

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	ORG-0011841
<b>Centre county:</b>	Tipperary
<b>Email address:</b>	patrick.dorney@stannes.ie
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd.
<b>Provider Nominee:</b>	Marie Grimes McGrath
<b>Person in charge:</b>	Patrick Dorney
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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:	To:
24 April 2014 10:00	24 April 2014 18:00
02 May 2014 10:00	02 May 2014 11:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 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

**Summary of findings from this inspection**

The provider is Daughters of Charity (hereafter called the provider) which is a large organisation providing residential care services to people with intellectual disabilities. This was an inspection of St Anne's Residential Services Group G. The purpose of this inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations).

The inspector met with management, residents, staff members and family members and reviewed relevant documentation over a two day inspection period. The inspector observed practice and reviewed documentation such as personal care plans, assessments, health plans, medical records, accident and incident records, medication policy and records, meeting minutes, policies and procedures, governance and management documentation, supervision records and staff files and training records. Five residents resided in this designated centre which was a large detached countryside bungalow on substantive grounds.

The inspector found that there was evidence of good practice in this designated centre with a good culture of care observed. However, there were also areas that require improvement in order to be compliant with the Regulations and the National

Standards for Residential Services for Children and Adults with Disabilities 2013.

Some of the areas requiring improvement to meet the Regulations that were identified by this inspection included:

- Suitability of certain parts of the premises.
- Health and Safety and Risk Management.
- Safeguarding and Safety.
- Restrictive Practice.
- Staff Training and Refresher Training.

These areas for improvement are discussed in more detail later in the report.

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

**Outcome 01: Residents Rights, Dignity and Consultation**  
*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**  
Individualised Supports and Care

**Judgement:**  
Compliant

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

**Findings:**  
Overall the inspector was satisfied that there were appropriate measures in place regarding promoting residents rights, dignity and consultation.

The inspector found good evidence that residents and their families/advocates were consulted with and supported in decisions about their care. The inspector found knowledgeable staff who knew the residents very well and demonstrated good examples of how they advocated for residents based on the residents interests, wishes, likes and dislikes. The inspector interviewed a number of staff members who explained in detail how they ensured residents needs were met. For example, a resident with specific sensory needs who required very specific activities to be provided to meet his assessed needs. The inspector found that these activities were facilitated and supported by staff

and this was reflected in this residents personal plan.

The inspector found evidence of residents privacy and dignity being respected. For example, all residents had their own bedrooms some of which were individually decorated to residents tastes. Residents could receive visitors if they so wished and had ample space and areas within the house to do so. The inspector saw that all residents had space for their personal possessions and belongings and experienced a warm and homely atmosphere throughout the inspection process. The inspector noted issues that need to be addressed with two residents rooms however this will be discussed under Outcome 6: Safe and Suitable Premises later in this report.

The inspector was informed that each residents finances were all in their own bank accounts and that residents finances were protected and managed in line with the reviewed organisational policy. The inspector spoke to a residents parent who stated she was very happy with the promotion of her sons rights and dignity and expressed satisfaction with the consultation process regarding all aspects of her sons care. The inspector noted evidence on meeting residents that they were happy with their home and the inspector observed that residents presented as very comfortable and content with the staff members on duty.

The inspector reviewed the organisational Complaints Policy (2014) and noted accessible complaints information readily available to residents detailing the nominated complaints person and an external person who can be contacted if required. An independent appeals mechanism also existed for the complaints process. A large pictorial 'Charter of Rights' was on the wall and the person in charge has ensured accessible information is readily available. The person in charge accepted that due to the complex and profound levels of disabilities of residents that this information was not frequently utilised by residents and as a result staff were continually attempting to be creative and innovative in advocating for residents to ensure consultation. For example, the inspector found that none of the residents had ever made a complaint or used any of the methods outlined and available for making a complaint. However, in discussing complaints with the person in charge and staff members, the inspector found there is ongoing work taking place to ensure staff are logging and recording any complaints by both residents and family members.

## **Outcome 02: Communication**

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

### **Theme:**

Individualised Supports and Care

### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that residents communication needs were met and the provider had effective systems in place to support residents in this regard.

The inspector found that residents were communicated with on a daily basis. The inspector noted appropriate access to telephone, television, newspapers and magazines. Residents within the designated centre did not have verbal communication abilities. The inspector found that staff used various alternative communication programmes to communicate with residents to meet their needs. For example, the inspector saw evidence of various picture exchange/communication programmes. The inspector also observed staff attention to residents who primarily communicated through behaviours, that sometimes presented as challenging. The inspector found that staff were very aware of residents positive and negative behaviours and had established systems for communicating with all residents. The inspector found that residents communication needs were reflected in residents personal plans.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that residents were supported in achieving their needs, wishes and interests and found that residents participated in activities specific to their individually assessed needs.

The inspector found that residents presented as very content and well cared for. Staff members spoken to clearly knew the residents very well and demonstrated a good relationship with residents and a good understanding of residents' needs and wishes. The inspector noted that residents in the designated centre communicated non-verbally so staff advocacy was very important in terms of communicating and making representations on behalf of residents when and where required. The inspector observed good evidence of staff interactions in this regard.

Each resident had a personal plan and the inspector reviewed a number of these plans. The personal plans reviewed by the inspector contained relevant information about the residents' backgrounds, profile, interests, goals and aspirations. The plans contained specific information for staff members and highlighted residents likes and dislikes which staff viewed as extremely important when working with people who can frequently display behaviours that are challenging. Staff discussed the importance of consistency and routine with residents in this regard and this was reflected in these residents personal plans.

The inspector found that the personal plans reviewed were comprehensive and met regulatory requirements. The inspector reviewed multi-disciplinary assessments from psychology, speech and language therapy (SALT), physiotherapy and occupational therapy regarding a number of residents and was satisfied that these assessments were guiding practice. The inspector found that personal plans were reviewed and up to date and found evidence of achieved outcomes in previous personal plans. The inspector noted that personal plans were largely activity focused as opposed to outcome based and the person in charge stated this was a work in progress. The person in charge stated he was involved in training in person centred planning and demonstrated a good understanding of personal planning. The person in charge audited personal plans in the designated centre to ensure regulatory compliance.

#### **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

#### **Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

#### **Findings:**

The inspector found that while the location, design and layout of the designated centre was in many ways suitable for its stated purpose there were areas that required improvements to meet individual needs in order to comply with the Regulations.

The inspector found that the design and layout of the premises provided adequate private and communal space for all residents. Each resident had their own bedroom and the inspector noted a large sitting room and dining area in addition to sufficient kitchen and utility room facilities. The designated centre had a large garden to the front and rear of the premises. The inspector found that due to the profile of residents there were a number of environmental restrictions in place for safety reasons within the designated

centre. These will be discussed later in the report under Outcome 8: Safeguarding and Safety.

The inspector found that one residents room was decorated to a poor standard and did not demonstrate a warm or homely environment. There was minimal evidence of personal possessions, belongings or pictures. The flooring was cold and very basic and the wall beside the residents bed was in a state of disrepair which staff reported was to the residents ongoing behaviours issues. In another residents room the inspector observed an en-suite that was very small and was clearly not meeting the residents personal care needs. This en-suite contained a bath which was too small and the inspector noted that the provider had established a pattern of incidents/accidents occurring in this en-suite. While the inspector saw evidence whereby the provider had taken some measures to try to escalate the priority status of this issue within the organisation it was very clear (from reviewing all documentation) that this residents bathroom environment was posing significant difficulties for the management of his behaviours.

The inspector found the premises was clean and (with the exception of the above) well maintained. The inspector found adequate space for storage and appropriate equipment was available.

## **Outcome 07: Health and Safety and Risk Management**

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

### **Theme:**

Effective Services

### **Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

### **Findings:**

The inspector found that while the provider had taken precautions to promote the health and safety of residents, visitors and staff, this area needed some improvements to meet the requirements of the Regulations.

The inspector found a 2013 safety statement in place. The inspector was satisfied that there was evidence of a provider commitment to risk management and health and safety. The provider had a Risk Management Policy (2012) in place, however, this required further improvements as the risk management policy did not include the specific risks outlined within the Regulations. For example, the risk of self harm, aggression and violence, accidental injury and unexpected absence.



The inspector reviewed numerous risk assessments and found a good awareness amongst staff of the risks that were prevalent within the designated centre. For example, the inspector noted completed risk assessments for the designated centres management of cleaning chemical storage, hot water temperature, resident absences, medication, behaviours that challenge and slips, trips and falls. The inspector found good practice in the area of risk management with evidence of a risk rating matrix guiding practice. The inspector found that the designated centre had a specific risk assessment folder whereby the manager kept all information pertaining to risk appropriately managed. The inspector noted that due to the restrictive nature of the physical environment based on residents assessed needs, that the designated centre did have a high number of risk assessments completed.

The inspector found documentation supporting a risk checking system was in place in the designated centre. The inspector noted alarm tests were being completed and an accessible assembly point was in use. Regarding fire safety equipment staff spoken to were knowledgeable of whereabouts of equipment, equipment service records were up to date and the inspector found evidence of fire drills having taken place on a monthly basis. The inspector saw good evidence of staff awareness of evacuation procedures and how to respond to a fire within the designated centre. However the inspector did note that no night-time fire evacuations had taken place in the designated centre. While some fire marshal training was provided to certain staff members there was not sufficient/current fire safety training provided to all staff according to training records viewed. However, the inspector was informed that the provider has a current training schedule in place to address this issue for all staff.

### **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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that there were some measures in place to protect residents being harmed or suffering abuse however, improvements were required in this area to meet the requirements of the Regulations. In addition to this, further improvement is also required in terms of review and auditing to ensure the ongoing promotion of a

restraint free environment.

The inspector was directed to a Child Protection Policy (2012) which was in place but this policy specifically related to children and the designated centre provided services to adults. The inspector was then directed to a policy entitled 'Procedures on Management and Reporting for Welfare Concerns for Service Users' (2009). The inspector noted ambiguity and confusion on the part of staff over the course of inspection as to which policy guided practice in terms of protecting vulnerable adults. In discussing this issue at preliminary feedback the provider stated that another policy was in development and this was an area currently being worked on by the provider.

The inspector found that all staff spoken to displayed good knowledge of the signs and symptoms of abuse and were clear on the responsibilities and accountability involved in dealing with a case of alleged abuse. All staff members spoken to demonstrated a good understanding of the importance of a professionally timed response to any disclosure of information pertaining to abuse. Staff members informed the inspector that ensuring resident safety, recording information and informing management/designated person was of paramount importance. While satisfied with the staff knowledge displayed, the inspector was concerned that not all staff had undergone appropriate training in protecting vulnerable adults which is a requirement of the Regulations.

As highlighted earlier in this report, Outcome 6: Safe and Suitable Premises, the inspector noted that due to the profile of residents within the designated centre and the nature of the behaviours that residents demonstrated, certain restrictive practices were in place to ensure resident safety and protection. The inspector viewed a number of risk assessments pertaining to various environmental restraints such as locked windows, locked doors, restricted resident kitchen access while cooking. However, the inspector noted that there was not risk assessments for all restrictions in place in the house. For example, multiple locked presses/storage areas throughout the house did not all have risk assessments. In addition, the inspector did not see sufficient evidence of the ongoing review and auditing of all restrictive practices within the designated centre or examples of all alternative measures considered before restrictive procedures were adopted. This is not in compliance with the Regulations.

### **Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that residents were supported on an individual basis to achieve and enjoy best possible health.

The inspector reviewed a number of residents health care plans, records and documentation and found that residents had good and frequent access to allied health professionals. The inspector noted access to general practitioner, speech and language, psychology, social work, occupational therapy and physiotherapy. Regarding a resident with complex needs the inspector noted regular review and access to appropriate allied health professionals for this resident. The inspector saw evidence of frequent access to the GP and reviewed a number of residents records of same which were consistently maintained and up to date. The inspector saw documentation and correspondence regarding residents hospital appointments and various scans and x-rays that certain residents required. The inspector saw evidence of continuing and consistent follow up on the part of management and staff in the designated centre to ensure residents health needs were being met.

The inspector noted one resident was attending hospital for an appointment (that was subsequently cancelled) on the date of inspection and another resident had recently returned from hospital following staff noting concerns with the residents sudden change in presentation. The inspector found a good commitment to ensuring best practice regarding meeting residents health care needs.

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found an appropriate system regarding medication management whereby residents were protected by the designated centres policies and procedures.

The inspector found that the person in charge had systems in place to support staff in protecting residents in relation to medication management. The inspector found a medication management policy and person centred medication management assessment for capacity to self medicate.

In addition to this, the inspector noted:

- Medication prescription and administration protocols were in place.

- Medication checks, counts and recording systems were in place.
- An Area Drugs folder containing information on all medications in the designated centre.
- Medication incident follow up documentation.
- Drug disposal protocols were in place with evidence of pharmacy deliveries/disposal taking place monthly.

Residents' medication was stored and secured in the staff office in a safe and hygienic manner. Each residents medication was stored clearly and separately. The medication keys were stored in a safe and secure location. All residents' medication administration records reviewed were appropriately signed and had photographic identification and all relevant information in place. Staff to whom inspectors spoke demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. The inspector observed medication administered in a safe and respectful manner by a competent staff member.

#### **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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector found effective management systems in place and a clearly defined management structure that met the requirements of the Regulations.

The inspector found a suitably qualified and experienced nominated person in charge who was appropriately involved in the governance, operational management and administration of the designated centre. The nominated person in charge holds the position of Area Manager within the organisation and has relevant qualifications in both Health and Social Care and Management. The inspector found the person in charge to be very knowledgeable in the required areas and met the requirements of the Regulations.

The inspector found a clearly defined management structure within the designated centre that identified lines of authority and accountability clearly. The inspector found

sufficient levels of contact between the person in charge, the provider and other persons involved in management within the designated centre. The inspector reviewed meeting minutes and supervision records and found appropriate levels of supervision contact were taking place.

The inspector found managerial audits and reviews taking place at designated centre level regarding a number of areas. For example, the person in charge reviewed staff training schedules, residents person centred plans, health and safety audits and residents financial records on a regular basis. The inspector found that the person in charge was very familiar with the day to day governance and management of the designated centre and the needs of residents. The person in charge demonstrated a good knowledge of the Regulations and presented as very committed to meeting them on a consistent and ongoing basis.

### **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

#### **Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

#### **Findings:**

Overall the inspector found that there was appropriate numbers and skill mix of staff to meet the assessed needs of residents and the inspector found evidence of consistent staffing and delivery of care. However, there were some improvements required in the area of staff training and refresher training in order to meet the Regulations.

The inspector observed how familiar residents were with staff and how staff were respectful in their interactions with residents. There was appropriate numbers of persons on duty at all times to meet the needs of residents. The inspector noted the staffing roster reflected the personnel on duty at inspection time.

The inspector reviewed a number of staff files and found up to date training in a number of areas including First Aid, Medication Management (including Epilepsy), Manual Handling and Person Centred Practice. The inspector found while there was evidence of Fire Marshall training with select staff not all staff were provided with appropriate fire safety training as is required in the Regulations. Also the inspector noted that not all staff had up to date training in protecting vulnerable adults and advocacy (which the

inspector noted was a particularly important requirement in this designated centre). The inspector found that all staff files reviewed had evidence of An Garda Síochána Vetting Disclosures and all necessary records and documentation as required by Schedule 2 of the Regulations.

The inspector saw evidence of staff meeting minutes, supervision records and annual performance appraisals. All staff spoken to stated they were satisfied with the supervision arrangements within the designated centre.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Conor Brady  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	ORG-0011841
<b>Date of Inspection:</b>	24 April and 2 May 2014
<b>Date of response:</b>	23 May 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

#### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

The inspector found that not all residents rooms were decorated to a suitable standard.

**Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

- Service user's bedroom will be refurbished in accordance with his wishes and choices and in consultation with family reflecting his sensory needs.

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

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

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

The inspector found that not all baths, showers and toilet facilities were suitable to residents needs.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

- There are ongoing MDT meetings to review/monitor all aspects of his service.
- Since inspection for the service user identified in the report, is now using the communal bathroom that is meeting his needs and has had a positive impact on reducing incidents of behaviour.
- For the service user identified in the report OT environmental review of his bedroom and en-suite bathroom has been requested, on receipt of report it will be discussed with the Director of Logistics.

**Proposed Timescale:** 30/06/2014

## **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 risk management policy did not include measures and actions regarding the unexpected absence of a resident.

**Action Required:**

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

- Policy on Missing Persons DOC 049 available at the designated centre.
- Risk Management Policy reviewed to reflect HIQA Regulations 2013 and will be completed by the end of June 2014.
- Risk assessments for unexplained absence for each service user in the designated centre has commenced and will be completed by the 10.6.2014.

**Proposed Timescale:** 30/06/2014



**Theme:** Effective Services

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

The risk management policy did not include measures and actions regarding accidental injury.

**Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

- Risk Management Policy reviewed to reflect HIQA Regulations 2013 and will be completed by the end of June 2014 and will be supported by DOC 010 Accident/Clinical Incident Reporting.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

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

The risk management policy did not include measures and actions regarding aggression and violence.

**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:**

- Risk Management Policy reviewed to reflect HIQA Regulations 2013 and will be completed by the end of June 2014 and will be supported by DOC 011 Guidelines to Support Persons with Behaviours that Challenge.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

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

The risk management policy did not include measures and actions regarding self harm.

**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:**

- Risk Management Policy reviewed to reflect HIQA Regulations 2013 and will be completed by the end of June 2014 and will be supported by DOC 011 Guidelines to Support Persons with Behaviours that Challenge.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

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

The inspector found that not all staff had received suitable fire safety training.

**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:**

- Fire training for all staff commenced on 6.5.2014 and will be completed by the end of June 2014.

**Proposed Timescale:** 30/06/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The inspector found not all restrictive procedures were risk assessed and there was not continuous review and auditing of all restrictive practices within the designated centre.

**Action Required:**

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

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

- Following the annual review of all the service users restrictive practices in 2013, the next review for 2014 is imminent by the MDT Committee from which the relevant risk assessments will be completed.

**Proposed Timescale:** 25/07/2014

**Theme:** Safe Services

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

The inspector did not find evidence of all alternative measures considered before the implementation of restrictive procedures.

**Action Required:**

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

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

- Risk assessments for all environmental restrictions will be completed by the 10.6.2014.
- Inherent in the MDT review of restrictive practices alternatives are reviewed for all service users with a view to reducing restrictions where possible.
- All restrictive practices are reviewed by the Regional Governance Committee on an annual basis.

**Proposed Timescale:** 25/07/2014

**Theme:** Safe Services

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

The inspector found that all staff had not undergone up to date protecting vulnerable adults training.

**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:**

- DOCS 020 Procedures of Management & Reporting Protection and or Welfare Concerns for Service Users Nov 09 has been reviewed and is near sign off.
- Programme of training for all staff in the updated policy will commence when revised policy is issued.

**Proposed Timescale:** 30/09/2014

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

The inspector found that not all staff had up to date training in the required areas. For example, protecting vulnerable adults, fire safety and advocacy.

**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:**

- Advocacy training for staff in the designated centre is scheduled for July team meeting.
- Fire Safety commenced for staff in the designated centre on the 6.4.14 and will be completed by the end of June.
- Programme of training for all staff in the updated policy will commence when revised policy DOC 020 is issued.
- All staff receive mandatory training as per Service Training Needs Analysis.

**Proposed Timescale:** 30/09/2014