

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Caring and Sharing Association (CASA)
<b>Centre ID:</b>	ORG-0011732
<b>Centre county:</b>	Co. Dublin
<b>Email address:</b>	
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Caring and Sharing Association (CASA)
<b>Provider Nominee:</b>	Antoinette Fitzgerald
<b>Person in charge:</b>	Anna Mulville
<b>Lead inspector:</b>	Michael Keating
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 28 May 2014 10:00 To: 28 May 2014 20:00

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

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first inspection of this community based respite centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess the level of compliance with the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

The respite service is provided by the Caring and Sharing Association (CASA) which is a voluntary organisation whose goal it is to develop friendships between people with disabilities and volunteers through its activities. One such activity is through the provision of respite facilities in this 'breakhouse'. Respite breaks take place for an average of three nights at a time, and are provided on average three times per month. Respite breaks for adults and children are held separately.

A voluntary management committee plans and reviews the service provided and also has financial responsibility for the designated centre. The management committee employs a person in charge on a full time basis, as well as three part time staff which in total means there is a whole time equivalent of 2.75 staff. Five volunteer staff reside in the centre and provide one to one supports to residents during their short-term respite stay.

In the course of the inspection the inspector met all staff members, volunteers and a number of 'members' (people with disabilities) who use the respite services. The staff and volunteers spoke very positively about the service. Members also expressed their

satisfaction with the service. The members who communicate none verbally appeared very comfortable in their surroundings and the staff clearly knew the members present very well. The inspector observed positive communication and interaction between staff, volunteers and members throughout the inspection.

During this inspection eight outcomes were inspected against. Good practice was found in relation to meeting the social care and health care needs of those availing of the respite service. A minor non compliance was identified in relation to the statement of purpose and major non compliances were identified in five outcomes. Significant concerns were identified in relation to training needs of staff and volunteers in the area of fire safety, safeguarding and medication management, the governance structures within the centre and the skills and experience of the workforce.

During the inspection the person in charge and the provider nominee were requested to address the non compliances in relation to safeguarding and medication management as a matter of urgency. The provider and person in charge responded in a proactive, timely manner and took the decision to cancel their next scheduled respite break. Following the inspection inspectors met with the board of Caring and Sharing Association, the provider nominee, the person in charge and the respite manager to further discuss the findings from the inspection.

The action plans at the end of the report reflect the specifics of the outcomes that were not met in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**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 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:**

**Findings:**

In general, the inspector found that residents were involved in the development of their personal plans and that staff provided a good quality of social support to residents. This centre provides intermittent respite care to its residents' and the care plans reflected relevant needs, interests and capacities.

The inspector reviewed a number of care plans which were kept on an information technology (IT) based system. Booking forms used for each resident upon each admission identified any changes in need in relation to areas such as medication, health and dietary requirements. These forms were then used to update the individuals care plan. The care plans reviewed provided detailed information on each resident relating to communication needs, personal and intimate care supports, likes and dislikes, activities, mobility, financial awareness, safety and dietary requirements.

Prior to residents three night admission, the rosters provides for time for the team leader and volunteers to carry out a preparation session. A focus of this session was to review and update care plans where necessary and to assign one of the volunteer staff to a 'member' (resident) who was then responsible for providing one-to-one support during the course of the "member's" stay. The assigned volunteer consulted with the resident upon admission and planned out the breakaway focusing upon social and community activities and supports.

**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 - Major

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

While there were arrangements in place to manage risk, non compliances were identified in the risk management arrangements, emergency planning and fire precautions.

The inspector looked at the Health and Safety Statement which had been reviewed and last updated in February 2013. The health and safety policy incorporated the risk management policy where many of the requirements as set out in the Regulations were contained, though not all of the specific risks identified in the Regulations had been included. For example, emergency planning procedures had not been considered in the event that the 'team leader' became unwell or had to leave during the course of the respite group staying in the centre. This was particularly relevant, as there was only one employee supervising the care and support of the residents, provided by volunteers throughout the course of each three night stay. The inspector was informed by the provider that informal arrangements such as having a number of people to call upon to provide emergency cover were in place. However, this eventuality was not documented and therefore could not be effectively assessed or risk managed.

Individual risk assessments had been carried out for each resident to ensure that any risks were identified and proportionately managed. For example, level of involvement in daily living skills such as cooking, and support needs required while accessing the community. The inspector reviewed a number of these assessments and found that they were being used to support residents to undertake activities with appropriate support, in a manner that promoted independence.

Accidents, incidents and near misses were being recorded in detail and copies of these reports were provided to the person in charge. These forms were also provided to the governing committee, which included the provider for review.

There was a general fire evacuation plan on display throughout the centre which included procedures for night time evacuation. There were regular fire drills which were recorded, and there were five drills recorded as having taken place during 2014. However, fire drills had only taken place during the day time, and no drills had taken place at night time, or when residents were in bedrooms in order to ensure safe evacuation of the premises at all times. The records of the fire drills did not include learning outcomes. In addition there were no individual evacuation plans in place to

provide guidance to staff and volunteers. For example, the emergency evacuation plan on display referred to a need to use a duvet in order to evacuate all non-ambulant residents from the premises. This was not in accordance with best practice and had the potential to cause injury to residents.

There was record held of annual servicing of all fire fighting equipment including the alarm panel, fire sensors in each room and fire extinguishers by an external fire consultant. Weekly checks on equipment were also recorded by staff. There were adequate means of escape clearly identified with appropriate signage and emergency lighting. The person in charge confirmed that staff and volunteers have not received appropriate training in fire safety. This had already been identified by the person in charge who had contacted training providers and was awaiting a date for training on the day of inspection, and provided reassurance that this would be completed in the coming weeks.

There were control measures in place to manage any outbreak of infection. In the event of an outbreak of infection, the staff members would oversee the response in consultation with the person in charge and the provider. This response included cancellation of respite groups if necessary. Staff and volunteers were observed using protective measures such as latex gloves where appropriate, and there were daily cleaning guidelines which included ensuring sterilisation of commodes and hoists. Staff had also been provided with manual handling training and this was also provided to volunteers as soon as possible after commencement of employment. Manual handling training certificates were held in staff files.

### **Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

#### **Theme:**

Safe Services

#### **Judgement:**

Non Compliant - Major

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

#### **Findings:**

Overall, the inspector could not be assured there were appropriate measures in place to safeguard all residents at all times. Although training had been provided to staff and volunteers in safeguarding children and vulnerable adults the model adopted by the organisation relating to the practice of sharing rooms had not been appropriately

evaluated and assessed as being safe and in the best interests of the resident.

The organisation relied upon the use of volunteer staff to operate the service. Residents were provided with one to one support by these volunteers at all times. For adults using the service this included sharing bedrooms. Staff and volunteers spoken with were knowledgeable on what constituted abuse and how they would respond to any suspicion of abuse. The policy on protecting residents from abuse contained guidelines on how any allegations of abuse would be managed. Staff said they were aware of the importance of promoting the safety and respect of each resident. This was also demonstrated by the fact that staff were open and honest in their dealings with the inspector. They identified areas for improvement, or areas that had concerned them in relation to the model of care referred to, specifically the practice of shared rooms, and that they would like to see more than one volunteer/staff member on duty throughout the night when children were resident in the centre.

While comprehensive recruitment practices were in place including the provision of a contract of conditions, checking of references, criminal history checks in the country of origin and photographic identification many volunteers files reviewed, showed that for many volunteers this was their first time working with people with disabilities. In addition, volunteers were providing personal care supports to residents before the person in charge or provider had an opportunity to assess whether these volunteers were deemed suitable to work with people with disabilities. While Garda vetting was also carried out for all volunteers, this was not completed prior to volunteers working in vulnerable situations. While there were no allegations or suggestions of abuse ever having taken place, the model of service provision did not provide adequate assurances that appropriate measures were being taken to protect residents from all forms of abuse.

The inspector spoke with the provider and person in charge in relation to periods when children availed of the respite service. The system in place ensures that children use the respite service separately to adults. When children used the service they did not share rooms with volunteers or staff members, and were supervised by the use of a waking volunteer staff member, who was separate to the volunteers who stayed permanently in the house. The provider stated that this volunteer was always a long-standing member of the CASA community and would be well known to the committee of the organisation as well as staff and residents. However, there was insufficient evidence available to demonstrate that additional safeguards in line with Children First were in place. For example, staff and volunteer knowledge, experience and training to care for children and child specific intimate care plan training. While there was on-going training being provided on Children First, related legal responsibilities were not clearly identified and documented within policies and the care plans of each child who used the service.

The inspector observed all staff and volunteers interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to develop skills needed for self-care and protection.

The person in charge also informed the inspector that there were no residents who required behavioural support interventions, and that there were no restrictive practices operating in the centre.



**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:****Findings:**

The inspector found that residents were supported to access health care services relevant to their needs. Recognising the fact that residents were accessing the respite service for a short period of time infrequently, significant efforts had been made to develop detailed health care plans. Residents had access to a General Practitioner (GP) when residing in the centre.

The inspector reviewed the health plans for five residents and noted that there was clear information provided on managing specific health care needs, such as managing epilepsy. In addition, some plans identified residents needs as requiring nursing supports, and these residents were only accommodated when there were volunteer nurses available to meet their assessed medical support needs.

During the course of the three night stay, meals were provided in the centre, as well as having a focus on enjoying meals in restaurants, acknowledging the breakaway element of respite services. On the day of inspection, a lunch was prepared by a staff member for all staff, volunteers and a number of members who used the respite services. Many of these members require support to eat their meals and this support was provided on a one-to-one basis in a very sensitive and person centred way. Everybody ate at the same time; seconds were offered, as well as alternative diets and tastes catered for. This was a lively and positive experience, clearly enjoyed and valued by all.

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Major

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

**Findings:**

The inspector found that arrangements were not in place to protect residents in relation to medication management. While there was a policy in place in relation to medication management, this policy did not contain sufficient detail to guide practice. In addition staff had not received training in the safe administration of medication.

Medication management practices were deemed to be non compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 in the following areas:

- there was no administration sheet used to identify that medication has been administered as per prescribing information
- there was no prescription sheet used identifying the residents name, photograph, GP, name and dose of medication and time of medication
- staff were not appropriately trained in the safe administration of medication
- the policy on medication management did not provide adequate guidance to staff on safe administration practices

The person in charge provided evidence that she had been trying to source appropriate training in recent months and in recent days had sourced an accredited trainer and was in the process of agreeing a date.

At the feedback meeting the provider and person in charge were requested to put measures in place to mitigate the risk prior to the next scheduled respite period. An immediate action letter outlining the non compliances listed above was also forwarded to the provider the day following inspection. The provider and person in charge contacted the inspector 29 May 2014 and informed him that they had chosen to cancel the following weeks respite group in order to focus upon this and other non compliances identified during the course of inspection. The person in charge has also provided email confirmation that safe administration of medication training was booked for Wednesday 4 June.

**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:**

Non Compliant - Minor

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

**Findings:**

There was a written statement of purpose that generally reflected the service provided in the centre. Some additional detail was required to reflect the arrangements made for respecting the privacy and dignity of residents, the complaints procedure and fire safety guidelines in operation in the centre.

In addition it must be ensured that the statement of purpose is updated and intervals of no greater than one year. The cover of the current statement of purpose stated that the next review date was scheduled for May 2017. Residents and their family members had not yet been provided with a copy of the statement of purpose.

**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 - Major

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

There was a lack of appropriate and effective management structures and supports to provide and promote the delivery of safe, quality care services. The current structure did not provide appropriate supports, clarity and direction to assist the person in charge to deliver a high quality service. The person in charge was in the role since January 2014 and had not worked for the organisation prior to taking up the post. The inspector was reassured that the major non compliances identified during inspection had already been recognised by the person in charge such as training needs, medication management practices and safeguarding issues. These concerns were raised previously with the provider and they had set about implementing changes in areas such as putting a training schedule in place.

It was evident from discussion that the person in charge or the nominee provider were not clear on their legal responsibilities in relation to the regulations. During the feedback meeting and subsequent to the inspection the nominee provider informed the inspector that she no longer wished to be the provider as she recognises that she is not in a position to commit to be able to meet the responsibilities of the role. This further compounded the lack of clarity in relation to the governance and management

structures within the service. This posed a risk to the effective management of the service in meeting the needs of all residents.

In discussions with residents and in observation of care practice it was clear that members/residents valued and enjoy their time with CASA. Efforts were made to evaluate the respite experience from the perspective of the resident and/or their families. The inspector read approximately 30 of these evaluation forms. The lack of clarity in relation to roles and responsibilities led to lack of action in relation to identified complaints within these evaluation forms. For example, three complaints or concerns were read relating to a drug error, not being allowed to use a phone and a concern relating to not knowing who an adult that resides on the premises was, were written by family members but not responded to.

### **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 - Major

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

#### **Findings:**

The provider had ensured that there were robust recruitment processes in place and that these recruitment processes applied to volunteers and well as paid employees. Records of supervision meetings in place for all staff and volunteers, which took place with the person in charge and were documented in all staff files.

The inspector reviewed the files of six volunteers including the files of two volunteers who were no longer working in the service. All volunteer files had all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This is above and beyond the requirements of the documents required for volunteers, although this greater diligence would be considered necessary considering the reliance upon volunteers and their access to residents. The four paid employees files were also reviewed and it was found that photographic identification was not available in their files.

The inspector formed the view that there were insufficient employed staff to meet the needs of residents and not all volunteers had the required skills, qualifications and experience to meet the assessed needs of residents at all times. The transient nature of

volunteerism reflected in the number of volunteers who had worked in the centre in the past two years, did not provide a continuity of care provision for residents. The person in charge provided detail on how she and the committee deemed one volunteer to be unsuited to the role quite recently and had removed him from the house. Other staff and longer-serving volunteers told the inspector how a lot of volunteers chose to leave. The fact that many volunteers had chosen to leave indicated that they were not appropriate experienced or skilled to meet the needs of the residents.

Training requirements in the areas of safeguarding, medication management and fire safety have been highlighted previously within this report. The roster did not reflect the actual hours worked by each staff and volunteer, and did not provide the full names of all staff and volunteers.

The provision of one to one supports for residents helped to provide assistance, interventions and care in a respectful and timely manner. However, it remains difficult to ascertain if this assistance could be deemed to be provided in a safe manner without the clearly assessed needs of residents identified. Consideration was not given to the lack of capacity of many residents to consent or otherwise to share rooms, develop reciprocal friendships and to consent to the provision of intimate care from carers. The model of supervising this practice on a 24 hour basis by a single 'team leader' through the three night stay meant that staff were not appropriately supervised appropriate to the comprehensive role they played in meeting the needs of the residents.

## **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:***

Michael Keating  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Caring and Sharing Association (CASA)
<b>Centre ID:</b>	ORG-0011732
<b>Date of Inspection:</b>	28 May 2014
<b>Date of response:</b>	03 July 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 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 procedure in place to cover the unexpected absence of the sole staff member on duty.

**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:**

Overall Action 1:

As part of the review of management structures (See Regulation 23 (1) (b)) clarity of roles of Respite Coordinator, Person in Charge and Team Leader documented as follows:

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

Steps:

a. Person In Charge in conjunction with the Respite Coordinator plan/take charge of main operational responsibilities including staffing, rosters, policies, procedures.

Overall Action 2:

Clarity of procedure put in place by documenting existing practice of sourcing replacement Team Leader and strengthened by inclusion of monthly on call roster as follows:-

Steps :

- a. Person in Charge prepares on call emergency roster one month in advance, in conjunction with Respite Coordinator and approved by Board of Management
- b. In event of Team leader being unable to work Team Leader contacts Person In Charge at least one hour prior to commencement of working day
- c. Person in Charge arranges for replacement Team Leader
- d. Replacement Team Leader recruited from on call system roster
- e. In the event that the Team Leader falls ill/is unable to work after the respite commences the Team Leader contacts the Person In Charge who will follow (c) and (d) above
- f. Respite Coordinator to be informed if Team Leader is unable to work and notified of replacement Team Leader.
- g. Person In Charge hands over to on call Team Leader
- h. In the event of the PIC and the TL being unable to work the Respite Coordinator carries out actions (c), (d), (e), (g),(h)
- i. Person In Charge responsible for quarterly review of on call system and notification to Respite Coordinator of issues as they arise

Proposed Timescale: June 2014 review quarterly thereafter

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

**Theme:** Effective Services

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

Fire evacuations were not taking place at all times to ensure the safe and effective evacuation of all residents at all times.

**Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Overall Action:

Improve fire evacuation procedure by extending existing fire drill practice which occurs during daytime to include night time drill practice

Steps:

- a. Daytime fire drills to be continued with the documentation of learning outcomes
- b. Night-time fire drills to be incorporated every second month with documentation of learning outcomes
- c. Day and night-time fire drills to be planned between PIC and team leader

Proposed Timescale: 30 June 2014 review quarterly thereafter

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

**Theme:** Effective Services

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

Personal evacuation plans were not being used to identify the individual support requirements of each resident, and to provide adequate guidance and reassurance to all staff, volunteers and residents.

**Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Overall Action:

Incorporate personal evacuation plans into existing care plans taking into account individual support requirements.

Steps:

- a. Assess individual evacuation needs on a person by person basis
- b. Incorporate individual evacuation needs into existing care plans
- c. Formalise individual evacuation plans at group planning meetings
- d. Ensure members up to date with evacuation plans and practice same half yearly
- e. Document practice of evacuation plans and learning outcomes
- f. Personal evacuation plans to be assessed by PIC

Proposed Timescale: 30 June and ongoing at start of each new group

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

**Theme:** Effective Services

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

Staff and volunteers had not been provided appropriate training in fire safety.

**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:**

Overall Action:

Previous fire prevention training which was conducted by uncertified fire officer is replaced with certified fire training

Steps:

- a. Fire safety training completed

**Proposed Timescale:** 11/06/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The centre is not fully implementing the Health Act 2007 (Care and Support of residents in designated centres for persons (children and adults) with disabilities) Regulations 2013.

**Action Required:**

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

Overall Action:

Continuation of ongoing training in Child Protection and Awareness

Steps:

- a. Training completed 29/5/2014
- b. Training participation documented on staff and volunteer files

**Proposed Timescale:** 29/05/2014

**Theme:** Safe Services

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

Not all volunteer staff had not been provided with adequate training, nor had they sufficient experience to meet the intimate care needs of residents, and there was limited attempts to assess or monitor competency in this area.

**Action Required:**

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

## Overall Action 1:

Formalise volunteer staff training programme and delivery of same. The existing mechanism of 3 month probationary period, in-house and certified training, matching volunteer abilities with member needs, gradual easing of volunteers into the service, supervision of volunteers by house leader, will be strengthened by the following:

## Steps:

- a. Training needs assessment based on skills and experience audit of volunteer staff to be conducted July 2014
- b. Existing training in Intimate Care will be assessed on an on-going basis.
- c. Individual training plan to be put in place for each volunteer staff by end July 2014,
- d. Implementation of individual training plan September 2014
- e. Person In Charge to conduct (a) and (b), in conjunction with Team Leader and signed off by Board of Management
- f. Person in Charge to source training for (c), assisted by Respite Coordinator and signed off by Board of Management
- g. Training needs audit, training plan and implementation to be documented on volunteer staff files

## Overall Action 2:

Formalise monitoring and review of volunteer skills and experience in the provision of personal care

## Steps

- a. Person in Charge to continue to provide monitoring and oversight on the provision of intimate care by volunteer staff. Monitoring and oversight tools to be discussed and approved with Respite Coordinator and Team Leader and signed off by the Board of Management and will incorporate
  - (1) Co-working with volunteers during the respite break
  - (2) Observing the physical, psychological and emotional well-being of members
  - (3) Feedback mechanisms for members/families/other care givers

**Proposed Timescale:** 30/09/2014**Theme:** Safe Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The practice of allowing volunteer staff, often new to the service, to share rooms with residents does not adequately protect residents from the potential of abuse.

**Action Required:**

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

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

Overall Action 1:

CASA now adopt a no room sharing policy.

Steps:

- a. Members allocated individual rooms during their respite break
- b. The Person in Charge to prepare a waking night staff roster for between the hours of 11 pm and 8.30 on a monthly basis, in conjunction with the Respite Coordinator and Team Leader, signed off by the Board of Management
- c. Handover from day staff to night staff to be conducted at 11pm and handover from night staff to day staff to be conducted at 8am

Overall Action 2:

The change of practice of sharing rooms, which has been an element of the model of care of CASA for 25 years , with the full knowledge and support of families/carers/members, will be conveyed to families/carers/members.

- a. Convey to families/carers/members the change of practice and the reasons for the change

**Proposed Timescale:** 24/06/2014

**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:**

Prescribing and administration sheet were not being used to promote the safe administering of medication.

**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:**

Overall Action:

Strengthen the current system of medication administration and management which involved booking forms with detail of medication, time administered, dosage etc, blister pack only policy, consent form for the administration of meds, by securing training in Safe Administration and Management of Medication and in interim put in place systems

to ensure safe administration and management of medication

Steps:

- a. Safe Administration and Management of Medication training to be undertaken by Person In Charge, Team Leader and those on Emergency Call Roster. Trainer has been sourced and date to be agreed in mid July.
- b. In the interim work from prescription records to members, administration sheet are prepared for each member, and signed by two people each time medication is administered
- c. Blister pack medication and training from RGN's taking place weekend of 20/6/2014.
- d. E-learning training around medication management and administration has been sourced for PIC and team leader in the interim .

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

**Theme:** Health and Development

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

Staff have not received training in the safe administration of medication.

**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:**

Overall Action:

Secure training in Safe Administration and Management of Medication and in interim put in place systems to ensure safe administration and management of medication

Steps:

- a. Safe Administration and Management of Medication training to be undertaken by Person In Charge and Team Leader. Trainer has been sourced and date to be agreed in mid July.
- b. In the interim volunteer nurses associated with CASA undertake the training of Person in Charge and Team Leader on administration of medication in conjunction with Prescription and Administration Record Sheets and signed by two staff.
- c. E-learning training in Safe Administration and Management of Medication has been sourced in the interim of receiving the practical training.

Proposed Timescale: Mid July 2014

**Proposed Timescale:** 16/07/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

Although all information set out in Schedule 1 was referred to, some additional detail is required as advised within the body of the report.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:**

Overall Action:

Review Statement of Purpose

Steps:

a. BOM to review Statement of Purpose to incorporate arrangements made for respecting privacy and dignity of residents, complaints procedure and fire safety.

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

**Theme:** Leadership, Governance and Management

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

On the cover of the statement of purpose the review date was identified as May 2017.

**Action Required:**

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

Overall Action:

Review Statement of Purpose

Steps:

a. BOM to review Statement of Purpose yearly and document review and any amendments

Proposed Timescale: 30 September and yearly thereafter

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

**Theme:** Leadership, Governance and Management

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

The statement of purpose had yet to be made available to residents and their families.

**Action Required:**

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

Overall action:

Disseminate Statement of Purpose

a. Statement of Purpose will be given to all members, families/carers and will be available on CASA website for download

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

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The management structure was not clear, and did not provide adequate reassurance that effective management structures were in place to support the person in charge to provide a safe quality service to all residents.

**Action Required:**

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

Overall Action:

Clarify current management structure, including lines of authority, accountability, roles and responsibilities.

Steps:

- a. Clarify current management structure with all staff/volunteers
- b. Ensure clarity of roles of Respite Coordinator, Person in Charge and Team Leader
- c. Retain external facilitator to review strengths and challenges of management structure

**Proposed Timescale:** 31/07/2014

**Theme:** Leadership, Governance and Management

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

Staff were not encouraged to highlight concerns they had with the running of the service, and there was no evidence to suggest that their advice and concerns were used to improve the service.

**Action Required:**

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

Overall Action:

Formalise staff and volunteer consultation process

Steps:

- a. Incorporate staff/volunteer feedback in line management/supervision structure
- b. Document concerns, issues, views offered by staff/volunteers and actions arising from same

**Proposed Timescale:** 31/08/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The staffing roster did not clearly identify all staff and volunteers working in the centre at all times.

**Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Overall Action:

Ensure staff/volunteer roster updated and on display

Steps:

- a. Person In Charge and Co-Ordinator to ensure staff/volunteer roster updated and on display throughout the respite break.
- b. All rosters to be stored on file.

**Proposed Timescale:** 13/06/2014

**Theme:** Responsive Workforce

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

Photographic identification was not on file for the paid employees.

**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:**

Overall Action:

Ensure staff files up to date

Steps:

a. Ensure photographic identification on file

**Proposed Timescale:** 10/06/2014

**Theme:** Responsive Workforce

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

It cannot be currently determined if all residents' needs were being met sufficiently as (some) volunteer staff members lack required skills and/or experience to adequately support and care for them as evidenced by the fact that a number of volunteer staff have left for these reasons.

**Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Overall Action 1:

The current mechanism of matching member need with volunteer abilities will be strengthened by identifying training needs and implementing a training plan as outlined in response to regulation 08 (6)

Overall Action 2:

Review mechanisms to support volunteering. In the two year period (June 2012- June 2014) the majority of volunteers stayed for their agreed time with a small number leaving under the guidance of CASA, as part of their probationary period and some due to returning to work/study or valid personal reasons

Steps:

a. Review support needs of past and current volunteers in the context of large scale assessment and evaluation of model of care provided by CASA



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

**Theme:** Responsive Workforce

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

Volunteer staff were not being appropriately supervised at all times.

**Action Required:**

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

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

Overall action:

The current mechanism of staff supervision of individual meetings, group planning, observation to be strengthened by continuous assessments and evaluations of volunteers. Having had to reduce the number of members on respite the Team leader now has sufficient time to ensure volunteer staff are appropriately supervised at all times

Step 1

- a. Person in Charge to provide volunteers with further supervision.
- b. Documented supervision records to be placed on staff files
- c. Team Leader to ensure volunteers are appropriately supervised throughout respite groups alongside PIC where possible.

**Proposed Timescale:** 31/07/2014

**Theme:** Responsive Workforce

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

Staff had not been provided with mandatory training in the areas of fire safety and medication management.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Overall Action:

ensure staff provide with training in fire safety and medication management

Steps:

- a. As outlined previously in response to regulation 28 (4) (a) fire safety training completed
- b. As outlined previously in response to regulation 29 (4) (b) medication management

training date being negotiated

**Proposed Timescale:** 31/07/2014

**Theme:** Responsive Workforce

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

Adequate supervision and support was not being provided to volunteers appropriate to their role and level of involvement in the centre.

**Action Required:**

Under Regulation 30 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

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

Overall action:

The current mechanism of volunteer supervision of individual meetings, group planning, observation to be strengthened by devising individual training plans for each volunteer which meet their learning needs. Waking night volunteers will now be working in pairs of 2 at all times to ensure safeguarding and will carry out all checks together which will then be documented in a running log . A handover will take place between Team Leader and waking night staff at 8am. If waking night staff need support the Team Leader will provide this and further support will be provided by PIC if needed. Waking Nights are now staffed by the core volunteers that reside in CASA or alongside long standing CASA volunteers if needed.

Step 1

- a. Person in Charge to devise individual training plans to support volunteers
- b. Continue to document supervision records and templates to be placed on volunteer files
- c. Waking night staff will now work in pairs of 2 , All checks will be carried out together to ensure safeguarding and will be logged and handed over to the Team Leader at 8am.
- d. Support will be provided to waking night staff from the Team Leader and PIC.

**Proposed Timescale:** 31/07/2014