

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Peacehaven Trust Ltd
Centre ID:	ORG-0011584
Centre county:	Wicklow
Email address:	admin@peacehaventrust.com
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Peacehaven Trust Ltd
Provider Nominee:	Lily (Elizabeth) King
Person in charge:	Lily (Elizabeth) King
Lead inspector:	Sheila Doyle
Support inspector(s):	Julie Pryce;
Type of inspection	Announced
Number of residents on the date of inspection:	2
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 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 March 2014 09:30 To: 13 March 2014 17:30

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 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This centre is part of Peacehaven Trust Ltd, and is currently in need of extensive renovation to safely meet the needs of residents. The provider had applied to have an alternative house, registered to accommodate the residents in a temporary capacity for a period of approximately 20 weeks. Lily King is the person authorised to act on behalf of the provider and also the person in charge, and is referred to as the person in charge throughout the report.

As part of the registration inspection, inspectors visited both houses and met with residents, the person in charge and other staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. While areas for improvement were identified, overall inspectors found that residents received a good person centred

quality service. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents' communications needs were promoted and residents' health needs were regularly reviewed and met.

The temporary location will meet the residents' needs in a temporary measure to allow the renovations to proceed. The residents confirmed that they had visited the house and were looking forward to the move.

Lack of evidence of fire training required immediate action and was addressed by the person in charge. The risk management policy and recruitment procedures for both staff and volunteers did not comply with the requirements of 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.

Several policies were at draft stage and not implemented and the directory of residents did not meet the requirements of the Regulations. In addition an effective monitoring system had not been introduced to ensure that the service provided was safe and appropriate to residents' needs.

These areas are discussed further in the report and included in the action plan at the end.

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

Inspectors spent time in the current premises and were satisfied that the rights, privacy and dignity of the two residents was promoted and residents' choice was encouraged and respected. There was nothing to suggest that this would be different in the temporary location.

Inspectors observed numerous interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

Inspectors noted that where possible residents retained control over their own possessions. The organisation had a policy on residents' personal property which was centre specific. Residents were supported to choose and purchase their own clothes when out shopping and inspectors noted that both residents had distinctive styles of dress. Inspectors saw residents getting up, going out, having a rest and eating at times that suited them.

Inspectors reviewed the system in place to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. All financial transactions when possible, were signed by residents. In addition all transactions were checked and counter signed by staff and written receipts retained for all purchases made on the residents' behalf. Inspectors checked one balance as a resident was taking some money to go to the shops, and found it to be correct.

Inspectors saw that house meetings were held with the residents. A range of items were discussed. Inspectors saw that a care manager had presented the contents of the complaints policy to the residents, 'page by page and detail by detail'. Residents confirmed this and told inspectors who they would talk to if they had any worries.

Inspectors were satisfied that residents had been consulted regarding the temporary move to this new centre. One resident showed inspectors some of the damage to the current building and gave reasons why renovation was necessary. He told inspectors that he had already visited the new temporary house and chosen his bedroom there.

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:

Inspectors were satisfied that ongoing communications were promoted for both residents.

Staff practice ensured that residents had access to information in a timely manner. Information on the communication needs of each resident was documented in their personal care plan and reviewed on a regular basis. Inspectors observed staff communicating effectively and in a supportive way with residents.

Residents had access to various media sources such as the television and the radio with televisions in communal sitting rooms. Inspectors saw that picture notices were on display as an aide memoire for residents. For example a photograph of the staff member on duty was on display in the kitchen. The residents changed this each day as required.

Residents' care plans documented the input from multi-disciplinary professionals including speech and language therapists and occupational therapists to enhance residents' communications. Residents also had access to assistive technology and aids although mobility aids were not currently required.

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents were supported to maintain relationships with family and friends.

Although day services were available both residents had chosen not to attend. Residents talked inspectors about their friends visiting, coming for dinner and about trips to town and out shopping. They said that visitors were welcome to the centre and that they could meet with them either in the sitting room or the kitchen. Inspectors received a warm and welcoming reception from residents on arrival to the centre and both residents were aware of the purpose of the visit.

As part of the registration process, a questionnaire was returned from a family member. She indicated that she always felt welcome and included. Inspectors also saw that a resident was supported to visit his family in England a couple of times a year.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

During the course of the renovations to the existing centre and the temporary move to this centre, no admissions will be accepted. The person in charge informed inspectors that under usual circumstances, all prospective residents and their representatives were afforded an opportunity to visit the centre prior to admission. She also outlined that

consideration was always given to ensure that the needs and safety of the prospective and current residents were met.

Contracts of care had recently been developed. Inspectors read a sample and were satisfied that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

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:

Inspectors were satisfied that the care and support currently provided to residents sufficiently reflected their assessed needs and wishes and that these practices would be available in this temporary centre.

Inspectors reviewed a sample of care plans and found that the resident's care needs were identified and plans were put in place with the residents to address those needs. Residents confirmed that they were involved in the development of their plans and in regularly reviewing them with their key worker. Daily records were also maintained of the how the residents spent their day. Key workers were assigned and inspectors saw evidence that goals were described and plans put in place to meet those. Staff confirmed that this documentation was recently introduced and they had identified that additional work was required. The personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives.

There was evidence that residents were supported in transition between services. A staff member always accompanied residents who had to attend hospital or appointments. Inspectors saw that there was a document on each resident's care plan called 'ICE' (in case of emergency). This included a list of items to pack for the resident, their medication sheet and procedures for who to notify etc.

There was an extensive range of activities available to the residents both in the centre and out in the community but residents had chosen not to attend many of these. Two popular choices were music sessions and pet therapy and both residents confirmed they enjoyed these. Transport was available at the centre.

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:

This registration inspection took place to enable residents to move to a different house to allow extensive necessary renovations to the existing building.

Inspectors visited the prospective house and noted that would meet the residents' needs in a comfortable and homely way for a defined period of time, to allow the planned renovations to the existing building. The two residents had visited the house and had seen that a separate bedroom was available for each on the ground floor. A walk in shower and toilet was also provided. Additional accommodation for the residents included a large kitchen cum sitting room. Inspectors noted that adaptations such as changing all internal doors to fire doors had been made to the premises.

Staff facilities including sleeping accommodation and offices were upstairs and it was not envisaged that residents would use this area at all.

The back garden was being secured to provide a safe area for the residents. The residents told inspectors that they already visited and were friends with some neighbours.

Inspectors saw that the planned renovations to the existing centre were required. For example inspectors saw where part of the ceiling had dipped down and also damp areas were noted. The person in charge confirmed that all necessary requirements were in place including planning permission and a building contractor. She envisaged that the works would take approximately 20 weeks to complete and then the two residents would move back having already chosen their rooms.

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:

Inspectors were not satisfied that the health and safety of residents and staff was sufficiently promoted and the overall system to manage risk also required improvement.

Inspectors read the Health and Safety Statement which had been reviewed by the person in charge. The organisation's risk management policy was in draft format and required further work to ensure compliance with the Regulations. For example it did not outline the precautions in place to control the specified risks. In addition there was no emergency plan available.

Inspectors could not evidence if all staff had attended fire training and the person in charge was asked to address this immediately. The person in charge had organised training for staff prior to the end of inspection.

Inspectors found that other fire precautions had been put in place. There were regular fire drills and both staff and residents participated. All staff and residents spoken with were clear of the procedure to follow. Inspectors viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. Daily recorded checks of fire exits, lights and extinguishers had recently been introduced.

All staff had attended training in the moving and handling.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that measures were in place to protect residents from being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. This was being updated at the time of inspection to provide additional guidance on the procedure to follow should an allegation of abuse be upheld. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

There were no restrictive procedures such as bedrails in use and there were no recorded incidents of challenging behaviour.

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that the person in charge was familiar with the process for recording any incident that occurred in the centre and with the procedure for maintaining and retaining suitable records as required under legislation.

Inspectors were satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that the general welfare and development needs of residents were promoted.

The residents had been afforded the opportunity to attend various activities such as the gardening club. Residents were supported by staff to pursue a variety of interests, including music and train spotting. Inspectors also saw that residents did not always wish to attend and their choice was respected. Their participation was discussed at each meeting with their key worker. Care plans and daily records documented the type and range of activities that they were involved in.

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:

Inspectors were satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

Inspectors reviewed some care plans and medical notes and saw that they had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as physiotherapists, dieticians, chiropodists, opticians and dental services. A staff member accompanied the resident when they attended the local GP. On return, an accurate record was made of the outcome including the proposed treatment plan. Residents' files also contained records of reviews by medical specialists.

Inspectors were satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded if residents had lost weight or were on particular medication. The menu choices were on display. Each resident took it in turn to choose the main course. Photographs had been taken of various meal choices and these served as a reminder for residents. Staff volunteered more appropriate choices when healthy

eating was encouraged. Inspectors also saw that residents were supported in preparing parts of the meals and in the cleaning up afterwards.

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:

Inspectors were satisfied that each resident was protected by the centre's policies and procedures for medication management.

All medications were administered by a social care worker. Detailed descriptions and a photograph of each medication were available to assist staff. Each resident's medication was supplied in a blister pack and these were stored in a locked press. Neither resident was self medicating. The staff spoken with were very clear of their role and responsibility as regards medication management.

Having reviewed prescription and administration records, procedures for the storage of medication including those requiring refrigeration and procedures for the management of medications that required strict controls, inspectors were satisfied that appropriate medication management practices were in place guided by a policy. The policy was currently being updated to reflect ongoing improvements in the service and the requirements to crush some medication.

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that was provided in the centre and was kept under review by the person in charge and was available to residents.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Improvement was required around the area of auditing. A resident satisfaction questionnaire had been completed by the residents but there was no robust system in place to ensure that the quality of care and experience of the residents was monitored on an ongoing basis. The annual review of the quality and safety of care had not been undertaken as required by the Regulations.

Although further improvement was required there was evidence that efforts were underway to ensure that all staff were aware of the Regulations and the Standards. A copy had been emailed to each staff member and plans were in place to discuss them with staff at the April meetings. Further improvement was also required to ensure that effective arrangements were in place to support, develop and performance manage all staff as required by the Regulations.

Inspectors found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable about the requirements of the Regulations and Standards, and had a very good overview of the health and support needs and personal plans of all the residents. She was clear about her role as person in charge and the person authorised on behalf of the provider and about the management and the reporting structure in place in the organisation. She told inspectors that she met formally with the board nine times a year but could contact them for advice and support at any time.

Staff spoken with were knew what to do if they had a concern about the quality and safety of care being provided to a resident.

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was aware of her responsibility to notify the Authority of the event of her absence for more than 28 days. To date this had not been necessary.

The person in charge is supported in her role by two care managers who deputise for her in her absence. Inspectors met briefly with these two staff and found that they were aware of the responsibilities of the person in charge and had some knowledge of the Regulations and Standards and had plans in place to get to know these better. Both were clear about the safety of residents and the need to further improve aspects of the service provided.

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

The person in charge used staffing resources efficiently and flexibly to meet the support needs of residents and the roster is discussed in more detail under Outcome 17.

The existing centre required major renovations to ensure they met the needs of residents and resources had been allocated for this. Accessible transport was available to bring residents to their day services and to social occasions.

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:

Inspectors were satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services although improvement was required to the recruitment process.

Inspectors read a sample of staff files and saw that some did not meet the requirements of the Regulations. For example one file reviewed did not contain any written references. A telephone reference had been obtained. Similarly inspectors were concerned that volunteers had not been vetted appropriate to their role, nor have their roles and responsibilities set out in writing as required by the Regulations.

In accordance with their statement of purpose, nursing care was not provided in the centre. A social care worker was always on duty with one staff sleeping in the centre at night. Inspectors saw that protected time was allocated to each keyworker to spend individual time with each resident.

The person in charge maintained a record of staff training in the centre and the inspectors noted that ongoing staff training was provided which included manual handling training, dementia care and safeguarding vulnerable adults. Staff spoken with confirmed that they had attended this training.

Outcome 18: Records and documentation

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

Theme:

Use of Information

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge had developed and implemented a range of policies and procedures to guide staff in the delivery of services to residents and the running of the centre. Staff to whom the inspector spoke demonstrated an understanding of some of these policies. However, not all of the policies and procedures required by Schedule 5 of the Regulations had been developed. The person in charge told inspectors that this was work in progress and that there was a plan in place to finalise the policies and ensure that all staff had read them.

Residents' files were kept secure in the staff room. The person in charge maintained staff records in a secure and safe manner. Staff records were made available to inspectors as required during the inspection. The insurance certificate had been received by the Authority prior to inspection which confirmed that the centre had up to date insurance cover.

The person in charge had not established a directory of residents. There was a list of residents in the centre, however, the information required in a residents' directory as specified in the Regulations was not available.

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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Peacehaven Trust Ltd
Centre ID:	ORG-0011584
Date of Inspection:	13 March 2014
Date of response:	25/03/2014

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 existing premises required extensive renovations.

Action Required:

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

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

A house has been prepared for the residents and residents will be moved there upon receiving permission from HIQA. A 20 week Renovation project will then commence to upgrade the property for the return of residents to it upon completion of the work.

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

Proposed Timescale: Ready to move immediately

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:

There was no emergency plan.

Action Required:

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

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

An emergency plan is currently being drawn up. Residents will be advised fully of the contents of this plan by the 31st. March 2014.

A system of assessment, management and ongoing review of risk will be in place by the 30th. April 2014

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

The risk management policy did not meet the requirements of the Regulations.

Action Required:

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

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

The Risk Management Policy will be further developed to include measures and actions in place to control the risks which we have identified.

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

Inspectors could not evidence if all staff had attended fire 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:

All Staff completed certified hands on training in first aid fire fighting equipment and fire control techniques on Thursday the 20th. March 2014. We have booked with the provider to run this training annually for all our staff.

A log is now in place to record one-to-one staff training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and evacuation of residents. Training has commenced and will be completed in the very near future. A management system is now in place to ensure that this training will be kept up to date going forward.

Proposed Timescale: 31/03/2014

Outcome 14: Governance and Management

Theme: Leadership Governance and Management

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

There was no system in place to ensure that the quality of care and experience of the residents was monitored on an ongoing basis.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Quarterly management system is now in place to monitor the quality of care, the safety of care, the appropriateness of the service to meet residents' needs and the stated experience of residents in our service.

Consultation with Residents will take place no later than the 28th. March

Proposed Timescale: 28/03/2014

Theme: Leadership Governance and Management

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

The annual review of the quality and safety of care had not been undertaken as required by the Regulations.

Action Required:

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

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

A management system is now in place to review and monitor the quality of care, the safety of care, the appropriateness of the service to meet residents' needs and the stated experience of residents in our service. The annual review will take place no later than 28th. March 2014.

Proposed Timescale: 28/03/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff files did not meet the requirements of the Regulations.

Action Required:

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

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

Written references are being requested from referees and will replace notes from verbal references in staff files.

Proposed Timescale: 30/04/2014

Theme: Responsive Workforce

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

Volunteers had not been vetted appropriate to their role.

Action Required:

Under Regulation 30 (c) you are required to: Ensure volunteers working in the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No. 47 of 2012).

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

Garda vetting disclosure for music therapy lady sent for processing 25/3/14. All other persons providing a service to residents will be Garda vetted in addition to volunteers.

Vetting Request 25th. March 2014; Return disclosure date unknown.

Proposed Timescale: 25/03/2014

Theme: Responsive Workforce

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

Volunteers did not have their roles and responsibilities set out in writing as required by the Regulations.

Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

The roles and responsibilities as set out in the Voluntary Workers Policy will be adapted to suit individual needs and issued to volunteers and others falling into that category i.e. services employed by our residents.

Proposed Timescale: 25/03/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

All of the policies and procedures required by Schedule 5 of the Regulations had not been developed.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Development of the policies and procedures will be brought to completion by the end of April.

Proposed Timescale: 30/04/2014

Theme: Use of Information

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

The person in charge had not established a directory of residents.

Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

A Directory of Residents is now in place and will be added to as we take in new residents later in the year. This Directory will be kept in both hard and soft copy and both will be updated as necessary.

Proposed Timescale: 24/03/2014