspector on all instances of suspicion or allegation of abuse as well as all other notification requirements. 24/02/2016

Proposed Timescale: 11/03/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The Chief Inspector had not been informed of a suspicion or allegation of abuse.

18. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

These notifications were submitted retrospectively on (1) 20/01/2016 with a follow up report on 12/02/2016 and (2) 18/01/2016. Both of these are being addressed in line with the National Safeguarding Policy

Proposed Timescale: 12/02/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

There had not been sufficient efforts to facilitate residents access to education, training and employment when appropriate.

19. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The revised Individual planning process (see action 6) will ensure that named staff are facilitated to identify goals that will focus on the hopes, dreams and development of residents in according with the specific choice and wishes of the resident.

Implementation of these plans will be supported through a partnership with the local day services managed by the Registered Provider.

Additional staffing has been allocated by the Provider to implement each resident's plan

Implementation will be monitored by the PIC and the Regional services Manager through supervision and unannounced inspections

Proposed Timescale: 04/03/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Due to deficits in the personal plan, evidence did not support that residents' health care needs were met having regards to their personal plan.

20. Action Required:

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

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

The Person in Charge will review all Health action plans immediately to ensure that they contain all the necessary information needed to support residents with their health care needs. 26/02/2016

This will be audited by the Person in Charge in supervision with Named staff.

The Regional Services manager will review individual plans in the monthly supervision with the Person in Charge.

Proposed Timescale: 26/02/2016

Theme: Health and Development

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

Records did not support that the food and drink provided to residents was inline with their dietary needs.

21. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

A recording system is now in place that will demonstrate the food and drink provided to residents is in line with their dietary needs. These records will be reviewed by the Person in Charge weekly. Commenced 18/02/2016

Proposed Timescale: 18/02/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Due to an absence of signatures and dates, records did not demonstrate that medication was administered in the manner in which it was prescribed.

22. 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:

Monthly Audits of medication and records will be conducted by the Person in Charge.
15/02/2016

A medication trainer will complete a full audit of all medication and records within the designated centre. Any recommendations from this review will be implemented. This will commence on 24/02/2016

PIC and another staff will attend a briefing on a revised Medication Administration Policy on 24/02/2016 and will brief colleagues at next staff meeting on 25/02/2016.

Proposed Timescale: 25/02/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The management system in place to support staff in the absence of the person in charge did not clearly identify the accountable persons.

23. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The Person in Charge and the Regional Services Manager has agreed an on call system that clearly identifies the accountable person. This schedule is available to staff in the designated centre.

Proposed Timescale: 15/02/2016

Theme: Leadership, Governance and Management

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

Improvements were required in the management systems to ensure that they were adequately resourced and effectively reviewed the quality and safety of care provided to residents.

24. Action Required:

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

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

The Person in Charge will be off roster for the next month to ensure the effective implementation of this action plan. This will be extended as necessary by the Provider to ensure the effective implementation of this Action Plan.

The Provider will review the management arrangements for the designated centre to ensure the Person in Charge has adequate off-roster management time to follow on from this initial arrangement. This will be implemented before the current arrangements for the management of the designated centre are concluded. 20/3/2016

The Regional Services Manager will allocate one day per week to the designated centre to support the Person in Charge in addressing any outstanding work.

The Executive Director and regional services Manager will meet fortnightly to review the implementation of the Action Plan

The registered provider has commissioned an independent assessment of support needs using the Supports Intensity Scale measuring tool This has been completed 20/02/2106. The provider will respond to and implement the recommendations and the findings from this report.

Proposed Timescale: 20/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels did not meet the needs of residents.

25. 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:

See Action 8 and 24.

While awaiting the report from the independent assessment of support needs the registered provider has allocated additional support hours to the designated centre.

Proposed Timescale: 08/03/2016

Theme: Responsive Workforce

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

A review was required of the training provided to staff to ensure that staff had adequate knowledge to ensure the delivery of a safe and effective service.

26. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The Person in Charge has reviewed the training needs of all staff.
Staff have been nominated for upcoming training events where necessary.

In addition to the upcoming training calendar events bespoke training in Fire/Evacuation and Safeguarding is scheduled for the team on 04/03/2016

The Behavioural Support Specialist will provide guidance to the team on how to implement the proactive and reactive strategies in the Behaviour Support Plan.
25/02/2019

Guidance on the Complaints procedure was provided to the team by the Complaints Administrator on 27/01/2016.

Proposed Timescale: 04/03/2016

Theme: Responsive Workforce

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

The national policy 'Safeguarding Vulnerable Persons at Risk of Abuse' published by the Health Service Executive was not accessible in the designated centre.

27. Action Required:

Under Regulation 16 (2) (c) you are required to: Make available to staff copies of relevant guidance issued from time to time by statutory and professional bodies.

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

The Organisation's policy is being updated to reflect the "National safeguarding vulnerable people at risk of abuse" policy. This will be released on 11/03/2016. A copy of the policy was available in the Designated Centre

Proposed Timescale: 11/03/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Improvements were required in the documentation as required by Schedule 3.

28. Action Required:

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

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

Comprehensive assessment of need and care plans are being developed based on the external supports assessment of need, the review of health care plans and I.P updates.

All staff will be supported to maintain thorough records using the updated documentation with closer audit by the Person in Charge and follow up support and supervision.

The P.I.C will schedule review of all policy with the staff team over the next schedule of staff meetings. 29/04/2016.

Proposed Timescale: 29/04/2016