

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Waxwing 2
Centre ID:	OSV-0004841
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Limerick
Provider Nominee:	Norma Bagge
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 14 September 2017 12:00 To: 14 September 2017 21:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to follow up on matters from the previous inspection. The last inspection was carried out in February 2016.

How evidence was gathered:

As part of the inspection, the inspector met with all 12 residents who were residing in the centre. Residents expressed their views of the service provided both verbally and non-verbally. Residents appeared comfortable in the company of staff. The inspector noted that since the February 2016 inspection, a number of improvements had been made in relation to the auditing of documentation, redecoration and the reduction in the number of twin bedrooms from two to one.

The inspector spoke with staff who shared their views about the care provided in the centre, aspects of the service which worked well and areas which needed to be improved. The inspector spoke with the person in charge and area manager and gained an insight into their roles in the operation of the centre.

The area manager and person in charge were present for the inspector's feedback at the end of the inspection. In addition, the inspector communicated with the provider and person in charge after the inspection to request further information regarding the provision of appropriate nursing care for a resident.

The inspector examined documentation such as care plans, risk assessments and medication records.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which aimed to provide a homely environment. The inspector found these aims had been achieved.

Accommodation was provided in two detached bungalows in the same locality. Five residents were accommodated in single occupancy bedrooms in one house, while seven residents were accommodated in the second house. Two residents shared a bedroom in the second house. Each house had sitting areas, a kitchen, a shower room, a bathroom, an office and a garden. The houses were generally well-maintained.

Male and female residents were accommodated in this service. Residents were able to get out and about on a daily basis. Transport was available to support residents avail of trips to local shops and other local amenities.

Overall judgement of our findings:

The inspector found that the care provided was a social model where respect was a core element of all interactions. The inspector saw residents going out to activities, enjoying chatting with staff and listening to music. Residents had opportunities to spend leisure time together and develop friendships. However, the inspector also noted how the nursing care needs of one resident were inadequately met. The provider and person in charge addressed this matter within a day of inspection.

The inspector found the service to be in compliance with four of the 10 outcomes inspected. Issues identified as needing to be addressed included:

- * the provision of more appropriate bedroom arrangements for two residents who were sharing a room
- * the provision of appropriate nursing care for an ill resident
- * the accurate documentation of medication records
- * the provision of appropriate staff training to support residents' needs
- * the putting in place of the recommendations of an external fire specialist.

The inspection findings are detailed in the body of this report, and required actions are outlined in an action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that staff respected residents' rights and dignity. Residents were consulted about how the house was run. Feedback was sought and informed practice. For example, residents choose the colour the walls should be painted, where they would go on holidays and what shopping was needed. Each bedroom was decorated in a manner that reflected the resident's individuality. Since the last inspection, the number of residents in one house was reduced, resulting in each resident in that house having their own bedroom. However, in the second house, two residents shared a room which was too small to adequately meet each resident's needs. In the days prior to inspection, one resident in this room required specialised equipment which could not be easily manoeuvred within the room without encroaching on the space available to the second resident. In addition, the extra care required by one resident resulted in the second resident having disturbed night-time sleep.

Residents, in so far as possible, were supported to choose and purchase their own clothes.

The inspector saw residents returning from day services and carrying out their preferred routine, such as watching television, painting, or chatting with staff.

There were policies and procedures for the management of complaints. The complaints process was displayed and was also discussed at house meetings.

Residents were encouraged to have private contact with friends, family and significant

others. However, in one house there was a lack of space to facilitate such meetings. Residents' personal communications were respected. For example, resident gestures were interpreted to good effect. Since the last inspection, staff had received further training in communicating with residents who were non-verbal.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. These practices had been amended since the last inspection to ensure that two staff signatures were recorded for each withdrawal or lodgement.

Residents had opportunities to participate in activities that suited their needs, interests and capacities. For example, watching old films, attending musical events, going to a day service or chatting with staff. Individual residents engaged in their own specific interests outside of the centre, such as visiting the family home on a regular basis.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were assisted and supported to communicate. Staff were aware of the different communication needs of residents, including non-verbal communication. Behavioural and psychologist support was available to support residents' communication needs.

Residents had access to radio, television, social media, newspapers, the Internet and information on local events. Cognisance was given to ensuring that residents' boundaries were not infringed by other residents. For example, staff closely observed interactions between residents, used distraction techniques if necessary and explained in a sensitive and respectful manner to residents how their actions impacted on others.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The admissions policy and the procedure for emergency admissions were outlined in the statement of purpose. The inspector was satisfied that new admissions to the centre were given opportunities to familiarise themselves with the environment prior to their arrival. Consideration was given to the prospective residents' daily routine in their previous setting, and the centre took steps to facilitate this routine. Placements were reviewed as required, and attention was given where it was felt a resident would benefit from a change of setting.

Contracts of care were available for the inspector to review. These listed the services to be provided by the centre to the resident. Fees were also laid out. Contracts examined were signed by a staff member and a representative of the resident.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

A comprehensive assessment of the healthcare needs of a resident was not carried out by an appropriate healthcare professional in a timely manner following changes in the

resident's circumstances. In particular, a resident who was discharged from hospital eight days prior to the inspection did not have their written healthcare plan reviewed despite their care needs having significantly changed.

The centre was not suitable for the purposes of meeting the assessed needs of each resident. For example, a resident whose health was significantly compromised did not have adequate nursing care to meet their needs. Neither was the bedroom the resident shared with another resident suitable to attend to their needs given their changing health status.

When some residents' personal plans were revised, they were not made available in an accessible format to the residents.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found that there were adequate arrangements in place in relation to health, safety and risk management, including robust policies and procedures. A health and safety statement was in place. There was a risk management policy in place that met the requirements of the Regulations. Hazards had been identified and assessed. These assessments were seen by the inspector and were found to be comprehensive. Each resident had assessments in their file notes of risks which pertained specifically to them. Control measures were put in place to minimise the hazards. For example, in order to minimise the risk of incidents when travelling in the bus, staff were provided with specific training on this matter. However, a fire safety officer report identified works to be completed. These included upgrading of the fire alarm system and putting in place of fire resistant doors throughout. The provider had applied to the funding authority for financial support to complete this work. Plans were in place to carry out this work but no specific timelines were available.

Procedures in place for the disposal of incontinence wear had improved since the last inspection and were in line with best practice. Appropriate bins were in place. Hand gels and hand-washing facilities were in place throughout.

Suitable fire equipment was provided, and there were adequate means of escape. There

was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Residents' mobility and cognition had been accounted for in the evacuation procedure. Each resident had an evacuation plan in place on a holder inside the front door for easy access by fire personnel should they be needed. Evacuation times varied between one and two minutes and took place at various times of the day and night. Records showed staff were trained in fire safety awareness; however, in some instances it was more than two years since staff had received this training and updates were required.

The mains fire alarm was tested on a weekly basis and this was documented. Daily checks were completed to ensure the fire exits were unobstructed. The inspector reviewed service records and found that fire fighting equipment and emergency lighting was serviced on an annual basis.

An emergency plan was in place should the houses need to be evacuated, and emergency contact numbers were included in the emergency policy.

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):

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

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. There was a non-judgemental approach to managing behaviours that challenge. Specific support plans were in place in instances where restrictive practices were required, such as limited access to the kitchen in one house. The plans detailed the emotional, behavioural and therapeutic interventions to assist in achieving a good outcome. Psychological support was sought to assist with specific positive behaviour plans and families were also involved in these.

Policies were in place in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector

interacted with residents and was satisfied that residents felt safe in the centre and had access to staff with whom they could communicate. There was a designated person to manage any incidents, allegations or suspicions of abuse.

Staff had specific training and considerable experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge, including de-escalation and intervention techniques. Practices observed showed that the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way. Restrictive practices were kept to a minimum. For example, residents with significant behaviours that challenge were supported to express themselves, go on frequent outings and engage in activities which they enjoyed. A policy on restrictive practice was available and was in line with best practice.

The inspector reviewed arrangements in place for managing residents' finances and found that residents, with the aid of their key worker, had access to their monies. A ledger was kept for each resident detailing income and expenditure. The balance in the account was checked on a regular basis by the resident's key worker, and monthly checks were carried out by the person in charge. Since the last inspection, ledgers and receipts were signed by two staff member. Receipts were kept for items purchased on behalf of the resident. If a query arose about any expense incurred by a resident, the receipts could be checked

Judgment:

Compliant

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:

Appropriate healthcare was not provided for each resident. For example, there was a lack of information available with regards to a resident's food and fluid intake. There was inadequate evidence available to assess whether or not every effort had been made to appropriately meet this resident's fluid and dietary needs.

The medical treatment that was prescribed for a resident was not facilitated. For example, a prescribed nutritional supplement was substituted for an alternative nutritional supplement. Eye drops were not recorded as being administered as prescribed.

While a referral had been made on behalf of a resident for speech and language support and a review of their swallowing plan, it was not adequately followed up in a timely manner. There was an insufficient number of trained staff present where a resident required assistance with eating and drinking. For example, a resident with complex swallowing needs had assistance from staff who did not have training in dysphagia (swallowing difficulty).

One resident was inadequately supported at a time of illness. For example, the resident did not have a written, up-to-date healthcare plan; did not have appropriately skilled staff to attend to their needs; and did not have a suitable bedroom to promote dignified care.

Following the inspection, the provider, area manager and person in charge addressed the above healthcare needs as a matter of priority. The inspector was satisfied the healthcare issues detailed above were addressed within six hours of bringing them to management's attention.

Judgment:

Non Compliant - Major

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector noted eye drops were not recorded as having been administered as prescribed. It was unclear at the time of inspection what the reason was for this. The inspector was advised by the area manager who investigated this post-inspection that this was due to the resident refusing their eye drops. Refusal of this medication had not been adequately recorded. The inspector also noted a nutritional supplement prescribed for this resident was different to the one actually administered. In this instance it was documented that the resident refused part of their nutritional supplement, albeit it was a different supplement that was being administered to the one prescribed.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There was a clear management structure in place, consisting of the person in charge, the area manager, the head of community services and the director of services. All staff spoken with were clear on their respective roles, responsibilities and reporting relationships.

The person in charge was suitably qualified in the provision of social care services, was employed full-time and had established experience in the organisation, in the provision of supports to residents and in the supervision of staff. The person in charge was supported in their role by the area manager.

The person in charge informed the inspector that unannounced visits took place by a member of the senior management team. Reports from such visits were available for inspection. The area manager and the person in charge also conducted a detailed twelve month review of the service. This review set out actions to be undertaken, who was responsible for the actions and the timeframes for the actions to be completed. The area manager undertook regular audits, and the inspector noted matters identified in the audits had been addressed.

The person in charge, in conjunction with the area manager, supervised staff. Since the last inspection, a formal organisational structure was put in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the

needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The inspector was not satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents. Nursing care was required for a resident in this centre. It was not adequately provided for. This matter was addressed as a matter of priority by the provider, area manager and the person in charge. Appropriate nursing care was provided for the day following inspection.

The inspector reviewed the staff training records, which demonstrated that training was made available to staff. Mandatory training in the areas of managing behaviours that challenge, awareness of protection of the vulnerable adult and moving and handling had been provided. However, as discussed and actioned under Outcome 7, not all staff had received updated fire safety training.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Margaret O'Regan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
Centre ID:	OSV-0004841
Date of Inspection:	14 September 2017
Date of response:	05 October 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Two residents shared a room which was too small to adequately meet each resident's needs and compromised each resident's privacy.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- Room sharing arrangement ceased on 15/10/17 as one resident transferred to another designated centre.
- The resident is settling well into his new home.
- The services user remaining in the room in the designated centre is satisfied with this new arrangement.

Proposed Timescale: 15/09/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

One resident's personal plans were not reviewed when there was a change in their needs.

2. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- Subsequent to this inspection and transfer of the resident to another Designated Centre on 15/09/2017, inputs from appropriate care professionals was received and updated care plans were put in place including;
 - Health care plan – revised, forwarded to the inspector on 22/09/2017
 - EDS plan – revised on forwarded to the inspector on 22/09/2017
 - Nutritional Care Plan - Completed and forwarded to the inspector on 22/09/2017
 - Manual Handling Care Plan – The on-site Physiotherapist will have a site specific and Individualised Manual Handling care plan completed on 09/10/2017
- Input will be ongoing from the CNS in Elderly Care, Occupational Therapist, Physiotherapist and Speech and Language Therapist.
- PIC's and Area Managers to attend 1 day Care Planning training on 31/10/2017 and 21/11/2017
- The My Profile My Plan file is reviewed at a minimum annually by the Person in Charge.
- The PIC will coordinate a reviews of documentation where the needs of the individual are changing in order to ensure the supports and care plans are meeting the needs of the residents.

- Changes advised by clinicians will inform interventions to support the resident and this will be documented appropriately

Organisational learning from this finding.

- The development of a protocol following the discharge of a resident from hospital, to include the following actions:
 - Care plans will be reviewed and updated if required, by the line manager, for those residents whose presentation has significantly changed. This is to be completed within 24 hours of discharge
 - A referral will be made to the CNS or other health care professional, as required

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

The designated centre was not suitable for the purposes of meeting the assessed needs of each resident. For example, a resident whose health was significantly compromised did not have adequate nursing care to meet their needs. Neither was the bedroom the resident shared with another resident suitable to attend to their needs given their changing health status.

3. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

Room sharing arrangement ceased on 15/10/17 as one resident transferred to another designated centre.

The resident is settling well into his new home

The services user remaining in the room in the designated centre is satisfied with this new arrangement.

Proposed Timescale: 15/09/2017

Theme: Effective Services

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

A comprehensive assessment, by an appropriate health care professional, of the health care needs was not carried out to reflect changes in a resident's circumstances. For example, a resident who was discharged from hospital eight days prior to the inspection did not have their written health care plan reviewed despite their care needs having significantly changed.

4. Action Required:

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

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

- Subsequent to this inspection and transfer of the resident to another Designated Centre on 15/09/2017, inputs from appropriate care professionals was received and updated care plans were put in place including;
 - Health care plan – revised, forwarded to the inspector on 22/09/2017
 - EDS plan – revised on forwarded to the inspector on 22/09/2017
 - Nutritional Care Plan - Completed and forwarded to the inspector on 22/09/2017
 - Manual Handling Care Plan – The on site Physiotherapist will have a site specific and Individualised Manual Handling care plan completed on 09/10/2017
- Input will be ongoing from the CNS in Elderly Care, Occupational Therapist, Physiotherapist and Speech and Language Therapist.
- PIC's and Area Managers to attend 1 day Care Planning training on 31/10/2017 and 21/11/2017
- The My Profile My Plan file is reviewed at a minimum annually by the Person in Charge.
- The PIC will coordinate a reviews of documentation where the needs of the individual are changing in order to ensure the supports and care plans are meeting the needs of the residents.
- Changes advised by clinicians will inform interventions to support the resident and this will be documented appropriately

Organisational learning from this finding.

- The development of a protocol following the discharge of a resident from hospital, to include the following actions:
 - Care plans will be reviewed and updated if required, by the line manager, for those residents whose presentation has significantly changed. This is to be completed within 24 hours of discharge
 - A referral will be made to the CNS or other health care professional, as required

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

When some residents' personal plans were revised, they were not made available in an accessible format to the residents.

5. Action Required:

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

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

Easy to read version of the residents plans are being developed and will be put in place for all residents.

Proposed Timescale: 07/10/2017

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:

A fire safety officer report identified works to be completed. These included upgrading of the fire alarm system and putting in place of fire resistant doors throughout. The provider had applied to the funding authority for financial support to complete this work. Plans were in place to carry out this work but no specific timelines were available.

6. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The Provider is preparing a plan for HIQA in respect of Fire Safety which will include this designated centre.

This plan will be submitted to HIQA on 13th October 2017

Proposed Timescale: 13/10/2017

Theme: Effective Services

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

Some staff had not received fire safety awareness training updates for over two years.

7. Action Required:

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

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

The identified staff had been confirmed to attend Fire Safety Awareness training on 16/09/2017 and both attended as confirmed. All staff will attend this training within the

agreed training guidelines of 2 years

Proposed Timescale: 16/09/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Appropriate health care was not provided for each resident. For example, there was a lack of information with regards to a resident's food and fluid intake, the resident's health care plan had not been revised in a timely manner or as the resident's needs changed, there was a delay in seeking allied health support around a resident's swallowing difficulties.

8. Action Required:

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

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

- Subsequent to this inspection and transfer of the resident to another Designated Centre on 15/09/2017, inputs from appropriate care professionals was received and updated care plans were put in place including;
 - Health care plan – revised, forwarded to the inspector on 22/09/2017
 - EDS plan – revised on forwarded to the inspector on 22/09/2017
 - Nutritional Care Plan - Completed and forwarded to the inspector on 22/09/2017
 - Manual Handling Care Plan – The on-site Physiotherapist will have a site specific and Individualised Manual Handling care plan completed on 09/10/2017
- Input will be ongoing from the CNS in Elderly Care, Occupational Therapist, Physiotherapist and Speech and Language Therapist.
- PIC's and Area Managers to attend 1 day Care Planning training on 31/10/2017 and 21/11/2017
- The My Profile My Plan file is reviewed at a minimum annually by the Person in Charge.
- The PIC will coordinate a reviews of documentation where the needs of the individual are changing in order to ensure the supports and care plans are meeting the needs of the residents.
- Changes advised by clinicians will inform interventions to support the resident and this will be documented appropriately

Organisational learning from this finding.

- The development of a protocol following the discharge of a resident from hospital, to include the following actions:
 - Care plans will be reviewed and updated if required, by the line manager, for those residents whose presentation has significantly changed. This is to be completed within

24 hours of discharge

- A referral will be made to the CNS or other health care professional, as required

Proposed Timescale: 30/11/2017

Theme: Health and Development

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

The medical treatment that was prescribed for a resident was not facilitated. For example, a prescribed nutritional supplement was substituted for an alternative nutritional supplement. Eye drops were not recorded as having been administered as prescribed.

9. Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

The prescribed nutritional supplement was substituted in consultation with the pharmacist.

The PIC and Area Manager will meet with staff in the centre on 13/10/2017, to reinforce the importance of reviewing all prescribed items with the GP, if change is required, or if they do not suit the resident in line with Medication procedure.

Any changes to the administration of prescribed items are to be reflected in the prescription on the Medication Kardex, which must be completed by the GP.

Eye drops which were not administered as prescribed, was due to the residents non compliance with this intervention. Medication error reports have since been completed, to reflect the resident's refusal of eye drops.

The PIC and Area manager will discuss the importance of completing all required documentation in relation to medication errors and omissions in a timely manner at the staff meeting scheduled for 13th October 2017.

The Area Manager will complete a medication quarterly audit in October 2017 as per Medication procedure.

SAMS training will be provided to all staff from January 2018

Proposed Timescale: 31/10/2017

Theme: Health and Development

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

There was incomplete documentation when a resident refused treatment. For example, there were gaps in the documentation pertaining to the administration of prescribed nutritional supplements.

10. Action Required:

Under Regulation 06 (2) (c) you are required to: Respect and document each resident's right to refuse treatment and bring the matter to the attention of the resident's medical practitioner.

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

- The prescribed nutritional supplement was substituted in consultation with the pharmacist.
- The PIC and Area Manager will meet with staff in the centre on 13/10/2017, to reinforce the importance of reviewing all prescribed items with the GP, if change is required, or if they do not suit the resident in line with Medication procedure.
- Any changes to the administration of prescribed items are to be reflected in the prescription on the Medication Kardex, which must be completed by the GP.
- Eye drops which were not administered as prescribed, was due to the residents non-compliance with this intervention. Medication error reports have since been completed, to reflect the resident's refusal of eye drops.
- The PIC and Area manager will discuss the importance of completing all required documentation in relation to medication errors and omissions in a timely manner at the staff meeting scheduled for 13th October 2017.
- The Area Manager will complete a medication quarterly audit in October 2017 as per Medication procedure.
- SAMS training will be provided to all staff from January 2018

Proposed Timescale: 31/10/2017

Theme: Health and Development

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

While a referral had been made on behalf of a resident for speech and language support and a review of their swallowing plan, it was not adequately followed up with in a timely manner.

11. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

- The resident identified was seen by the organisation SLT for review of their swallowing plan on 15/09/2017 following inspection and remains under their care.
- EDS plan was completed on 22/09/2017
- While the organisation based SLT has limited capacity, a protocol is now in place whereby a resident in the community can be referred for emergency intervention.

Proposed Timescale: 05/10/2017

Theme: Health and Development

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

One resident was inadequately supported at a time of illness, in a manner which met their physical needs and respected their dignity. For example, an ill resident did not have an up to date health care plan, did not have appropriately skilled staff to attend to their needs and did not have a suitable bedroom to promote dignified care.

12. Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

- Subsequent to this inspection and transfer of the resident to another Designated Centre on 15/09/2017, inputs from appropriate care professionals was received and updated care plans were put in place including;
 - Health care plan – revised, forwarded to the inspector on 22/09/2017
 - EDS plan – revised on forwarded to the inspector on 22/09/2017
 - Nutritional Care Plan - Completed and forwarded to the inspector on 22/09/2017
 - Manual Handling Care Plan – The on-site Physiotherapist will have a site specific and Individualised Manual Handling care plan completed on 09/10/2017
- Input will be ongoing from the CNS in Elderly Care, Occupational Therapist, Physiotherapist and Speech and Language Therapist.
- PIC's and Area Managers to attend 1 day Care Planning training on 31/10/2017 and 21/11/2017
- The My Profile My Plan file is reviewed at a minimum annually by the Person in Charge.
- The PIC will coordinate a reviews of documentation where the needs of the individual are changing in order to ensure the supports and care plans are meeting the needs of the residents.
- Changes advised by clinicians will inform interventions to support the resident and this will be documented appropriately

Organisational learning from this finding.

•The development of a protocol following the discharge of a resident from hospital, to include the following actions:

- Care plans will be reviewed and updated if required, by the line manager, for those residents whose presentation has significantly changed. This is to be completed within 24 hours of discharge
- A referral will be made to the CNS or other health care professional, as required

Proposed Timescale: 30/11/2017

Theme: Health and Development

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

There was inadequate evidence available to assess whether or not a resident's dietary needs were adequately met.

13. Action Required:

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

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

Since the introduction of the CNS in Elderly Care, advice on recording food and fluid intake will be sought and the appropriate documentation will be put in place to make the required recordings.

The appropriate documents are available to document clearly the intake of the individuals who require this support.

The recording of food and fluid intake will be discussed at the next staff meeting

Proposed Timescale: 13/10/2017

Theme: Health and Development

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

There was an insufficient number of trained staff present where a resident required assistance with eating and drinking. For example, a resident with complex swallowing needs had assistance from staff who did not have training in dysphasia (swallowing difficulty).

14. Action Required:

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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

The resident transferred to another designated centre on 15th of September 2017 where there is a suitable skill mix, including nursing care to meet the resident's needs.

Staff in this area have been provided with Eating Drinking and Swallowing training

Proposed Timescale: 05/10/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The practices in place did not ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed. The inspector noted eye drops were not recorded as having been administered as prescribed.

15. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- Eye drops which were not administered as prescribed, was due to the residents non compliance with this intervention.
- Medication error reports have now been completed to reflect the resident's refusal of eye drops.
- The PIC and Area manager will discuss the importance of completing all required documentation in relation to medication errors and omissions in a timely manner at a staff meeting on 13/10/17
- SAMS training will be provided to all staff from January 2018

Proposed Timescale: 31/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Nursing care was required for a resident in this centre. It was not adequately provided

for.

16. Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

The resident transferred to another designated centre on 15th of September 2017 where there is a suitable skill mix, including nursing care to meet the resident's needs.

Proposed Timescale: 05/10/2017