

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Grange Apartments - Sonas Residential Service
Centre ID:	OSV-0003745
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Lorraine Macken
Lead inspector:	Helen Thompson
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 August 2016 10:50 To: 18 August 2016 21:25

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an unannounced 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. The required actions from the centre's registration inspection in September 2014 were also followed up as part of this inspection process.

How we gathered our evidence:

The inspector met with a number of the staff team which included care staff and staff nurses. The inspector also met with the provider nominee. At the start of the inspection the inspector had an introductory meeting with the staff nurse who was the lead person on duty that day. Additionally, in assessing the quality of care and support provided the inspector spoke with two of the residents and spent time observing staff engagement and interactions with residents. The residents that the inspector spoke with in their individual apartments appeared contented. As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files and a number of the centre's policy documents. The inspector also

completed a walk through the centre's premises and visited some residents' individual apartments.

Description of the service:

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was situated in a campus based setting in a suburban community. The building was comprised primarily of six individual, self-contained apartments with communal ancillary spaces, activation rooms, a main kitchen, a family room, staff offices and facilities. Each individual apartment had an open plan living/dining space with a kitchenette, a bedroom, a bathroom and direct access to a garden. There was capacity for six residents and it was home to three men and three women over 18 years of age.

The stated aim of the service is to provide a supportive, individualised and low arousal residential environment, specifically tailored to each individual's needs with each individual apartment providing a platform to enable engagement in everyday activities. Additionally, it states that the service is committed to supporting each person to live a full and independent life, promoting choice and decision making, to have a presence in their community and promoting opportunities for learning with a strong commitment to promoting independent living skills. The range of care and support needs required by residents includes autism and difficulties associated with this diagnosis, mental health needs, communication, personal care needs, medical needs and activities of daily living.

Overall judgment of our findings:

Ten outcomes were inspected against and five outcomes were found to be of major non-compliance. Significant areas for improvement were identified in the core outcomes of safeguarding, governance and management, workforce, in particular the provision of adequate staffing levels and in social care needs with meaningful engagement, activities and social opportunities requiring prioritisation. Also, the residents' level of community participation and involvement needs to be developed and supported.

The inspector found many regulatory breaches and gaps in the provision of residents' rights dignity and consultation which will require a number of identified improvements in residents' lives to bring this outcome into compliance. Improvements needed included the honouring of residents' rights, ensuring dignity and respect in all staff practices, in staff engagement with residents, in the facilitation of choice and control for residents, particularly within a restrictive environment and in ensuring that the complaints process is utilised effectively for residents.

Safety and risk management was found to be moderately non-compliant with improvement required in the implementation of cited control measures, in follow up post incidents and in infection control measures to increase compliance. The inspector found that residents' healthcare needs were substantially met but improvement was required in the provision of drinks and snacks for some residents. The centre's statement of purpose was found to be substantially compliant. This document had been updated since the previous inspection and criteria for admission

and discharge had been included. However, the practices observed during inspection did not correlate with the service outlined in the statement of purpose. The inspector found that residents' medication needs were supported and that identified requirements in relation to admissions and contracts for the provision of services had been addressed since the last inspection.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Overall, the inspector found that significant improvement was required to ensure that residents' views were heard, responded to and that they participated in and influenced the organisation of the centre. This was especially required with regard to residents' usage of the complaints mechanism. Improvement was also required to ensure that residents exercised choice and control in their lives and that they were afforded the opportunity to engage in meaningful, community based activities. Awareness of and the maintenance of residents' privacy and dignity needed to be addressed and improved for some residents. Staff engagement and interactions with residents also required attention.

During the previous inspection regulatory breaches were found in the complaints procedure. The inspector observed that the actions which the provider outlined to address this deficit were not evident. Complaints that were made by some residents in 2016 regarding quality of life issues in their living environment were not observed to be appropriately responded to and measures to bring about improvement were not found to have been put in place. Also, the complaint form was not completed in a full and proper manner. The inspector noted that there was no forum or process in operation to collectively review matters that affect residents in the centre. Staff reported that key workers meet individually with residents.

The inspector observed issues regarding residents' ability to exercise choice and control in their daily lives. As due to residents' individualised apartment living structure, some of them spent a large amount of time alone and requested staff interaction and assistance

as they wanted. However, due to the secure nature of their apartment, residents could not come out to get the staff member's attention and were regularly observed to have to wait a period of time for staff to respond to their action of knocking on their apartment door or their verbal calling of staff. The inspector observed that the residents, which included a person with a sensory disability, had no other means or system for calling staff. Staff reported to the inspector that sometimes it could be a while before staff were available to respond, especially if it was during meal breaks when the staffing complement was reduced to three, noting that occasionally it could be down to two.

The inspector also found that residents' privacy and dignity requirements were not fully recognised and maintained. This was found in the staff's daily practice of observing residents in their apartments through the glass panel option that was structurally available. This was not found to be recognised as an intrusive action or as a restrictive practice. The inspector noted that a significant amount of staff interactions with residents were task orientated and especially noted that a staff member's interaction when supporting a resident was of a disrespectful and developmentally inappropriate nature. Additionally, during the inspection process the inspector observed that the importance of consistently ensuring privacy and dignity for residents within the open, communal areas was poorly recognised and supported.

The inspector observed that some residents were afforded little support regarding the maintenance and care of their personal possessions. A resident's list of property and personal effects that was dated January 2015 identified that she had seven items only. There was no evidence of updating and review of the resident's personal possessions inventory, though she had experienced changes and a transition since the original document was generated. Staff acknowledged this deficit to the inspector.

Judgment:
Non Compliant - Major

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):

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

Findings:

The inspector found that transparent criteria for admission and discharge to this centre were available to underpin these processes for residents.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that significant improvement was required in the provision of residents' wellbeing and welfare, especially in the facilitation of a meaningful daily, in activity levels, in the provision of residents' social goals and level of community participation. Residents had a personal plan which outlined their needs but improvement was required in making this document accessible to the resident. The inspector observed that the residents' representatives were involved in the personal planning process and that there were multidisciplinary supports available.

The inspector found that improvements were required for some residents regarding the identification, implementation, review and evaluation of their social goals. Review of a resident's file identified that only one of the four short term goals that was planned in June 2016 had been progressed, though the inspector noted that the planned follow up action for this goal had not been completed. There was no status update recorded on the resident's other three goals.

On the day of inspection this resident was observed to have a large amount of free time without engagement in any activity. The inspector had noted that routine and engagement in social activities was assessed, documented as a high support need and consistently highlighted in the resident's specialist reviews. In addition, the inspector noted that the resident's personal plan was of a narrative nature and not available in an accessible format.

In general, throughout the inspection process it was observed that residents had huge periods of downtime and the facilitation of activities for them was very limited. Review of one resident's activity timetable indicated that between 10:00-16:00 hours he was scheduled to attend two activities, each for one hour duration with the rest of his day unstructured. Apart from having lunch on his own, this resident had no activity planned for three hours in the middle of his day and from 16:00 hours every day his schedule

was comprised of relaxation, supper, television and DVD. There was no date of creation on this schedule and no evidence of review and evaluation of the resident's activities. Discussion with staff identified that this schedule was not current as some changes had occurred for the resident regarding his activity provision.

The inspector observed that another resident spent the day in her apartment with the only activity choices available being of a table top nature. During a walkabout of the centre, the inspector observed that the two designated activity rooms that were available to residents appeared unused and one of them was cluttered with equipment which included a commode, wheelchairs and laundry items. Staff reported that this room was previously used by the aforementioned resident but not since 2015.

Staff highlighted to the inspector that residents' social activities had reduced with lower staffing levels and that residents were not being sufficiently facilitated to get out. In general, staff interactions and engagement with residents were predominantly around the provision of personal care and the functional activities of daily living.

Judgment:
Non Compliant - Major

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:

In general, the inspector found that there were systems in place to ensure the health and safety of residents, staff and visitors. However, improvement was required with the identification of risk, the implementation of control measures, follow up post incidents and with regard to infection control.

The centre had a risk management policy, health and safety statement and a risk register for the centre. The register identified self-harm with residents and violence and aggression to staff as the highest risks. Staff reiterated these risks during the inspection process. Individual assessments for these risks were also observed in residents' files. However, improvement was required to ensure that the identified control measures to mitigate these risks were completed, for example, the implementation of residents' behaviour support plans and strategies and in the maintenance of cited 1:1 staffing levels.

Also, with regard to a medication error, the inspector observed gaps in the follow up of control measures to reduce the likelihood or impact of recurrence.

The inspector observed that fire drills were conducted with residents and staff of the centre and no particular issues were identified on records reviewed. Staff knowledge around the fire procedures and residents' support requirements was found to be good. This included a description in the variance of the procedure when staffing levels are reduced, for example, at break and night time. Individual fire evacuation plans were present to support residents to safely evacuate and some residents had an accessible version. However, the inspector noted that no accessible version was present to support a resident who from staff accounts of evacuation procedures, observation and file review experienced difficulty and anxiety when evacuating.

The centre had appropriate fire equipment in place. The inspector reviewed certificates which showed that fire equipment extinguishers, fire alarm and emergency lighting was serviced regularly. The centre's fire register demonstrated that fire related checks were being conducted on a daily, weekly, three monthly and annual basis.

The inspector identified some infection control issues during this inspection. A member of the centre's household staff was absent on the week of the inspection with staff noted to be supporting this gap. A review of the cleaning schedule for a resident's individual apartment was observed to be blank with cleaning not recorded, though the inspector noted that this hygiene service was required for some residents. Hand washing facilities were available throughout the centre and personal protective equipment was available to staff.

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

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Overall, the inspector found that improvement was required in the centre's measures to protect residents from being harmed or suffering abuse. The inspector observed some gaps in staff's safeguarding knowledge and training deficits were also identified. A positive behaviour support approach was evident for residents that engaged in behaviour that was challenging, however, significant improvement was required in the implementation of residents' supports and strategies. The promotion of a restrictive free environment for residents was observed to be weak with improvement required in the identification of all restrictive practices and staff knowledge of this area.

Safeguarding supports were assessed and observed to be of a particularly high level for some residents in this centre. However, the inspector found that some staff members' safeguarding knowledge was weak and a lack of clarity was observed in their description of responding to potentially abusive situations for residents and in the different types of abuse. In addition, the inspector identified that this lack of staff knowledge had hindered the timely reporting and subsequent notification of an alleged abusive situation for a resident. Staff training in relation to the safeguarding of residents was also found to be outdated.

The inspector found that there were systems in operation for responding to incidents, allegations and suspicions of abuse. However, residents' safeguarding plans and protocols were found not to be updated post critical multidisciplinary and safeguarding reviews and thus unavailable to robustly guide staff daily practice and support provision to these residents.

Positive behavioural support needs were of a higher level of requirement for residents. However, the inspector observed that some staff members' knowledge was not in keeping with the residents' assessed needs and supports. A poor understanding of some residents' behaviour that challenged, their required support strategies and the rationale for same was observed. Additionally, the inspector noted that there was a lack of understanding and knowledge with regard to the usage of restrictive practices with residents.

Not all restrictive practices that were observed to be in use as a response to residents' behaviour that was challenging were clearly identified, authorised, tracked, evaluated and reviewed. This included the reported and observed practice of staff physically blocking a resident when they attempted to exit their apartment when the door lock was deactivated and of staff pulling back a wooden wall panel and conducting observations of residents through a glass panel. The inspector also found that a risk assessment was not present to underpin the practice of a resident's restricted access to their television. Evidence of consent for and discussion of restrictive interventions with the residents' representative were not observed in the residents' file. No overarching centre restraints register was available for review by the inspector.

The inspector observed that multidisciplinary discussion and review of some of the residents' restrictions were present, for example, the locking of the exit door for the residents' apartment into the main communal areas.

The inspector observed that residents were being supported and reviewed by a clinical nurse specialist in behaviour and the wider multidisciplinary team. However, the inspector did not observe clearly documented current assessments and strategies to support behaviour which staff reported as the most challenging in recent months and additionally was observed during the inspection process. During the day, the inspector observed inconsistency in staff's approach and in support strategies provided to residents.

The centre had policies in place as required by regulation.

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):
No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents in this centre were supported to achieve and enjoy the best possible health. Healthcare needs were assessed, supported, evaluated and reviewed. However, the inspector observed that improvements were required to ensure that residents had improved access to drinks and snacks when in their apartments.

A review of residents' plans showed that their healthcare needs were being responded to in a timely manner, were assessed and supported. The inspector found that residents were supported by a multidisciplinary team which included psychiatry, clinical nurse specialist in challenging behaviour, psychology, speech and language therapy, occupational therapy and social work. Residents also had access to allied health care services.

The inspector observed that residents were well supported by their general practitioner who visited the centre on a daily basis. Doctor on call services were noted to support residents' out of hours health needs with records observed in residents' files.

Residents were supported by a dietician with evidence of regular review of their needs. Residents' meals were supplied from the central campus kitchen and the inspector observed that residents' choices and preferences were supported. Some residents noted that the food was nice.

However, during the inspection process it was observed that some residents did not have free access to snacks and drinks and were observed to request them from staff. When this was queried by the inspector, no clear rationale for this practice was available. During a walkabout the inspector had been informed that residents' food was stored in the main kitchen.

Judgment:
Substantially Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines in the centre were stored as required and residents' medication records were kept in a safe and accessible place in the nurses' station.

A pharmacist was available to the residents and there was evidence of ongoing review of the residents' medical status and their medication. The residents' general practitioner conducted daily rounds and members of the psychiatry team completed regular reviews with residents. The inspector noted that on the day of inspection two members of the team visited the centre to review residents' needs. Medication in this centre was only administered by registered nurses.

Auditing of the centre's medication administration and recording sheets is conducted. There was a system in place for reviewing and monitoring safe medication management practices.

The inspector noted that no residents in this centre were responsible for the administration of their own medication.

Judgment:
Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that the required action from the centre's previous HIQA inspection was addressed. The centre's admission and discharge local policy, to be used in conjunction with the provider's organisational policy, was available as an appendix in the statement of purpose. It outlined the admission and discharge criteria for residents to the centre.

However, from discussion with staff, observations and file reviews the inspector noted that there was a lack of clarity regarding the model of service being provided to residents. The aim of the centre, as outlined in the centre's statement of purpose, of being a transitional, assessment type environment in preparation for community living was not evident during the inspection process. No resident was found to be preparing or specifically supported for transition. This was not in keeping with the centre's statement of purpose.

Additionally, staff identified to the inspector that clarification was required to inform robust decision making with residents with regard to effectively meeting their current and longer term needs.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall, the inspector found that significant improvement was required to ensure that the management systems in place in the centre had oversight and accountability in the delivery of safe and quality services. Improvements were especially required to ensure that the service provided is effectively monitored and that residents are consulted and responded to when they highlight an issue.

No annual reviews of the quality and safety of care in the centre were available for the inspector to review. The inspector found that there was one copy of a six monthly unannounced provider visit available which was completed on 9 September 2015. Staff were observed to be unfamiliar with the process as initially they provided the inspector with a copy of HIQA's previous inspection in the centre. An action plan from the provider visit with areas for improvement identified was present but there was no progress update or evidence of an overarching quality and safety plan for the centre. During the inspection process it was noted that one of the actions from the last visit regarding cleaning schedules was not being maintained.

Additionally, the inspector noted that the deficits with the unannounced visit process had been highlighted and actioned during HIQA's previous inspection and the provider had committed to ensuring that this regulatory requirement deficit would be addressed.

Also, the inspector observed that some of the centre's systems were not being monitored, especially complaints. The inspector found that the regulatory requirements were not being met and that this information was not feeding the overall governance of the centre. Issues and time delays were also observed in the centre's oversight of maintenance requirements.

The inspector found that there was a clearly defined management structure in place with clear lines of authority and accountability. However, the person in charge position was recently vacated and according to the provider nominee a recruitment campaign to fill this post is current. In the interim the centre's CNM1 is deputising in this role but as he was on a day off, the inspector was not afforded the opportunity to meet him. There were clear arrangements for the absence of the deputy person in charge as a staff nurse took the lead role.

Also, the inspector observed that proper arrangements were not in place for staff to exercise their responsibilities and express any concerns regarding the quality and safety of the services provided. The last two recorded staff meetings occurred on 22 March 2016 and 14 October 2015 and discussions that the inspector had with staff indicated that these were required.

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 there was insufficient staff to consistently meet the assessed needs of residents in this centre and to ensure that residents receive assistance, interventions and care in a respectful, timely and safe manner.

The inspector found that there was insufficient staffing levels to meet many of the assessed needs of residents. On the day of inspection there were six staff on duty until 12:15 to support six residents with high support complex needs, one of whom required the support of two staff to meet his needs. From 12:15 and for the remainder of the day there were five staff available to support residents. The staff complement was then comprised of one staff nurse and four care staff, which dropped to three staff during meal break periods. It was observed on the staff daily allocation sheet that some staff members were concurrently assigned to support two residents. This staff ratio was contrary to recent risk assessments that were completed for residents' behaviour that challenged where it cited one to one staff support as a control measure.

The inspector observed that, regularly during the day residents had to wait a period of time for staff to respond to them in their apartment. Additionally, this delay in responding to residents' needs was reported by staff, who noted that this was difficult for residents and contributed to an increase in residents' anxiety levels. The inspector noted that it was also contrary to residents' identified behavioural support needs. On one occasion, when a resident, after a few minutes of waiting was responded to by staff, the inspector overheard the resident query if "staff were on breaks".

Lower staffing levels were also observed to be negatively impacting on the provision of a meaningful day for residents, especially with regard to getting out in the community, as some residents required two staff to support them. Overall, the inspector found that a significant level of staff engagement with residents was task orientated and of a functional nature.

The inspector also observed gaps in the provision of continuity of care for residents. As, in keeping with residents' needs a nurse was required to be consistently present, during meal breaks on the day of inspection, staff nurse cover was provided by a nurse from another designated centre who had not previously worked in this centre and was not familiar with the residents or their support needs. At that particular time a resident was

observed to engage in behaviour that challenged and the unfamiliar staff member was unable to provide the required supports.

The inspector also noted that due to the staffing level on the day of inspection the appointed person in charge on the shift had to support the residents and was unable to fulfil his allocated lead and supervisory role.

The inspector reviewed a sample of training records and found gaps in staff mandatory training, for example, safeguarding and manual handling. Additionally, staff were not observed to attend ancillary training that was consistent with residents' needs, for example, in augmentative communication and mental health conditions. This was also highlighted in discussion with staff.

The centre was found to maintain a planned and actual rota.

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 report¹

Centre name:	Grange Apartments - Sonas Residential Service
Centre ID:	OSV-0003745
Date of Inspection:	18 August 2016
Date of response:	10 October 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents' privacy and dignity was not maintained with regard to their personal living space and in the provision of their support strategies.

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

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 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:

Full review of individual service user in relation to how the service can maintain her privacy and dignity to be undertaken. Trial of staff approaching her whilst in corridor to maintain privacy and dignity unsuccessful and not tolerated by service user. MDT to be called to discuss level of intervention required.

Email sent to all service locations regarding procedure for entering the grange building so that privacy can be maintained.

Glass panels to each apartment have never been authorised for use and will be shut and disabled.

Competency based core values workshop incorporating respect and dignity specific to the grange to be delivered to grange staff.

Proposed Timescale: 31/12/2016**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Residents were not optimally supported to exercise choice and control in their daily lives.

2. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

Implement Choice boards for appropriate residents to clearly evidence choice in activities. Document within the care plan the level of participation and tolerance for activities. Care plans to include their level of engagement of creating timetables and the need for some residents to develop their own timetables on a daily basis.

Time frame: 28th February 2017

Assessment to occur of current level interaction and service user ability to tolerate collective centre meeting regarding centre issues. These meetings currently happen on an individual basis.

Timeframe: 30th November 2017

Referral will be sent to OT and assistive technology for assistance in trialling alternative methods to enable service users to call for staff for assistance.

Timeframe: 31st October 2016

Re-assess supervision requirements for service users (in challenging behaviour risk assessment) to identify when one to one supervision is required. Review of roster to include break times for staff and management of same to occur. PIC to link with day service manager to provide support during prioritised times.

Time frame: 31st December 2016

Re: service user with a sensory disability: review of quality and level of staff interactions including amount structure to her day incorporating her tolerance levels and wishes.

Timeframe : 31st December 2016

Proposed Timescale: 28/02/2017

Theme: Individualised Supports and Care

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

A staff member's interaction with a resident was disrespectful and of a developmentally inappropriate nature.

3. Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

Identified shift leader to ensure staff act in accordance with core values of the service. Process of annual performance reviews is underway and all staff have scheduled dates. Competency based core value workshop incorporating respect and dignity specific to the grange to be delivered to grange staff.

Proposed Timescale: 31/12/2016

Theme: Individualised Supports and Care

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

Residents were not supported in maintaining their personal possessions.

4. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

Inventory of personal possessions to be accurately updated and maintained by keyworker at all times.

Proposed Timescale: 30/11/2016

Theme: Individualised Supports and Care

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

Residents were not facilitated to engage in meaningful daily activities.

5. 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:

Option for engagement in ASDAN programme to be offered to each service user. Individualised activity programme and approaches are contained in the care plan alongside the activity logs that record engagement levels and are used to tailor the persons programme. All staff to be re-inducted to this system.

Proposed Timescale: 31/12/2016

Theme: Individualised Supports and Care

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

Residents' complaints were not dealt with in a prompt manner.

6. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

The PIC will ensure that complaints taken from service users will be addressed appropriately and in a timely manner in accordance with DOC policy. PIC will be aware of all complaints and direct appropriately, and ensure the complaint is closed in a timely manner or referred on as appropriate.

Proposed Timescale: 31/10/2016

Theme: Individualised Supports and Care

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

Evidence of measures to bring about improvement in response to a resident's complaint were not present.

7. Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

All staff to be aware of the identified specific measures in how to deal with a service user's complaint. This will be logged in the complaints book and measures outlined in the communication book for all staff.

The PIC will ensure that complaints taken from service users will be addressed appropriately and in a timely manner in accordance with DOC policy. PIC will be aware of all complaints and direct appropriately, and ensure the complaint is closed in a timely manner or referred on as appropriate.

Proposed Timescale: 31/10/2016

Theme: Individualised Supports and Care

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

Complaints were not observed to be properly recorded as required by regulation.

8. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

Old documentation for complaints to be completed fully and addressed in a timely manner.

Proposed Timescale: 31/10/2016

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:

Residents' social care needs were not comprehensively assessed and supported.

9. Action Required:

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

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

CNS in behaviour and team will review all assessment pertaining to supporting individuals. Process to commence of care plans being restructured which will entail a re-assessment of health, personal and social care needs.

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

An accessible format of their personal plan was not available to residents.

10. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Communication passports are being re-located to the person's immediate living environment where appropriate and tolerated by the individual. Person centred plan will be created in accessible format for all service users.

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

Residents' personal plans were not reviewed, evaluated and updated with changes in residents' circumstances.

11. 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:

Care plans are being re-structured currently and this will include an update and review of all supports.

Proposed Timescale: 28/02/2017

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:

Measures and actions to control residents' risk of self-harm were not observed to be implemented.

12. Action Required:

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

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

Control measures for service user will be reviewed and communicated to all staff. A re-induction to all staff to each service users supports will occur.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

There was a gap in the implementation of control measures and actions to reduce the likelihood or impact of incidents reoccurring.

13. Action Required:

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

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

Incident forms to be logged on the Risk Register and to be presented at the health and safety meeting.

All nurses to read, sign and adhere to local DOCS Medication management Policy and ABA guidelines to underpin practice.

Medication Errors will be documented and reported in adherence to DOCS policy in following up same in a timely manner ensuring client safety.

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

Some infection control requirements were not found to be implemented for residents.

14. 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:

Household staff will be redeployed to the Grange with a view to increasing hours per week.

PIC to meet with household staff to ensure that cleaning logs are appropriately filled once completion of the listed tasks.

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

All possible support options, for example, an accessible version of their plan were not observed to be available to residents to improve their evacuation experience.

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:

Review all easy read fire evacuation Plans (PEEPS) and ensure that all individuals will have their accessible format available to them.

Proposed Timescale: 30/11/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all restrictive practices that were observed to be in use as a response to residents' behaviour that was challenging were clearly identified, authorised, tracked, evaluated and reviewed.

16. 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:

Glass panels will be sealed shut. All restrictive practices will be reviewed and discussed with MDT quarterly.

Proposed Timescale: 31/01/2017

Theme: Safe Services

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

Staff knowledge and skills were not observed to be in keeping with residents' assessed needs and support requirements.

17. 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:

Revised staff induction programme will be developed encompassing

1. General training in principles of autism, mental health, supporting people with behaviours that challenge and risk and restrictive practice.

Timeframe: 28th February 2017

2. service user specific induction, in presentation form, of supports and rationales delivered by keyworker to all staff

Timeframe: 31st December 2016

3. Phased shadowing with new staff by experienced staff members and recording of same when complete.

Timeframe: 31st December 2016

The three elements will be ongoing as new staff join the team.

All will be documented in the person's careplan.

Any updates regarding supports will be distributed to all staff members via communication book redirecting them to read and sign the new adjustment.

Proposed Timescale: 28/02/2017

Theme: Safe Services

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

Consent was not evident for some of the residents' restrictive interventions.

18. 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:

Full review of restrictive practices to be undertaken quarterly; representatives of the service users are invited to attend MDT meetings at all times of which some attend.

Letter of information to be sent to all representatives outlining restrictive practices and rationales.

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:

Assessment and clear strategies were not available to guide staff practice in supporting some residents' behaviour that was challenging.

19. 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:

Review and re-structuring of personal plans will identify and communicate clear strategies to guide staff practice for all residents whose behaviour is challenging.

Proposed Timescale: 28/02/2017

Theme: Safe Services

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

Gaps were observed in staff's safeguarding knowledge and training.

20. 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:

Refresher Training for Staff whom required training on Service User Protection and Welfare are scheduled to attend as a matter of urgency.

All staff instructed to read DOCS policy Service User Protection and Welfare and once this is complete to confirm in writing to PIC that they have read and understood the policy.

Proposed Timescale: 30/12/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some residents did not have access to snacks and drinks.

21. Action Required:

Under Regulation 18 (4) you are required to: Ensure that residents have access to meals, refreshments and snacks at all reasonable times as required.

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

Trial access to food and service user response to same for x5 service users, 6th service user be regularly offered snacks with staff supervision as SALT have recommended supervised eating.

Proposed Timescale: 31/10/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The centre's practices did not reflect the statement of purpose.

22. Action Required:

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

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

The statement of purpose will be revised with the PIC and Nominee provider.

Proposed Timescale: 28/02/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The inspector found that there was poor oversight and governance regarding the quality and safety of care provided in the centre.

23. 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:

All complaints and their follow up will be audited by the PIC monthly. A CNM2/PIC is currently being processed for the management role in the grange.

Monthly grange team meetings will be scheduled with the PIC.

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:

No evidence of an annual review being completed was available to the inspector.

24. Action Required:

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

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

Annual quality and safety reviews will be completed by the quality and risk officer.

Proposed Timescale: 30/01/2017

Theme: Leadership, Governance and Management

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

The six monthly unannounced visits by the registered provider were not being completed.

25. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Nominee provider will complete unannounced visit to the Grange.

Proposed Timescale: 28/02/2017

Theme: Leadership, Governance and Management

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

Arrangements were not in place to facilitate staff to raise their concerns and give opinions regarding the quality and safety of the care and support in the centre.

26. Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

Monthly Grange team meetings will be scheduled with the PIC.

Proposed Timescale: 30/11/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff was found to be inconsistent with the residents' assessed needs and supports.

27. 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:

Re-assess supervision requirements for service users (in challenging behaviour risk assessment) to identify when one to one supervision is required. Review of roster to include break times for staff and management of same to occur. PIC to link with day service manager to provide support during prioritised times.

Proposed Timescale: 30/12/2016

Theme: Responsive Workforce

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

Residents were not consistently supported by staff that were familiar with their needs and support strategies.

28. 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:

Unfamiliar staff are in a supportive role and supervised by familiar staff. They do not have unsupervised contact with service users in the grange. There is currently an induction checklist for agency staff that indicates their supportive role.

All new staff will receive a newly developed induction and supervised practice as they progress in the Grange. This includes service user specific induction, principles of challenging behaviour, autism, mental health etc.

Proposed Timescale: 28/02/2017

Theme: Responsive Workforce

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

Staff training was found to be out of date and not current to residents' needs.

29. 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:

Refresher Training for Staff whom required training on Service User Protection and Welfare are scheduled to attend as a matter of urgency.

Revised staff induction programme will be developed encompassing

1. General training in principles of autism, mental health, supporting people with behaviours that challenge and risk and restrictive practice.

Timeframe: 28th February 2016

2. service user specific induction, in presentation form, of supports and rationales delivered by keyworker to all staff

Timeframe: 31st December 2016

3. Phased shadowing with new staff by experienced staff members and recording of same when complete.

Timeframe: 31st December 2016

The three elements will be ongoing as new staff join the team.

All will be documented in the person's careplan.

Proposed Timescale: 28/02/2016