

**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 Health Service Executive
Centre ID:	OSV-0003324
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	John Hayes
Lead inspector:	Geraldine Jolley
Support inspector(s):	Mary McCann
Type of inspection	Announced
Number of residents on the date of inspection:	12
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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 July 2014 10:30 To: 24 July 2014 18:00

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of this centre carried out by the Authority. The inspection was announced and the inspectors met with residents and members of the staff team. The delivery of care, documentation required by legislation and the premises were reviewed.

The centre known as the Drogheda Unit is a congregated setting and it is located on the ground floor of St. Joseph's Community Hospital. It has been operational since 1985 and provides care for 13 service users with a range of intellectual disabilities who may also have physical or sensory disabilities, health care problems or palliative care needs.

Residents' accommodation is provided in 4 dormitory type rooms and one single room. There is communal sitting and dining space and a kitchen area where drinks and snacks can be prepared. There is an enclosed secure garden area close by which is accessible to residents.

The inspectors found that evidence of a person-centred and focused approach to support residents and the provision of meaningful life experiences and positive outcomes. Staff supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue

their interests, hobbies and to attend training/educational programmes. The centre was spacious, comfortable, and decorated to a high standard. Staff and residents knew each other well. There was evidence that resident's healthcare needs were assessed and that access to general practitioners (GPs) was readily available. Assessment and interventions from members of the multidisciplinary team was also facilitated.

The inspectors identified some aspects of the service that required improvement to comply with the regulations. The way records were maintained required review. Complaints were recorded as required, however, some were recorded in residents' care records which made it difficult to monitor the number, range of complaints and actions taken to resolve complaints. Communication difficulties were described clearly in some cases but this was not consistent across the sample of records examined and personal plans were not available in formats that would ensure they were accessible and could be understood by residents. Some records were difficult to decipher as they were not in date order. The way training records were maintained needed revision to ensure that it was clear that the time scales for mandatory training for staff was achieved. The procedure for and outcomes of fire drills were not fully recorded and did not indicate how many staff and residents were involved and fire exits were not checked regularly to ensure they are free from obstruction and fully functional. There were aspects of the premises particularly storage space for residents possessions that required improvement.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors reviewed a selection of residents' personal plans. It was noted that all residents were assessed as having maximum care needs and all except one resident were immobile and required specialist chairs and beds. Many residents had spent long periods in institutional care. The centre was noted to have good connections with the nearby Ard na Greine resource centre where some residents attended activities. Personal plans contained a range of assessments that provided information on moving and handling needs, nutrition, skin vulnerability and communication. There was good background detail on residents' family life and lifestyle over the years. The activities that residents liked to attend and the goals that they would like to achieve were also outlined. While the information was generally person-centred the inspectors found that some information on communication did not accurately describe residents' abilities or problems in this area and for residents who had difficulties there were no alternative communication strategies in place. The inspectors found that nurses completed the daily nursing notes to reflect personal plans however it was difficult to determine information on some matters that included:

- the progress made to achieve the goals outlined in the annual reviews
- the supports to be provided by staff to ensure goals were achieved

Personal plans were reviewed annually and there was information that changing needs and circumstances informed care practice. However there was a lack of detail to describe how transition arrangements from one service to another were planned and executed for residents new to the service. In one instance it was found that there should be a multidisciplinary review of the current arrangements to ensure the placement was appropriate to ensure the resident's level independence could be

encouraged and maximum potential achieved. This was confirmed by relatives who told inspectors that alternative care plans were put in place when residents were ill, their mobility needs or abilities changed or they did not wish to take part in the programme originally outlined. The contributions of residents and relatives were included in personal plans and the inspectors noted that good arrangements were in place to ensure residents maintained contact with their families.

There was a range of activities available to the service users both in the centre and in the nearby resource centre. The centre had access to transport which enhanced the opportunities for services users to access this and other community facilities. Almost half the current resident group spend their time in the centre due to their dependency and high care needs. The remaining residents do have opportunities to go out regularly. The programme of activities was facilitated by community employment scheme staff. The inspectors saw that staff were engaged in providing social opportunities which for many residents involved one to one sessions that included listening to music, relaxation and sensory stimulation. The inspectors noted that during the afternoon that residents were all taken to one room for the activity session and the area was noted to be noisy and very active, an arrangement that did not meet the assessed needs of all residents. The inspectors concluded that the social care programme should be provided in a manner that meets the individual needs of residents in a meaningful way.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

This centre is part of St. Joseph's Community Hospital and is located in a unit a short distance away from the areas that accommodate older people. Residents' personal/bedroom areas are primarily located in multiple occupancy bedrooms that accommodate up to four residents. There is one single room that is used to provide care when residents are ill or at end of life. There is a large sitting area and another combined sitting /dining area which provide adequate communal space for the number of residents accommodated.

The inspectors were told that work was required to ensure that fire safety standards

met current requirements and this has been included in the budget for the centre for 2014. Bedroom areas were noted to have been personalised with photographs and items belonging to residents but further work was required to ensure that residents could clearly identify a personal space that was their own.

The following matters were noted to require attention:

- The single bedroom needed refurbishment to provide a comfortable environment for residents. Some of the paintwork was damaged and pipe work in several areas was exposed.
- Storage facilities for residents were inadequate. While there were lockable cabinets in the communal bedrooms these were used for general equipment and supplies such as incontinence products and not for residents' clothes or belongings. The small single wardrobes were not adequate to keep a reasonable amount of clothing or possessions for residents living in the centre long term
- The shower areas needed refurbishment as pipe work was again exposed and there was wall damage in one area
- Toilets and shower areas could not be locked

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 inspectors found that there were health and safety measures in place to safeguard residents, staff and visitors. The inspectors read the risk management policy which was specific to disability services and found that it identified the roles, responsibilities and reporting arrangements for managing a range of risk situations. There was a safety statement that had been reviewed in May 2014.

The risk management policy included procedures on specific risks such as infection control, medication errors and environmental risks such as loss of water and legionella management. The specific risks outlined in the legislation such as the risk of self harm, violence, aggression and assault had not been included and it is a requirement of this report that this is remedied so that staff have guidance for the management of such situations. The inspectors noted that staff had been proactive in the management of general risks associated with bed-rails. The use of chrome bed-rails had been discontinued and new beds with integrated bed-rails were in use throughout the unit.

A policy was available on fire safety. Inspectors spoke with staff and they were knowledgeable about what to do in the event of a fire. While fire drills were carried out at regular intervals, fire drills over the night time period or when minimum staff were on duty had not taken place to ensure that staff could safely evacuate in these circumstances. There was information available in each residents' personal emergency evacuation plan to guide staff if evacuation was required. Fire detection and fire fighting equipment such as fire extinguishers and the fire alarm were serviced on a contract basis.

A fire register was maintained. There was a daily check of all residents and staff present. There were however there were no checks of the fire exits to ensure that they were not obstructed and it was difficult for staff to check the fire panel was operational as it was located in the clinical room which is an area that is locked. A fire safety assessment had been carried out and all fire doors were scheduled for replacement. This work was included in the works schedule and was due for completion before the end of the year the inspectors were told.

Fire safety training had taken place and this included evacuation procedures and the use of equipment however the format of the training records did not provide information that confirmed that all staff had up to date annual training. The fire drill records did not indicate the procedure for the fire drill and where problems were encountered such as difficulty with moving beds due to "sticky wheels" there was no information to indicate that the problem had been escalated and referred for repair to eliminate future problems.

Inspectors reviewed staff training records and found that while some staff had received training in safe moving and handling the record did not confirm that all staff had this training within the required time frames. All service users had moving and handling needs at the time of this inspection. There were assessments for each resident however there were noted to be deficient and a review of the requirements of each resident was needed. The type of hoist to be used for each resident was not outlined and the centre had only one hoist which may not be suitable for all residents needs. Some falls risk assessments were not dated and it was not possible to determine if the information was current and reflected needs accurately.

An infection control policy was available and staff were aware of infection control procedures. The centre was noted to be clean and there were supplies of personal protective equipment.

Hazards identified as posing a risk to residents were identified in their personal plan and some controls to minimise the risk of harm or injury had been identified however the inspectors noted a number of areas where improvements were required. These included:

- Residents who exhibited behaviour that challenged did not have reassessments following each episode to indicate risks and possible strategies for the prevention of further episodes
- Some residents did not have appropriate outdoor wheelchairs
- Residents who sustained falls and sustained head injuries did not have neurological observations routinely recorded

- A medication error had been recorded, investigated and an incident report had been completed however factors that could have contributed to the error had not been identified to prevent a recurrence and inform future learning.

The inspector noted there were systems in place to ensure the transport vehicle used by the service was roadworthy, insured and equipped with appropriate safety equipment.

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:

The inspectors were satisfied that some measures were in place to protect residents being harmed or suffering abuse. There was a policy in place on the prevention, detection and response to abuse and some staff had received training. However there were at least two staff members who had not received training and staff training records indicated that some staff had not received any refresher training since 2009. Staff that the inspectors talked to were aware of the procedures in place however there were deficits in knowledge on some actions that may need to be taken such as how to protect residents if an allegation of financial abuse was made or how to protect the situation if an allegation of sexual abuse had to be investigated.

The inspectors found that there were secure arrangements in place regarding the management of residents' finances which were supported by an appropriate organisational policy. A record of the handling of money was maintained for each transaction. Receipts were retained for purchases. The system is audited annually by auditors for the Health Service Executive.

There is a policy on the management of behaviour that is challenging and supportive strategies were in place however as described earlier in outcome 7 prevention strategies were not identified following incidents. Inspectors noted from reviewing staff training records that training in the management of behaviour that is challenging including de-escalation and intervention techniques had not been provided for all staff. Psychotropic medication used was pertinent to a specific behaviour/incident and seen to be closely

monitored by nurses and the prescribing clinician.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. Inspectors reviewed a selection of personal plans and noted that while each resident's health and welfare needs were kept under review as required by the resident's changing needs or circumstances there were a number of improvements in the way health care was managed to ensure residents well being. Staff informed inspectors that the level of support that individual residents required varied and was documented as part of the residents' personal plan.

The review of residents' personal plans and discussions with staff identified that residents were provided with support in relation to areas of daily living including eating and drinking, personal care and dressing. Staff were noted to have good knowledge of residents particular preferences and were very committed to ensuring that residents were comfortable and well dressed. They were noted to engage positively with residents throughout the day. However, the specific support required to achieve goals set out in personal plans was not always clear and some documented goals for residents were now obsolete as their care needs indicated a significantly higher level of dependence. There was evidence of health assessments being used in relation to physical well-being and epilepsy management. In some instances, the medical/care reviews did not provide a comprehensive overview of the health care issues being addressed and the majority of records were not maintained in a chronological sequence except for the care plans and daily notes maintained by nurses which were found to appropriately describe the day to day care provided. Inspectors noted, for example, there had been no chronological record of seizures to inform staff of the number and variation of seizures and periods free from seizures to inform evidence based care planning. There were examples of good practice noted where neurological assessments were undertaken to determine changes and these appointments were facilitated by staff and routinely followed up.

The inspectors found that while there was access to allied health professionals the outcomes from referrals and assessments appeared to be variable according to the

records reviewed. An occupational therapy assessment for a specialist chair had been completed however it was not evident when the specialist chair recommended would be available. In another instance, a resident was having a modified diet due to a swallowing problem however it was not evident in the records if a speech and language therapy referral or assessment had not been completed to inform the care being delivered.

Inspectors viewed the policy and guidelines for the monitoring and documentation of residents' nutritional intake. While residents' weights were checked when weight loss was identified there was no specific procedure to trigger a referral to the dietitian or speech and language therapist. The inspectors identified one resident with weight loss where there was inconsistent information on the extent and duration of the weight loss issue to inform care.

Staff told inspectors that the quality and choice of food is frequently discussed and changes were made to the menu periodically. Food is supplied from a central kitchen and served by staff. Residents had access to refreshments and snacks and staff were seen to offer drinks at regular intervals.

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 was a policy on the management and prescribing of medication and the centre had very good support from the supplying pharmacist who undertook regular checks of the system and provided training sessions for staff. Staff demonstrated a good understanding of appropriate medication management and had good knowledge of relevant professional guidelines and regulatory requirements.

An inspector reviewed a sample of drugs charts. The prescription and administration sheets reviewed were clear and legible. However, the maximum dose of "as required" - PRN medication was not indicated on all prescription sheets and each prescribed medication was not individually signed by the GP.

Judgment:

Non Compliant - Minor

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:

As part of this monitoring inspection, the inspectors reviewed the service provided to establish if this residential unit could be registered in conjunction with the other centre Ard na Greine notified to the Authority within the same organisational governance structure particularly the person in charge arrangements. The conclusion was that this service should be considered as one designated centre separate to Ard na Greine, as the service is distinct and specific and residents have long term enduring care needs.

The person notified to the Authority as the person in charge was experienced, qualified and demonstrated good knowledge of the regulations and Authority's standards. However, the notified person in charge was not actively engaged with the governance, operational management and administration of the designated centre on a day to day basis and had a more general management role within the organisation. A clinical nurse manager had responsibility for the daily management and governance of the service and reported to the notified person in charge.

The inspectors found that monitoring systems to assess the quality and safety of care required further development. Reviews of the quality and safety of care through a system of quality improvement strategies and audits required development and associated improvement plans to ensure enhanced outcomes for residents. The reviews conducted require consultation with the residents and their representatives and copies of reports should be made available to residents and to the Chief Inspector if required.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff

have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The inspectors found that the staffing arrangements were suitable to meet the needs of the twelve residents accommodated on the day of inspection. Throughout the inspection residents appeared to be very content with the staff members on duty who demonstrated a good rapport and knowledge of the residents present.

The clinical nurse manager said that the staffing levels during the day usually allowed for 6 staff with a 50/50 skill mix of nurses and carers all of whom work 12 hour days. At night there is a nurse and a carer on duty. The inspectors viewed the staffing rosters which matched the personnel on duty at inspection time. It was found that staffing levels require continuous review to take account of the increasing dependency of residents due to their ageing profile and to ensure that the various activities and requirements of residents to support their activities of daily living can be achieved. For example, there was no designated activity staff on duty during the inspection as the community employment scheme that provided a person had ceased for a period. There was a wide ranging training programme available to staff. This included topics such as hand hygiene, end of life care, maintaining oral hygiene as well as the mandatory topics of adult protection, moving and handling and fire safety, but all staff had not attended the mandatory training.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

There were improvements to record keeping identified in several areas. These included that training records did not provide a clear account of the training completed by staff and it was not possible to determine if the training was adequate to equip staff to address the needs of residents.

The records of complaints were contained in residents care records which made it difficult to establish the range and number of complaints and what investigations had been undertaken. Staff files reviewed did not contain all the required schedule 2 records.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Geraldine Jolley
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 Health Service Executive
Centre ID:	OSV-0003324
Date of Inspection:	24 July 2014
Date of response:	23 December 2014

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

The arrangements for social care did not meet the assessed needs of residents particularly during the afternoon when the majority residents regardless of need were together in one room..

Action Required:

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

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Named Nurses to re-assess individual social care needs of residents and ensure individual activities are person Centred. Two Community Employment Staff commencing in February, 2015 to ensure individual activities are implemented.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

The supports to be put in place to achieve goals outlined in care plans were not evident in personal plans.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

A review template has been devised by the person in charge to ensure goals identified in the care plan are met and reviewed monthly. Individual goals will be monitored by named nurse and key workers and the progress recorded added to plan

Proposed Timescale: 23/12/2014

Theme: Effective Services

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

Care records and personal plans were not available in formats that were accessible to residents.

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:

The Person In charge will discuss with Staff and Speech and Language Therapist to ensure that all residents personal plans will be translated into an accessible format using options such as digital photo frames, pictures, audio versions, DVDs and talking mats. The use of these formats will be explored on an Individual basis to identify the most suitable option for client needs.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

The reviews of personal plans did not outline the effectiveness of the plans in place or outline progress made to achieve goals outlined.

Action Required:

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

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

The named nurse will ensure that Personal Plans will be reviewed and short term and long term goals that are identified will be monitored to ensure that goals are achieved in a timely manner, and any extra resources required are identified.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

There was lack of detail to describe how transition arrangements from one service to another were planned and executed for residents new to the service.

A multidisciplinary review of the current arrangements to ensure the placement was appropriate to ensure the resident's maximum level independence and potential could be supported and achieved is required in one instance.

Action Required:

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

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

The person In Charge will ensure that all referrals will be conducted by the multidisciplinary team. Ensure documentation is completed during all transition periods. From time to time emergency admissions are referred and documentation from emergency admissions should be followed up in a timely fashion. Florence Connolly Placement Co-ordinator will provide all relevant information.

Proposed Timescale: 23/12/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Residents' personal/bedroom areas are primarily located in multiple occupancy bedrooms that accommodate up to four residents.

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:

In line with the Congregated setting reports the Person In Charge is identifying suitable accommodation for remaining residents to move to community based accommodation.

Proposed Timescale: 18/02/2015

Theme: Effective Services

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

The single bedroom needed refurbishment to provide a comfortable environment for residents as some of the paintwork was damaged and pipe work in several areas was exposed.

The shower areas needed refurbishment.

Toilets and shower areas could not be locked.

Storage facilities for residents personal possessions was inadequate.

Action Required:

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

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

A business case is been devised to identify costing for refurbishment of single bedroom and shower/toilet areas.

Additional storage for residents possessions to be purchased

Proposed Timescale: 31/03/2015

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 specific risks outlined in the legislation such as the risk of violence, aggression and assault had not been included in the risk management procedures.

Action Required:

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

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

The Person In Charge will ensure that a risks register will be maintained and all risks will be maintained and reviewed and all risks that are identified a management plan will be devised.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

The risks associated with self harm and the associated strategy for management had not been identified in the risk management policy.

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:

The Named Nurse following assessment will address all risks associated will self harm and devise a management plans, and same will be held in risk folder.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

The type of hoist to be used for each resident was not outlined and the centre had only one hoist which may not be suitable for all residents needs.
Some falls risk assessments were not dated and it was not possible to determine if the information was current and reflected needs accurately.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The person In Charge will reassess all residents under moving and handling and this will be completed in conjunction with Named Nurse, Mary Maguire, Occupational Therapist and Michelle Mc Neill, Moving and Handling Instructor. All moving and handling plans will be reviewed three monthly so ongoing needs of residents will be monitored and recorded.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Residents who exhibited behaviour that challenged did not have reassessments following each episode to indicate risks and possible strategies for the prevention of further episodes.

Residents who sustained falls and sustained head injuries did not have neurological observations routinely recorded

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The Person In Charge will carry out a debriefing session with staff following each episode of behaviours that challenge and amendments to management Plans will be implemented timely.

The Person In Charge will ensure medical advice is sought following each fall and appropriate observations will be maintained.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

A medication error had been recorded, investigated and an incident report had been completed but factors that could have contributed to the error had not been identified to prevent a recurrence and inform future learning.

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:

The Person In Charge will ensure all nurses complete a e.learning medication management certificate, and following any medication error a debriefing session will take place with staff nurses to reduce the likelihood of a recurrence.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

There were no documented checks of the fire exits to ensure that they were not obstructed.

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 Person in Charge has added fire exits checks to the daily fire register and Nurse In Charge of each shift are checking fire exits and signing same.

Proposed Timescale: 23/12/2014

Theme: Effective Services

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

The fire panel was located in the locked clinical room which meant that it was difficult to check that it was operational, in full working order at all times.

Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

A designated person will be appointed to check the fire panel twice daily and same will be recorded. A number pad has been fitted to the clinical door to ensure all staff can check the operational of the fire panel.

Proposed Timescale: 23/12/2014

Theme: Effective Services

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

The fire safety arrangements particularly the fire doors need review as outlined in the fire risk assessment.

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The Person In charge has contacted Tony Kitterick, Estates Manager re. date for commencing planned fire safety upgrades work, awaiting start date, plans currently with architecture

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

It was not clear from the training records examined that all staff had up to date training on the fire safety procedures.

Action Required:

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

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

The person in charge has arranged for two staff to receive training on 29th October, 2014 in using the PPARS computerised system to record all staff training and highlight any refresher training required. Same will be in a format that will be easy to identify training received and identify training needs.

Proposed Timescale: 31/03/2015

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:

The protection policy did not provide comprehensive guidance for staff on the management of a range of abuse situations.

Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers

abuse.

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

All staff to receive information and training on the reporting of allegations in relation to safeguarding residents and the prevention, detection and response to abuse. training to commence January 2015. Teresa O' Malley, Nurse Practice Development is devising a localise policy and all staff will receive training same.

Proposed Timescale: 31/01/2015

Theme: Safe Services

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

The training records did not confirm that all staff had information and training on adult protection.

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:

The Person In Charge will identify any staff that have not received training and information on adult protection and ensure any staff identified will receive this training.

Proposed Timescale: 31/01/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

While there was access to medical and allied health professionals, the outcomes from referrals and assessments appeared to be variable according to the records reviewed and it was difficult to determine if all health care needs were met in a timely manner that contributed to quality of life.

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:

Each residents personal plan records will identify clearly all health care needs and a record when and how these needs are met.

Proposed Timescale: 23/12/2014

Theme: Health and Development

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

The specific support required to achieve goals set out in personal plans was not always clear and some documented goals for residents were now obsolete as their care needs indicated a significantly higher level of dependence.

It was not possible to determine that appropriate healthcare was being provided as the majority of records were not maintained in a chronological sequence to enable anyone inspecting the record to make a judgement on the care provided.

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:

A review of all residents identified goals are documented clearly and the support required to achieve these goals is identified, the changing needs of the residents is accessed in relation to the goals identified and any changes in supports required is identified.

The Person In Charge will ensure that all staff are aware of the importance of filing all information in relation to residents in a chronological sequence.

Proposed Timescale: 31/03/2015

Outcome 12. Medication Management

Theme: Health and Development

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

The medication records were examined and it was found that the maximum dose of "as required" - PRN medication was not indicated on all prescription sheets and each prescribed medication was not individually signed by the GP.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

The Person In Charge in discussion with Roisin Mulhern, Healthwise Pharmacist will

ensure that all PRN medication will have maximum dose indication on all prescription sheets.

Each prescribed medication will be individually signed by G.P

Proposed Timescale: 23/12/2014

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 notified person in charge was not actively engaged with the governance, operational management and administration of the designated centre on a day to day basis.

Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

The Clinical Nurse Manager will be the identified as person in charge and will be supported by Director of Nursing.

Proposed Timescale: 23/12/2014

Theme: Leadership, Governance and Management

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

Monitoring systems to assess the quality and safety of care required further development

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:

The person in Charge in liaison with Teresa O' Malley. Nurse Practice Development Co-ordinator will complete a review of the quality and safety of the care and support.

Proposed Timescale: 31/03/2015

Theme: Leadership, Governance and Management

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

The reviews conducted require consultation with the residents and their representatives and copies of reports should be made available to residents and to the Chief Inspector if required.

Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

The Person In charge will ensure that all reviews will be made available in an accessible format.

Proposed Timescale: 31/03/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels require continuous review to ensure continuity of the service and to meet residents changing and increasing needs.

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:

The Person In Charge will continue to review staffing levels and skill mix to ensure continuity of the service and to meet the clients changing and increasing needs.

Proposed Timescale: 23/12/2014

Theme: Responsive Workforce

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

Some staff had not completed training in mandatory topics within the required intervals including moving and handling, fire safety and the protection of vulnerable people.

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 will ensure all staff receive mandatory training within the required intervals

Proposed Timescale: 31/05/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Maintain a record of all complaints and of staff training and development as outlined in schedule 4 records.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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 Person In Charge will maintain a separate record off all complaints.

Proposed Timescale: 23/12/2014

Theme: Use of Information

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

All the documentation relevant to staff outlined in schedule 2 were not available in the staff files examined.

Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 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 person in charge shall ensure that all documentation required to be held in respect of all staff will be put in place.

Proposed Timescale: 31/03/2015