

**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 Health Service Executive |
| <b>Centre ID:</b>                                     | OSV-0002600   |
| <b>Centre county:</b>                                 | Kildare   |
| <b>Email address:</b>                                 | paudie.galvin@hse.ie  |
| <b>Type of centre:</b>                                | The Health Service Executive  |
| <b>Registered provider:</b>                           | Health Service Executive  |
| <b>Provider Nominee:</b>                              | Paudie Galvin   |
| <b>Lead inspector:</b>                                | Julie Pryce   |
| <b>Support inspector(s):</b>                          | None  |
| <b>Type of inspection</b>                             | Announced   |
| <b>Number of residents on the date of inspection:</b> | 20  |
| <b>Number of vacancies on the date of inspection:</b> | 1   |

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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: 22 May 2014 09:00 To: 22 May 2014 19:00

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

|  |
|--|
| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 05: Social Care Needs                          |
| Outcome 07: Health and Safety and Risk Management      |
| Outcome 08: Safeguarding and Safety                    |
| Outcome 11. Healthcare Needs                           |
| Outcome 12. Medication Management                      |
| Outcome 14: Governance and Management                  |
| Outcome 17: Workforce                                  |

**Summary of findings from this inspection**

This was an announced inspection of HSE DML Dublin South Central to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) 2013. The centre inspected comprises two units, one unit is four houses in one street and the other a house nearby which accommodates six residents.

The inspector visited both units and met with management, residents and staff members. The inspector observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and procedures, staff training records and staff files.

Overall, the inspector found that residents received a good quality service in the centre whereby staff supported and encouraged them to participate in the running of the house and to make choices about their lives. There were regular meetings for residents, and residents' communication support needs were met effectively.

Staff were knowledgeable about the needs of the residents including communication needs, and all interactions observed by the inspector were positive and supportive.

The houses were clean, warm, well equipped, and had a homely hospitable atmosphere. While there was evidence of good practice across all outcomes, areas of

non compliance with the Regulations were also identified, for example in the management of residents' finances, assessment of needs and the monitoring of restrictive interventions.

The non compliances are discussed in the body of 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

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

This was the centre's first inspection by the Authority.

**Findings:**

There was a policy on personal possessions which was sufficient to guide practice, However, each resident was in receipt of disability allowance and this money was paid directly into a bank account in the name of the designated centre. Rent is paid to the HSE by direct debit from this account. Each resident's spending from this communal account is then managed in the centre by a system of recording in a ledger and receipting all spending. No resident has their own bank account as required by the Regulations, and there was no evidence of assessment of capacity.

This was the only aspect of this outcome to be included in this inspection.

**Judgment:**

Non Compliant - Major

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

In general, the inspector found that residents' wellbeing and welfare was maintained by a high standard of evidence-based care and support. Personal plans were in place for all residents, they included a personal history, a section on the important issues that all staff needed to be aware of and there was evidence of family involvement in the planning process. However, some details were missing from the care plans, for example generic terms were used for residents' behaviour with no description of the behaviour.

An annual planning meeting took place for each resident, assessments were for the most part updated following this process. However, this assessment was not in place for one resident whose personal plan was examined by the inspector.

Where the annual planning meeting and assessment took place, goals were set for the residents, and where appropriate the implementation of the care plan around this goal was documented every day.

Some aspects of personal plans were not dated, so it was unclear as to how these plans could be monitored and reviewed, or their effectiveness evaluated.

Each personal plan contained a communication profile, staff could describe the optimum method of communication for each residents, and practices observed by the inspector reflected this.

Social outings and activities were arranged to suit the individual needs of the residents, and there was evidence of a meaningful day for all residents. Some of the residents attended a day service and others were provided with a person centred service which was tailored to meet their needs. Activities took place both in the centre and in the local community. Residents enjoyed a number of social and therapeutic activities such as shopping, day trips and walks in the park. There were many examples of where residents were supported to be independent and develop skills within the home or to learn leisure skills.

**Judgment:**

Non Compliant - Minor

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

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

There was evidence of structures and processes in place for the management of risk, for example a Health and Safety Committee was in place which met every three months and there was evidence of good management of accidents and incidents. Following an incident the HSE Accident and Incident form was completed, along with a another form held locally. Incidents of challenging behaviour resulted in a functional analysis of the incident. Trends of incidents were examined at monthly management meetings at which the log of incidents was used to look for trends.

Risk assessments were in place in relation to some of the risks identified in the designated centre, for example, residents who smoked had risk assessments in place.

While a risk policy was in place, it did not include all the requirements of the Regulations, for example, the management of the risk of the unexpected absence of a resident. A Health and safety policy was in place, but it did not include health and safety around the management of food and nutrition.

Fire training and fire drills were up to date and staff were aware of what action to take in the event of a fire. An evacuation plan was in place but there were no individual personal evacuation plans in place for residents.

**Judgment:**

Non Compliant - Minor

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that there were arrangements in place to safeguard residents and protect them from the risk of abuse. Staff were generally knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. Throughout the inspection, the inspector noted that staff interacted with residents in a kind, caring,

respectful and patient manner.

There were policies in place to guide practice, for example a policy on the prevention and management of behaviour that challenges. There was a policy on the provision of intimate care, but while it was stated that the gender of staff offering intimate care must be considered there was no evidence of this in the individual care plans.

A multi disciplinary support team was available to accept referrals in relation to residents who displayed behaviour that challenges. Behaviour support plans were in place for some residents, however some of them lacked enough detail either in the assessment or in the directions of care.

Overall restrictive practices were used infrequently in the centre. However, there was no restraints register, or audit of restraints from which to monitor and evaluate their use. In addition the recording of the management of risks was inconsistent. For example, whilst there was a risk assessment in place for the locking of the kitchen door, and for the use of a stair gate, there was no recording as to how often these restrictions were implemented. Therefore there was no evidence that these restrictions were used for the shortest duration possible.

**Judgment:**

Non Compliant - Moderate

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

Overall there was evidence of residents healthcare needs being met. There was good access to their General Practitioner, and to other professionals such as the Speech and Language Therapist (SALT) and dentist.

Meals and snacks appeared to be nutritious and well presented, and mealtimes were a social occasion for those residents who preferred this. Choice was offered on each occasion, and where residents had communication difficulties a pictorial representation of meals was available, and there was evidence of alternatives being offered. The input of the SALT was recorded, informed the care plan and the implementation was recorded. Where a resident was at risk in terms of nutritional intake, including for weight management, the daily nutritional intake was recorded in the personal plan.



There was some evidence of care planning and delivery for changing health needs, but this was inconsistent. For example a resident who had a wound had a care plan in place around this and evidence of its implementation. Where there was a care plan in place for a resident with epilepsy it was sufficient to guide staff, and recording and communication of the implementation of the care plan was in place. However the care plan in relation to another resident with epilepsy was not in place.

**Judgment:**  
Non Compliant - Minor

## **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

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

This was the centre's first inspection by the Authority.

### **Findings:**

The inspector found evidence of good medication management practices but there were areas for improvement.

There was a medication management policy in place which provided some guidance to staff, however, it did not provide sufficient guidance in relation to the management of rescue medications for epilepsy as it included a generic protocol for the use of these medications which would not safeguard residents. In addition not all residents' care plans included the exact circumstances under which such medication, or other as required medications should be administered.

Some residents required their medications to be crushed, these decisions were made in conjunction with the pharmacist and were clearly documented.

Medication errors were captured on drug error recording forms and there was a system of reporting and investigating which resulted in action plans around any errors.

**Judgment:**  
Non Compliant - Minor

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

The Person in Charge was appropriately qualified, skilled and experienced and showed evidence of continuing professional development. She had a thorough knowledge of the assessed needs of the residents and demonstrated appropriate leadership skills.

There was a clearly defined management structure, and regular meetings were held at all levels of this structure. Meetings of these meetings were available, but action plans were not dated and the implementation of them was not monitored.

There was evidence of review of the quality and safety of care and support in various audits, including a peer review complete with action plan, named responsible staff and dated actions taken.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

This was the centre's first inspection by the Authority.

**Findings:**

Staffing levels and skill mix was adequate to meet the needs of residents as determined by a dependency scale assessment and there was evidence of additional staff where the needs of the residents warranted it. Staff were for the most part familiar to residents, there were regular relief staff and agency staff were only used as a last resort.

Whilst there was some evidence of staff training, this was not up to date in some areas, for example, manual handling training was out of date for approximately one third of staff. Some staff had not had training in the management of behaviour that challenges, but a plan was in place including a timeframe to rectify this area. In addition not all staff had received training in the protection of vulnerable adults.

No formal staff appraisal or supervision was in place.

Staff files did not contain all the documentation required in the Regulations. For example garda vetting was missing, although self declarations were evident. Other gaps identified included references and full employment history. In addition the addresses for some staff were around 20 years old and there was no evidence that these were still the correct addresses.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Julie Pryce  
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 Health Service Executive |
| <b>Centre ID:</b>          | OSV-0002600   |
| <b>Date of Inspection:</b> | 22 May 2014   |
| <b>Date of response:</b>   | 6 August 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.

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

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

All residents' moneys are paid into one communal bank account held in the name of the designated centre.

**Action Required:**

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an

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

account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

**Action:**

The Registered Provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

**Plan:**

- The Registered Provider shall ensure all residents in the Designated Centre have a financial capacity assessment completed.
- The Registered Provider shall ensure that any resident that is deemed to have financial capacity will be supported to open and manage their own bank account and financial affairs.
- The Registered Provider shall ensure that the Registered Provider and staff, do not pay money belonging to any resident (with financial capacity) into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.
- The Registered Provider shall ensure that any resident that is deemed not to have financial capacity will have their finances managed in line with HSE Financial regulations.
- The Registered Provider shall ensure that the Registered Provider and staff, do not pay money belonging to any resident (without financial capacity) into an account held in a financial institution, without informing/discussing with the resident, their next of kin/advocate and the payment is in line with the HSE financial Regulations.
- The Registered Provider will ensure that there is a staff member assigned to oversee the implementation of financial assessments.
- The Registered Provider shall ensure that in the situation where there are difficulties in implementing this review that it is raised at the management team and a plan of remedial action is put in place

**Proposed Timescale:** 01/11/2014

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Assessments were incomplete for some residents

**Action Required:**

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

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

Action: The Person in Charge will ensure that all personal plans are reviewed by the multi-disciplinary team with the maximum participation of each resident, their key-worker/ and family representative in accordance with the resident's wishes, age and the nature of his/her ability

**Plan:**

- The Person in Charge will review all the residents' personal care plans in the designated centre.
- The Person in Charge will identify where assessments were not completed in the personal care plans.
- Where assessments were not completed the Person in Charge will ensure that a comprehensive assessment has been completed by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.
- The Person in Charge will ensure that all personal plans are reviewed by the multi-disciplinary team with the maximum participation of each resident, their key-worker/ and family representative in accordance with the resident's wishes, age and the nature of his/her ability
- The Person in Charge will ensure that each assessment has a review date no less than a year from the date of completion of the assessment.
- The Person in Charge will ensure that there is a staff member assigned responsible for the coordination of the completion of the assessments.
- The Person in Charge will review the implementation of the assessments to ensure that the assessments are completed and in the event that they have not been completed put in place remedial action to ensure that they are completed.

**Proposed Timescale:** 25/10/2014

**Theme:** Effective Services

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

The effectiveness of care plans was not evaluated.

**Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Action: The Person in Charge will ensure that each personal plan reviews, assesses the effectiveness of each plan and will take into account changes in circumstances and new developments.

Plan:

- Person in Charge will review each residents individualised personal care plan in the designated centre.
- Person in Charge will ensure that the effectiveness of each individualised is reviewed and take into account changes in circumstances and new developments.
- Person in Charge will ensure that there is documentary evidence of this review with a rationale for any changes made with a staff member assigned responsible for its implementation.
- Person in Charge will ensure that there is a review date to monitor the effectiveness of the implementation plans.
- Person in Charge will in the event the plans are not being evaluated put an action plan in place and bring to the attention of the management team.

**Proposed Timescale:** 25/09/2014

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

**Theme:** Effective Services

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

The risk policy did not meet all the requirements of the regulations.

**Action Required:**

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

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

Action: The Registered Provider shall ensure that the Risk Management Policy will be updated to include the measures and actions in place to control the specific risk in relation to the unexplained absence of any resident.

Plan:

- The Registered Provider shall ensure that the Designated Centre risk management policy will be reviewed identifying all risks.
- The Registered Provider shall ensure that this review will focus on specific risk of unexplained absence of any residents
- The Registered Provider shall ensure the identification of current controls in place to manage risk
- The Registered Provider shall ensure that identified risks are recorded on the risk register.
- The Registered Provider shall ensure that the rating and prioritisation of the risk using the HSE risk matrix
- The Registered Provider will ensure that the identification of what additional controls are required to eliminate the risk or reduce it to as low as reasonably practicable
- The Registered Provider will assign a responsible person who has responsibility for ensuring that additional controls are implemented.

- In the event where the additional controls cannot be managed at local level must be escalated to senior management level

**Proposed Timescale:** 02/10/2014

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

**Theme:** Safe Services

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

Behaviour support plans lacked enough detail to ensure that interventions were therapeutic.

**Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Action: The Registered Provider shall Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process planning process.

**Plan:**

- The Registered Provider shall ensure that all care plan goals in the designated centre will be reviewed.
- The Registered Provider shall ensure that the review will focus on the ensuring that there is sufficient detail to ensure that therapeutic interventions will be therapeutic.
- The Registered Provider will assign a responsible person who has responsibility for implementation of reviews
- The Registered Provider will ensure that where specialist inputs are deemed appropriate they are sourced.
- The Registered Provider will ensure that the designated centre care plans are implemented and reviewed at least annually.
- The Registered Provider will ensure that in the situation where there are difficulties in implementing this review that it is raised at the management team and a plan of remedial action is put in place.

**Proposed Timescale:** 31/10/2014



**Theme:** Safe Services

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

It was not clear that restrictive interventions were implemented for the shortest duration necessary.

**Action Required:**

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

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

Action: The Person in Charge will ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used

Plan:

- The Person in Charge shall ensure that there is a review of all the designated care plans where and identify where restrictive practices are in place.
- The Person in Charge shall ensure that a positive support plan is in place for every resident who requires same which includes proactive and reactive strategies to identify and alleviate the cause of the resident's behaviour.
- The Person in Charge shall ensure that all alternative measures are considered before a restrictive practice is used.
- The Person in Charge shall ensure that these restrictive practices will be documented in a restrictive practice log and monitored to ensure that they are in place for the shortest duration necessary
- The Person in Charge shall ensure that such restrictive practise is reviewed on a regular basis.
- The Person in Charge will assign a responsible person who has responsibility to oversee these actions

The Person in Charge will assign a responsible person who has responsibility to oversee these actions

**Proposed Timescale:** 02/10/2014

**Theme:** Safe Services

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

Intimate care plans did not adhere to the centre's policy.

**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:**

Action: The Person in Charge will ensure that each resident will have an Intimate Care Plan which outlines the individual resident's preferences and wishes regarding their intimate care needs including preferred gender of staff to provide intimate care in a manner that respects the individual resident's dignity and bodily integrity.

Plan:

- The Person in Charge will review all intimate care plans for the residents in the designated centre.
- The Person in Charge will identify where resident intimate care plans is not in compliance with the designated centres policy.
- The Person in Charge will ensure that gender of staff offering intimate care will be considered and recorded in the individual care plans.
- The Person in Charge will assign a responsible person who has responsibility to oversee these actions
- The Person in Charge will ensure that where such intimate plans are in place that they are regularly reviewed to ensure compliance with services policy
- Person in Charge will ensure that in the situation where there are difficulties in implementing this review that it's raised at the management team and a plan of remedial action is put in place.

**Proposed Timescale:** 25/09/2014

## Outcome 11. Healthcare Needs

**Theme:** Health and Development

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

Where care plans were missing it was unclear that appropriate healthcare was provided.

**Action Required:**

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

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

Action: The Registered Provider will ensure that each resident will have an up to date care plan outlining the appropriate care and support that he/she requires based on assessed needs and in accordance with evidence based practice.

Plan:

- The Registered Provider will ensure a review care plans for the residents in the designated centre.
- The Registered Provider will ensure where resident care plans have health care needs identified and planned for.

- The Registered Provider will ensure that all residents who have epilepsy have an up to date Epilepsy Care Plan.
- The Registered Provider will ensure that where such Epilepsy Care Plans are in place that they are regularly reviewed to ensure compliance with the Services policy
- The Registered Provider will assign a responsible person who has responsibility to oversee these actions
- The Registered Provider will ensure that in the situation where there are difficulties in implementing this review that it is raised at the management team and a plan of remedial action is put in place.

**Proposed Timescale:** 29/08/2014

## **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:**

The conditions for the administration of PRN medications were not specified.

**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:**

**Action:** The Person in Charge shall ensure that appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal are put in place 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.

**Plan:**

- The Person in Charge will review the administration of medication in the designated centre.
- The Person in Charge will identify where the conditions of administration of PRN medication were not specified.
- The Person in Charge will ensure that an individual PRN protocol for administration will be in place where PRN medication, or other as required medications should be administered
- The Person in Charge will ensure that where such PRN Plans are in place that they are regularly reviewed to ensure compliance with services policy.
- The Person in Charge will ensure that a responsible person who has responsibility to oversee these actions
- Person in Charge will ensure that in the situation where there are difficulties in implementing this review that it's raised at the management team and a plan of remedial action is put in place.

Proposed Timescale: 19/08/2014

### Outcome 17: Workforce

**Theme:** Responsive Workforce

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

Not all documentation required in the regulations was in place.

**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:**

Action: The Person in Charge shall ensure that all documentation required to be held in respect of all staff will be put in place.

Plan:

- The Person in Charge shall ensure that there is a review of all the designated staff files and identify that all staff files have the following information:

- a) full name, address and date of birth of each person;
- b) evidence of the person's identity, including a recent photograph;
- c) the dates on which he or she commenced and ceased employment (if relevant);
- d) a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012;
- e) details and documentary evidence of any relevant qualifications or accredited training of the person;
- f) relevant current registration status with professional bodies in respect of nursing and other health and social care professionals employed in the designated centre;
- g) a full employment history, together with a satisfactory history of any gaps in employment;
- h) details of any previous experience (if any) of carrying on the business of a designated centre;
- i) two written references including a reference from a person's most recent employer (if any). Where a format has been specified by the chief inspector the references should be in that format;
- j) the position the person holds, or held, at the designated centre, the work the person performs/performed and the number of hours the person the person is or was employed each week; and
- k) correspondence, reports, records of disciplinary action and any other records in relation to his or her employment.

- The Person in Charge shall ensure where gaps are identified the necessary information is sought and added to the staff files
- The Person in Charge shall ensure the staff files are reviewed on a regular basis.

- The Person in Charge shall ensure that a responsible person who has responsibility to oversee these actions.
- The Person in Charge will ensure that in the situation where there are difficulties in implementing these actions that it is raised at the management team and a plan of remedial action is put in place.

**Proposed Timescale:** 30/11/2014

**Theme:** Responsive Workforce

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

Staff training was not up to date for all staff.

**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:**

Action: The Person in Charge will ensure that staff have access to appropriate training, including refresher training as part of a continuous professional development programme:

Plan:

- The Person in Charge will ensure that there is a review of all the Designated Centre's training records and identify where training has not been completed.
- The Person in Charge will ensure that staff are facilitated to complete the appropriate training especially in the areas of Trust in Care and management of challenging behaviours.
- The Person in Charge will ensure that such training is completed in a timely manner.
- The Person in Charge will ensure the training records are reviewed on a regular basis.
- The Person in Charge will assign a responsible person who has responsibility to oversee these actions
- The Person in Charge will ensure that if training is not being provided that there is an action plan put in place.

**Proposed Timescale:** 15/11/2014

**Theme:** Responsive Workforce

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

No formal staff supervision or appraisal was in place.

**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:**

Action: The Person in Charge will ensure that a system of staff appraisal is put in place

**Plan:**

- The Person in Charge will identify a system of staff appraisal for staff
- The Person in Charge will ensure that such a system is implemented for all staff
- The Person in Charge will ensure that appraisal records are reviewed on a regular basis.
- The Person in Charge will assign a responsible person who has responsibility to oversee these actions
- The Person in Charge will ensure that if appraisal is not being actioned that there is an action plan put in place.

**Proposed Timescale:** 20/12/2014