

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dunfirth Farm
Centre ID:	OSV-0005451
Centre county:	Meath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	David Walsh
Lead inspector:	Raymond Lynch
Support inspector(s):	Gary Kiernan
Type of inspection	Unannounced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor 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: 28 June 2017 10:30 To: 28 June 2017 17:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection

This centre was a specialised residential service on a campus based setting supporting adults on the autistic spectrum. The centre was previously operated by the Irish Society for Autism (ISA). Due to high levels of non compliance and risk to the residents HIQA issued a notice of decision to cancel and refuse the registration of Dunfirth Farm in May 2016. In accordance with Section 64 of the Health Act the Chief Inspector made alternative arrangements with the Health Service Executive (HSE) to take over the running of the centre.

The HSE have a memorandum of understanding in operation with another autism specific service provider, Gheel Autism Services to support the management of the centre with its day-to-day operations and to commence putting systems in place to improve outcomes for all residents living there.

Gheel Autism Services were and continue to be required to submit monthly risk reports to the Health Information and Quality Authority (HIQA) on the progress they are making in supporting the centre in achieving compliance with the Regulations.

Under the current governance and management arrangements as outlined above, this was the second unannounced monitoring inspection (the first one being 07 June 2016) and was to assess the centres level of compliance against the Regulations. It was also to provide assurances to HIQA that the monthly risk reports being submitted by the centre were being implemented and were bringing about improvements in service delivery to residents.

This inspection found that while some improvements had been made with regard to the quality and safety of care, the centre continued to face a number of challenges with regard to suitability of premises, the management of risk, the implementation of social care plans, the implementation of positive behavioural support plans and with the current governance and management arrangements in place.

How we gathered evidence

The inspectors visited five of the houses on the campus and met and spoke briefly with 12 of the residents. Three staff members were also spoken with as was the person in charge, the team leader and a member of the senior management team from Gheel Autism Services over the course of this inspection.

Key policies and documents were also viewed as part of the process including a sample of health and safety documentation, the risk management policy and risk register, safeguarding documentation, training records and a sample of health and social care plans.

Description of the service

The service provided residential care and support for 33 adults on the autistic spectrum. The centre comprised of eight individual houses and six single unit apartments supporting both male and female residents.

Although it was in close proximity to a nearby town, the location of the centre meant that transport was required to access local amenities such as shops, restaurants, pubs, barbers, hairdressers and churches.

The centre had access to private transport and could also avail of a local taxi service if and when required.

Overall judgment of our findings

This was a monitoring inspection in order to assess the centres level of compliance against the Regulations. It was also to provide assurances that the monthly risk reports being submitted to HIQA were being implemented and were bringing about improvements in service delivery to residents.

While some improvements had been made with regard to the quality and safety of care being delivered to the residents, major non compliances were identified in a number of key areas. Issues were found with governance and management, risk management, safeguarding, contracts of care, social care needs, premises, workforce and documentation.

While the process of social care goal setting in order to support skills development

and promote community inclusion had commenced, it had yet to be rolled out across the campus. This meant that some residents did not have up to date social care plans in place. The centre also had challenges in securing adequate input from behavioural support specialists and/or psychologists.

Of the ten outcomes assessed two were found to be compliant which were healthcare management and medication management.

These were further discussed in the main body of this report and in 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 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):

No actions were required from the previous inspection.

Findings:

While there were policies and procedures in place for admitting residents to the centre, including transfers, transitions and discharges, residents' contracts of care required immediate attention and urgent review.

The inspectors observed that a contract of care document was available which outlined the terms and conditions of services to be provided. From a small sample of files viewed, each resident had a written agreement of the terms of their stay in the centre.

The contracts of care stated the services to be provided and the fees to be incurred by residents for such services. Each resident paid €390 per month for their service however, the criteria used to determine this level of cost was unknown.

It was also observed that this arrangement had not been discussed with the current person in charge or any member of the senior management team since the HSE took over the operations of the service in 2016 this arrangement remained in place.

On further investigating this concern, the inspectors found that €780 of residents monies were being transferred from their bank accounts via bank drafts to the offices of the Irish Society of Autism (ISA) every second month. The ISA then allocated a budget back to the centre from these funds.

This arrangement concerned the inspectors for a number of reasons. The ISA were no longer the provider/provider nominee for this service, no criteria or documentation was available to inform the inspectors as to how these charges had been calculated and some residents lived in shared facilities while others lived in individual apartments, yet all residents were required to pay the same fee of €390 to the Irish Society of Autism every month.

Since this inspection the HSE were requested by HIQA to clarify these charges. In response to that correspondence the provider informed HIQA that a review will take place of all residents assessments and adjustments where required will be facilitated with immediate effect. Where appropriate, residents will be reimbursed once the assessments are completed.

According to the contracts of care residents were also subject to other 'additional' charges such as €50 a month for transport or contributing to staff wages where a staff member would support a resident to go on holidays.

However, the person in charge, the senior member of management from Gheel Autism Services and the provider nominee assured inspectors in writing that since they took over operations of the centre in 2016, no resident had paid or were required to pay these 'additional' fees.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

While the inspectors found that the social care needs of each resident was being supported and facilitated and residents were accessing their local community, the process of identifying and auctioning meaningful social care goals for some residents was not in place.

The inspectors found that each resident had a health, personal and social care plan in place. From a sample of files viewed, it was observed that residents were accessing their local community and used local amenities such as the swimming pool, hotels, pubs, restaurants and shops.

On the day of this inspection it was seen that staff had arranged a number of social

activities for the residents. Some were preparing to go to Dublin for a shopping trip, while others were staying local to use local amenities and have lunch out.

Social care plans were informative of each resident's likes and dislikes providing key information related to the resident to include, their meaningful day and how best to support me.

However, it was observed that for many residents' the process of social care goal setting and planning to achieve those goals had not yet commenced. This meant that some residents did not have explicit social care goals identified in their individual plans.

It should be noted that where this process had commenced it was seen to be based on residents likes, skills and abilities. For example, one resident as part of their social care goals was learning new skills in order to assist them with their communication needs and increase meaningful inclusion in their community.

The resident enjoyed recycling and this interest was being supported, encouraged and developed with the resident in the centre and in the community.

It was also observed that this resident's personal plan used a lot of pictures, which was respectful of their preferred style of communication.

However, and as stated above the process of identifying and auctioning meaningful goals for many residents had not commenced.

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):

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

Findings:

In the previous inspection inspectors only looked at additions and/or changes made to the premises that were undertaken to better support the residents. It was found a number of changes and/or adaptations had been made for the better at that time.

However, this inspection found that while most parts of the premises were being

maintained to an acceptable standard, they were dated, institutional by design and were in need of modernisation. Some parts of the premises were also in a poor state of repair.

The centre comprised of eight individual houses and a number of individual apartments on a large piece of land in a rural setting. All houses were seen to be spacious and where possible staff had personalised each house based on the likes of the residents.

Some residents also showed the inspectors their bedrooms and it was observed that they too were personalised to each residents individual likes and preferences.

However, many of the houses required painting, updating, redecorating and modernising. Some paintwork was seen to be in a poor state of repair, tiling in bathrooms needed replacing, bathtubs were too small for adult use, kitchens needed modernising and some parts of the premises could not be utilised as they were not suitable for purpose.

It was also observed that in one house that comprised the centre the kitchen and sitting room were on separate floors of the building. This arrangement had impacted on creating a homely environment for the residents.

The gardens of the premises were generally well kept and residents were growing some fruit and vegetables on the grounds. However, parts of the grounds were also in a poor state of repair requiring updating and refurbishment.

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):

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

Findings:

While it was observed that some good developments regarding the management of environmental risk had been developed and implemented, the process of how individual risk was being identified, managed and documented required review.

It was also observed that while the weekly monitoring and checking systems by staff on all fire equipment and procedures in the centre was thorough, the timeframe for the annual servicing of some fire fighting equipment had elapsed.

The centre had developed a comprehensive risk register which was identifying risk at an environmental level. It was observed that document covered the entirety of the centre in identifying risk and documenting strategies and procedures to mitigate such risks.

However, while the process of identifying, managing and documenting risk at an individual level had commenced and some good practice was identified, overall the inspectors found that it required review and updating. For example, one risk assessment had been compiled pertaining to number of residents with epilepsy living in the centre.

The inspectors were not assured that these assessments were as effective as they could be as there was recent query one resident may have had a seizure unknown to staff during the night. This was based on staff knowing the resident at an intimate level and their observations of them on the following morning in question.

However, since this inspection the provider nominee has written to HIQA to provide assurances that systems have been reviewed and updated and new sensory equipment is being looked into and trialled so as to further mitigate the risks associated with residents who have epilepsy.

Other strategies in which to mitigate risk related to behaviours of concern was that each resident would have a positive behavioural support plan in place. However, it was found that this was not the case for every resident on the day of this inspection and some residents that required a positive behavioural support plan did not have one in place.

Weekly systems for checking fire fighting equipment were found to be in place and staff were signing off on those checks as required. Fire drills were also being facilitated as required and each resident had a personal emergency evacuation plan in place.

However, it was found that some fire fighting equipment such as fire panels and fire extinguishers were overdue for their annual servicing.

From a sample of files viewed staff had training in fire safety and manual handling.

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):

No actions were required from the previous inspection.

Findings:

While it was found that there were policies and procedures in place to keep residents, staff and visitors safe in the centre the provisions in place to support some residents to experience best possible mental health were inadequate. A concern was also identified with regard to management of an incident that resulted in an injury to a resident.

There were a number of policies and procedures in place to ensure the residents safety and of the staff spoken with the inspectors were assured they knew what constituted abuse and all reporting requirements if they had any concerns for the residents in their care.

From a sample of files viewed, staff had up to date training in the safeguarding of vulnerable adults and the inspectors observed that staff treated residents with respect and dignity at all times over the course of this inspection. Where required, residents also had safeguarding plans in place.

However, access to mental health professionals such as psychologists was inadequate. Some residents required positive behavioural support and to have a positive behavioural support plan in place in line with their assessed needs.

This inspection found that not all residents had a positive behavioural support plan in place as required and had no access to psychology support. The person in charge and management representative from Gheel Autism Services informed the inspectors that a dedicated psychologist was to commence working in the centre in July 2017 and would set about addressing this issue as a priority.

The inspectors did view one comprehensive positive behavioural support plan and it was found to be informative and supportive on how best to support one of the residents with specific behaviours. On speaking with the staff member in question who compiled the plan it was evident that she knew the needs of the resident at an intimate level.

However, although she was a highly skilled and qualified social care professional, she informed the inspectors that the plan she devised was in 'draft' format as she wanted the input and advice from a behavioural support specialist such as a psychologist before finalising it and putting it into everyday practice.

The inspectors were also concerned about a recent issue pertaining to a resident found with bruising to their head. The cause of the injury was unknown, it was not investigated adequately, the resident was not brought for medical attention and no observations were recorded for the resident at that time.

It was observed that some restrictive practices were in place however, they were seen to be used as a last resort and in the best interests of the residents' safety. However, the maintenance and upkeep of documentation relating to the use of restrictive practices required review. This was further discussed and dealt with under Outcome 18:

Documentation.

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:

The inspectors found that there were adequate arrangements in place to ensure that residents' health care needs were supported and regularly reviewed with appropriate input from allied health care professionals as and when required.

From a sample of files viewed, the inspectors observed that residents had access to a GP as and when required, and a range of other allied health care professionals.

For example, appointments with dentists, opticians and occupational therapists were arranged and facilitated as required. Hospital appointments were also routinely facilitated.

The inspectors also observed that residents with special conditions such as epilepsy had their medication reviewed regularly and in-depth care plans were kept on file to support these residents. Of the staff spoken with they were able to demonstrate their knowledge of individual healthcare plans of residents.

A concern was identified earlier in this report with regard to the oversight and follow up to an incident where a resident was found with bruising to their head however, this was dealt with and discussed in detail under Outcome 8: Safeguarding.

It was observed that the residents were supported to eat healthily and make healthy choices with regard to meals and where required were reviewed by a clinical nurse specialist in health promotion. Mealtimes were also seen to be relaxed and a positive social experience for residents in the centre.

It was also observed that physical exercise was supported and encouraged as part of a balanced lifestyle. As part of the personal plans some residents were supported to engage in activities such as walking and swimming.

The inspectors also found that arrangements were in place to meet the residents'

nutritional needs. Weights were also recorded and monitored on a regular basis.

Judgment:

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):

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

Findings:

The inspectors found that the medicines management policies were satisfactory and that practices described by the registered nurse on duty were suitable and safe.

A locked medicine press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre.

There was a system in place to record any medication errors. The inspectors observed that if an error were to occur it would be reported accordingly and in line with policy and procedure. However, the inspectors observed that there had been no recent medication errors on record in the centre.

The nurse regularly audited all medicines kept in the centre and from viewing a sample of these audits, the inspectors observed that all medications in use could be accounted for at all times.

It was observed that all non nursing personnel were suitably trained in the safe administration of medication.

All as required (p.r.n.) medicines had strict protocols in place for their use. From speaking with staff members the inspectors were assured that they were very familiar with and could vocalise these protocols for the use and administration of p.r.n. medicines. However, it was rare that p.r.n. medicine was administered in this centre.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

This inspection found that there was no annual review of the quality and safety of care made available to inspectors and the overall cumulative findings meant that the systems of governance and management in place required review.

The centre was being managed by a suitably qualified, skilled and experienced person in charge who was supported in his role by two experienced team leaders and senior management representatives from Gheel Autism Services. Two qualified nursing staff were also providing clinical support to the campus as a whole.

From speaking with the person in charge and the management representatives from Gheel Autism Services, it was evident that they had an in-depth knowledge of the individual needs and supports of the residents that lived in the centre.

They were also aware of their statutory obligations and responsibilities with regard to the role of person in charge and person participating in the management of the centre and to their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector also found that appropriate management systems were in place for the absence of the person in charge. There were two team leaders in place and each house of the centre had a designated shift leader.

While the systems of monitoring, auditing, unannounced visits and daily 'walkabouts' were found to be robust and bringing about positive changes to the service, there was no annual review of the Quality and Safety of Care available to inspectors on the day of this inspection.

Other concerns raised and discussed throughout this report also gave cause for concern regarding the governance and management of this centre.

The oversight of residents finances required urgent review, the process of individual risk management required review, the provision of positive behavioural support and input from a behavioural specialist was inadequate, social care plans had not been completed

for all residents, the response to an injury to one the residents was inadequate and much of the documentation reviewed by the inspectors was either incomplete, required updating or was difficult to retrieve.

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:

While it was found that there was a suitable, skilled and experienced staff team in place in the centre, issues were identified regarding the process of staff supervision and gaps were identified in one staff members file as required by Schedule 2 of the Regulations.

The inspectors met a number of staff members over the course of this inspection. All were found to be knowledgeable of the needs of the residents and it was observed that they supported and interacted with the residents in a warm caring and dignified manner.

Some staff were qualified social care professionals, and others held specialist qualifications in a health and/or social care discipline. There was also two qualified nursing staff working on the campus.

However, while the process of staff supervision was on-going, it was not adequate as it was not up-to-date or completed on a regular basis. It was also found that from a sample of files viewed, one staff member was missing a reference as required by Schedule 2 of the Regulations.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place as per Schedule 5 of the Regulations however, the inspectors found that documentation in relation to some social care plans, positive behavioural support plans, the annual review of the quality and safety of care and the individual risk register required review.

Some behavioural support plans and risk assessments required review and updating however, staff spoken with were able to competently discuss with the inspectors the knowledge and appropriate practices required to safely support the residents.

It was also observed that the upkeep of documentation related to some of the residents' social care plans required updating.

While records maintained in respect of residents were secure, some were not easily retrievable.

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:

Raymond Lynch
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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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-0005451
Date of Inspection:	28 June 2017
Date of response:	08 August 2017

Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The agreement and arrangements in place regarding the charges incurred by residents for the provision of services required urgent review and immediate attention.

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The process of individual assessment of each resident's contributions using the RSSMAC guidance has commenced.

-This has involved a consultation with the previous service provider and assigning a specific staff to communicate with family members about the requirement for further engagement with all stakeholders.

-A 'Voice and Choice' meeting will be held with all residents to provide information in an accessible manner about the potential changes.

-A commitment was made to ensure that any new rate will be applicable back dated to January 01st 2017, with repayments made where appropriate.

-A tender document has been published (with a close date of 09/08/17). A new provider will be required to issue a new contract as a matter of urgency.

-Further reassurance will be issued to family members and residents regarding the decision taken to not charge residents in respect of transport or any staff costs while on holiday.

Proposed Timescale: 30/10/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Arrangements were not in place for all residents so as to address and meet their assessed social care needs

2. 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:

An occupational therapist, speech and language therapist and a newly recruited assistant psychologist have been supporting the staff team to ensure meaningful goals were priority for all residents.

-A full review of all support plans is to commence week beginning 08/08/17 to support all staff with the assessment of social care need and the documentation of same.

-Each house will receive further training on the documentation of goal development and attainment as part of ongoing continuous professional development (CPD) training.

Proposed Timescale: 30/10/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Many parts of the premises required updating, modernisation, reorganising, repair and refurbishing

3. 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:

There was a recognition of the requirement for capital financial assistance. As result, a concentrated effort was made to gather invoices and costings from a number of trades-people and companies. These have been submitted to the current provider.
-The allocation of capital funding has been identified as a requirement and will form part of the negotiations with the new service provider as part of a transfer of undertakings.

Proposed Timescale: 31/12/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The systems in place for the managing and on-going review of risk in the centre required review.

4. Action Required:

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

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

A new risk management system was rolled out on a trial basis for each house to manage and review individual risk presenting.
-All location managers received training in this system as part of monthly CPD.
-This will be rolled out to all residents, where required.
-All individual risks will be addressed at an individual level, negating the need for compiled group risk assessment.

Proposed Timescale: 15/09/2017

Theme: Effective Services

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

The arrangements in place for maintaining and servicing some fire fighting equipment were not adequate.

5. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

There was a recognition of the requirement for capital financial assistance for the upgrade of fire equipment. These have been submitted to the current provider.

-The allocation of capital funding has been identified as a requirement and will form part of the negotiations with the new service provider as part of a transfer of undertakings.

-The service has made contact with the current fire management company to complete an immediate review of any outstanding annual reviews to be complete.

Proposed Timescale: 30/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

For some residents therapeutic strategies such as positive behavioural support was not available as required by their assessed needs.

6. 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:

An assistant psychologist commenced post in the service in July 2017. This post is supervised by an appropriately trained and qualified clinical psychologist who has extensive experience in this field on a weekly basis.

-Further support is provided by a behaviour support specialist on a case-by-case basis, with a holistic team approach.

Proposed Timescale: 08/08/2017

Theme: Safe Services

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

There was no investigation, medical treatment sought or follow up for one resident who was found with bruising to their head. The cause of the bruising was unknown. Inspectors were not satisfied that this resident was adequately protected in the centre.

7. Action Required:

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

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

A comprehensive health action plan is being compiled, with input from nursing, medical and allied health professionals to ensure that this resident is supported.

-All instances of bruising of this nature are reviewed by the onsite nursing staff and documented in an incident report.

-The documentation follow through of responding to any instances of bruising will be reviewed by the nursing staff to ensure that all follow up provided are adequately documented.

Proposed Timescale: 31/08/2017

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 systems in place were not consistently adequate in addressing some residents' needs and the service was not being effectively monitored

8. 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:

An occupational therapist, speech and language therapist and a newly recruited assistant psychologist have been supporting the staff team to ensure meaningful goals were priority for all residents.

-A full review of all support plans is to commence week beginning 08/08/17 to support all staff with the assessment of social care need and the documentation of same. This will also ensure that the documentation is located in the correct place for ease of retrieval.

-Each house will receive further training on the documentation of goal development and attainment as part of ongoing continuous professional development (CPD) training.

-A full review of finances has commenced, with dedicated support from an allocated staff for implementing the RSSMAC guidance.

-Monthly financial audits in place to ensure financial accounts are appropriately maintained.

Proposed Timescale: 30/10/2017

Theme: Leadership, Governance and Management

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

There was no copy of the annual review of the quality and safety of care available on the day of this inspection

9. 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 annual review had been complete in early April 2017 and was a live, active document for the site.

-This was subsequently submitted to the Authority following the inspection.

-There is a full schedule of audit for the site – with biannual inspections complete, as well as monthly quality and safety walkarounds and unannounced reviews by the PIC.

Proposed Timescale: 08/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The information as required by Schedule 2 of the Regulations was incomplete on one staff file

10. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Full review of all staff files to be complete against Schedule 2 of the Regulations.

Proposed Timescale: 31/08/2017

Theme: Responsive Workforce

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

The process of staff supervision was not up-to-date

11. Action Required:

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

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

Staff supervision schedule was due in Quarter 3 of 2017.

-This has been discussed with team leaders and a rough draft for supervision has been created.

-Supervision for all staff is provided twice per year minimum, on a formal basis – however, staff receive informal supervision and debrief as required.

Proposed Timescale: 30/09/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

While policies and procedures were in place a number of gaps were identified with regard to social care plans, positive behavioural support plans and risk assessments. Information was not easily retrievable and the annual review of the quality and safety of care was not available on the day of this inspection.

12. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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 annual review had been complete in early April 2017 and was a live, active document for the site.

-This was subsequently submitted to the Authority following the inspection.

-There is a full schedule of audit for the site – with biannual inspections complete, as well as monthly quality and safety walkarounds and unannounced reviews by the PIC.

-An occupational therapist, speech and language therapist and a newly recruited assistant psychologist have been supporting the staff team to ensure meaningful goals were priority for all residents.

-A full review of all support plans is to commence week beginning 08/08/17 to support all staff with the assessment of social care need and the documentation of same. This will also ensure that the documentation is located in the correct place for ease of retrieval.

An assistant psychologist commenced post in the service in July 2017. This post is supervised by an appropriately trained and qualified clinical psychologist who has extensive experience in this field on a weekly basis.

- Further support is provided by a behaviour support specialist on a case-by-case basis, with a holistic team approach.
- A new risk management system was rolled out on a trial basis for each house to manage and review individual risk presenting.
- All location managers received training in this system as part of monthly CPD.
- This will be rolled out to all residents, where required.
- All individual risks will be addressed at an individual level, negating the need for compiled group risk assessment.

Proposed Timescale: 30/10/2017