

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by The Irish Society for Autism
Centre ID:	OSV-0002001
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Irish Society for Autism
Provider Nominee:	Tara Matthews
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 November 2014 09:15	04 November 2014 17:00
05 November 2014 08:50	05 November 2014 12:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection of the designated centre completed by the Authority. The inspection took place resulting from an application submitted by the provider to register the centre. The inspector observed practices and reviewed documentation such as care plans, accident logs, policies and procedures and staff files. Following the inspection the inspector reviewed questionnaires completed by residents and family members which were complimentary of the service being provided.

Overall the inspector found that residents were well supported by the care staff at the centre and participated in the running of the house such as helping with meal

times, light household duties and laundry. Some residents were supported to pursue activities they had an interest in with a number of residents being part of the walking club. The centre was homely and improvements had been made to the premises since the last inspection in particular the external grounds to ensure it was safe.

While evidence of good practice was found across a number of outcomes and residents appeared to be happy living at the centre, areas for significant improvement were identified to comply with the Regulations. The inspector found three outcomes were of a major non compliance, these included communication, the statement of purpose and use of resources. Nine outcomes were found to be of moderate non compliance, three were of minor non compliance and three outcomes were compliant. Additional non compliances, identified by the inspector, included but were not limited to the arrangements for developing and reviewing personal plans; personal planning continued to be a non compliance as identified in the centres first inspection in April 2014 . The governance and management of the centre in particular relating to the supports available to ensure appropriate management systems and staff were in place to meet the needs of the residents also required significant improvement. Communication aids for residents also required improvement as too did the arrangements to support residents with their training and development, there was little evidence to suggest this had been assessed and reviewed. . These non compliances, along with other areas for improvement, are discussed in the body of the report and are included in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that, for the most part, the rights, privacy and dignity of residents were promoted and residents' choice encouraged and respected, however improvements were required to ensure compliance with the Regulations.

Residents told the inspector they were well cared for and staff looked after them well. The inspector observed respectful interactions between staff and residents and saw staff knock on doors and engaged positively with residents. Residents had space to be by themselves and staff told the inspector when visitors arrived to the centre residents were afforded the opportunity to spend time with them in private. Residents had choice and told the inspector they went with staff to do their weekly food shop and they chose their own menu and meal choices for the week. Residents choose what clothes they wore and had an option to partake in activities should they wish. Resident's rooms were nicely decorated and personalised and there were also numerous photographs of the residents, their family and friends throughout the centre. The rights of residents were promoted and staff told the inspector they advocated on their behalf. Each resident had a key-worker to assist residents with any needs they may have had. The centre also had links with an external advocate but had not had to avail of this thus far. The advocacy service available to residents was outlined in the centre's complaints policy.

The centre had a complaints policy which detailed the complaints officer. The inspector saw that the complaints policy summary leaflet and a picture of the complaints officer along with their contact details were displayed in the units. There was also an accessible version of the complaints policy, complete with pictures, available to residents. The

complaints policy detailed an appeals process with the assistance of an internal person, where this was unsatisfactory an external body was available to carry out an appeal. A resident spoken with told the inspector they would go to the person in charge or a staff member on duty if they had a complaint. Staff members told the inspector if they received a complaint they would follow the procedure and report the complaint to the person in charge. Staff were aware of whom the complaints officer was. The inspector reviewed the complaints log and saw four complaints had been logged since the last inspection. The inspector reviewed the complaints and the provider's response. The inspector found that two of the complaints were not responded to appropriately and did not provide assurances to the complainants. The provider also failed to gather the satisfaction levels of the complainant. The service required a review of how complainants are responded to ensuring the response is robust and appropriate to the type of complaint received.

Residents meetings did not take place in the centre; this action was outstanding from the previous inspection. The provider had developed a resident's consultation meeting template. This was not in use at the time of inspection and the person in charge had no immediate plans to introduce it. Staff had also not been shown the new form.

The inspector reviewed resident's finances and saw that they had their own account. Each resident also had a capacity and capability assessment regarding their ability to manage their own money. Staff assisted residents to manage their money while some residents had pocket money which they managed themselves. The centre had a policy on managing residents' monies and the inspector saw that the procedures were followed for example withdrawals were only signed by the signatories. The inspector checked the local accounts for two residents and saw that receipts were maintained for residents and that income and expenditure were recorded. Improvements were required. Although the balances were correct for the two accounts checked, the manner in which the transactions were recorded and receipted for was not wholly transparent. Shared receipts were divided amongst residents to reflect their spends but it was unclear what each resident had spent as the receipts were not sufficiently detailed. Receipts were also placed in one envelope for all residents which was also found not to be wholly transparent. A sub-contracted accountant audited all residents accounts monthly; the inspector saw two of these reports and found this was an appropriate safeguard.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

The action from the previous inspection had been completed, material, such as the complaints policy was found to be in a format, complete with pictures, accessible to residents.

The inspector saw in the sample care plans reviewed residents had a communication passport and found the information within this was adequately detailed. A number of residents, living at the centre, were non verbal. Staff told the inspector that they communicated with those that were non verbal mainly through gestures or pointing. The inspector found that non-verbal residents had no formal communication tools to assist them with communication; this too was confirmed by staff at the time of inspection. The centre had no assistive technology aids to support communication needs.

Residents had access to radios and televisions as seen throughout the centre.

Judgment:

Non Compliant - Major

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to maintain relationships with family and friends. The centre had a visitor's policy; there were no restrictions placed on visits unless it posed a risk to residents. Residents told the inspector about visits from family members while other residents went home for short periods of time, more often at weekends. The inspector saw this reflected in resident's daily notes. Residents had active social roles and told the inspector about their relatives and immediate family members. Residents were supported to meet visitors in private.

Residents were seen to be linked to their community. The inspector was told about resident's relationships with their barber, local supermarket, hotels and coffeehouses.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The organisation had a policy on admissions, discharge and transfer dated August 2013. Admissions were overseen by an admissions, discharge and transfer team. The admissions policy outlined specific admissions criteria and the need for a comprehensive assessment of needs which was then evaluated. The centre also had a policy regarding the temporary absence of residents which stipulated that while a resident was temporarily absent from the centre their room could not be availed of by another resident or interim admission.

The inspector saw the newly formed contract of care. The contract of care required further development to comply with the Regulations. The contract did explicitly describe the services residents were charged for. Residents paid for staff when they were assisted with activities such as going to restaurants or a coffeehouse however this was not detailed or clear in the contract. The contract was also not transparent with regards to the type of accommodation they had, the set up of the service dependent on their accommodation and the cost associated with the different types of accommodation for example if accommodation was in a house or apartment type living. The contracts had not been signed by residents and/or their representatives were appropriate. The provider, at the time of inspection had no immediate plans to circulate the contracts. The inspector saw in the balance books of residents that some were charge for stationary, poly pockets, which were used in care plans, this was not stipulated or outlined in the contracts of care as a possible charge that residents may incur.

Judgment:

Non Compliant - Minor

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

None of the actions from the previous inspection had been addressed in full for all residents as evidenced in the sample personal plans reviewed by the inspector.

Each resident had a personal plan; the inspector reviewed a sample of these plans. A small number of residents told the inspector they had a personal plan and knew where it was located. The inspector was told the plans were in a process of redevelopment and the service had yet to decide on what format to use.

The inspector reviewed a sample of the personal plans and saw there were variations in the standards of these plans and the completeness. Personal plans were disjointed and difficult to navigate for example behaviour support plans were not in the section associated with behaviours that challenged where indexed, they were in another section of the plan. Personal plans did not identify all needs for all residents and therefore the supporting care plans to address their specific needs were not in place for example where a resident had been identified as having epilepsy there was no epilepsy care plan in place. The inspector also saw where detailed assessments had been carried out by allied health professionals, reviews had not taken place and it was unclear if the recommendations had been adhered to. The inspector asked a staff member about the speech and language recommendations for one resident who had an assessment but was not familiar with them.

Residents did not have a comprehensive assessment of all their needs documented in their personal plans nor was there a consistent format for staff to use to assess all needs of residents. The inspector saw that some of the personal plans were reviewed as changes occurred but this was not true for all plans and the reviewed information in some instances was not sufficiently detailed to provide guidance for staff.

Improvements had been made regarding evidence and documentation of how residents social care needs were met. The inspector saw that residents were involved in walking clubs, attended swimming, visited the zoo and enjoyed meals and beverages out in restaurants and hotels. Residents also went on holidays, one resident told the inspector of a recent foreign holiday with their family.

Resident's plans were not available in a format accessible by residents. This required a review.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The inspector reviewed the premises and found that improvements had occurred. Resident's rooms were clean, personalised and nicely decorated. Lounge rooms and kitchens were in good condition and well maintained. The laundry areas within the centre were accessible and some residents laundered their own clothes.

A snoozlin room since the last inspection had been set up in a room that was vacant at the time of the last inspection. This room had multi sensory lighting and multiple bean bags and cushions; this room required repainting.

Bathrooms, which were not in use at the time of inspection, required maintenance work and cleaning, this was also true for the apartments which were not in use. They required to be furnished and cleaned. Some light fittings were also in need of repair in the apartments. The unused apartments at the time of inspection were being used to dry clothes.

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):

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

Findings:

The inspector found that most of the actions from the previous inspections were addressed however improvements were required. The centre had developed a risk management policy, a risk register was in place, improvements were observed in infection control, the inspector reviewed the fire evacuation plan and saw the fire evacuation plan was displayed throughout the centre. The centre had recently developed a risk management policy that offered clear guidance to staff.

The inspector reviewed the risk register and saw that a number of environmental and non environmental risks had been identified. However, the risk register was not entirely centre specific and all risks had not been identified or documented. It referenced another centre under the remit of the Provider and all environmental risks related to the farm were not fully outlined. This required further review and development.

The inspector reviewed records regarding fire safety and saw that the fire alarm, fire equipment, fire doors and emergency lighting were serviced regularly. Fire drills occurred frequently the inspector saw these documented in the centre, both residents and staff told the inspector how they would evacuate the building. Emergency exits were found to be clear on the day of inspection and fire extinguishers were hung on the wall at the time of inspection. The person in charge showed the inspector the personal emergency evacuation plans which were stored in the filing cabinet. Although they were recently reviewed, June 2014, staff working in the centre were unaware they were in place, a copy of their personal emergency evacuation plan was also not kept in their personal plan.

The centre did not have a health and safety committee in place or a nominated safety representative, the person in charge stated this would be revised. The health and safety representative from another centre visited the centre on occasion. The centre did not have a maintenance person onsite, maintenance requests were sent to another designated centre of the Provider and were acted on once a number were accumulated.

The inspector reviewed the incident and accident log sheets in addition to a quantitative analysis of incidents and accidents. This analysis did not detail the type of incident or trends in incidents; it was also not evident that an analysis of the incidents and accidents informed learning as stated in the risk management policy.

The inspector reviewed the safety statement which was sufficiently detailed to guide staff in safe practice at work however it failed to outline procedures for staff to take in the event of an emergency such as power outage or a natural disaster such as flooding.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found the actions from the previous inspection were addressed, staff were familiar with the designated officer and those that required a behavioural support plan had one in place.

The centre had a policy on the protection of vulnerable adults which was recently reviewed April 2014. The inspector found that the policy accurately described the types of abuse and how staff should respond should they witness abuse or receive an allegation. However the policy required further development to ensure it sufficiently guided staff and outline the indicators of abuse. All staff had up-to-date training in the protection of vulnerable adults, staff spoken with stated they would speak with their line manager if they witnessed or received an allegation of abuse. Residents told the inspector they felt safe. The centre had received no allegations of abuse.

On review of the personal plans the inspector saw that a number of residents had behaviour support plans; improvements were required. Not all behaviour support plans reviewed had proactive strategy and did not accurately detail the behaviours. For one resident who had behaviour that challenges Accident Behaviour and Consequence charts (ABC) were been completed. The inspector saw that thirty three ABC charts had been completed in August and four had been completed in September. The person in charge on day one of the inspection, told the inspector the information on these was not being trended or analysed to feed into the resident's behavioural support plan, therefore the completion of the ABC charts was not meaningful to further develop the support needs of the resident. At feedback on day two of the inspection the provider showed the inspector a sheet where the information from the ABC charts had been broken down. The provider told the inspector this had been completed previously after the incidents but they had not used the information to further develop the behaviour support plan. This required improvement and staff required to be up skilled to ensure they were sufficiently using the information they were recording .

The inspector reviewed a number of concurrent serious incidents that occurred in the centre since the last inspection. From a review of the documentation and in speaking to staff the inspector found that as a result of the serious incidents and poor management of the incidents, residents were vulnerable and exposed to alarming incidents on a frequent basis for a period of approximately seven weeks. Staff had to leave residents in one unit, at times unsupervised, to support themselves, as the staff member attended the incidents in the unit next door. The management of such instances, where residents are vulnerable and exposed need to be reviewed. This is further outlined in Outcome 14.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

On the day of inspection the inspector reviewed the incidents and accident log and found that necessary notifications had been submitted to the Authority.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents participated in social activities. The centre had animals that the residents tended to. Residents also told the inspector about activities they were involved in such as a walking club, attending swimming and socialising.

It was unclear from reviewing resident's personal plans if their wishes and aspirations regarding training, education and employment were known or that this was assessed or explored on behalf of the residents. One resident had an ongoing interest and had previously attended a class in their local community. Staff spoken with, on different occasions, stated the resident no longer attended the two hour class as there were insufficient staffing levels to support them. The provider stated at feedback that this was not the case. It was therefore unclear why the resident no longer attended this activity.

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):

No actions were required from the previous inspection.

Findings:

The action from the previous inspection had not been fully addressed; all healthcare needs of the residents were not completely outlined in their personal plans.

The inspector reviewed a sample of personal plans and found that improvements were required to ensure that all healthcare needs of residents were identified and addressed. It was evident from a review of personal plans that residents attended appointments such as the dentist and general practitioner (GP) as these were recorded in their appointment log and access to general practitioners was found to be timely. Although it was evident that residents had access to a GP it was not always clear what the guidance or follow up requirements were for the resident.

On review of personal plans it was evident that a full comprehensive assessment of resident's healthcare needs had not been completed. Improvements were required to ensure that those needs that had been assessed and identified were referred to the appropriate allied health professionals such as speech and language therapy. However the inspector saw in one of the reviewed personal plan where a referral had been made to a dietician for a resident. Consistency was required to ensure that all needs for all residents were met.

The inspector saw in a resident's personal plan where they had been previously been assessed by a speech and language therapist. The report outlined detailed and relevant information along with recommendations. It was evident that no follow up or review had occurred since the initial assessment and staff spoken with by the inspector were unfamiliar with the guidelines the speech and language therapist had recommended.

The inspector saw throughout the premises a fresh supply of fruit and vegetables and that snacks and drinks were available to residents throughout the day. Residents had choice at mealtime the inspector saw, at lunchtime, residents having their preferences catered to.

Overall the inspector found, although improvements had occurred such as recent referrals to a dietician, the systems in which healthcare needs were assessed, reviewed, recorded and followed up on were not robust and required significant improvements to ensure compliance with the Regulations and also to ensure residents' needs were consistently assessed and met.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector found the actions from the previous inspection had been addressed, residents now had a capability assessment regarding their ability to self medicate and unused medication had been returned to the pharmacy.

The centre had a recently reviewed policy on medication management. As stated in the policy care staff dispensed medication once they had received training in the Safe Administration of Medication. The inspector saw that staff who administered medication had up-to-date training. The inspector observed a care staff member administer the morning medication for the residents in one of the units. The centre received their medications in a blister pack format from a local pharmacy. Medication including that which was not blistered pack, was seen to be locked in a press. The staff member, observed by the inspector, administering medication was courteous and respectful to residents, however improvements were required. The care staff member did not, on all occasions, refer to the prescription record while dispensing the morning medication. They dispensed it directly from the blister pack. The care staff followed professional guidelines regarding the signing for the administration of the medication once the medication was given and taken by the resident.

Judgment:

Non Compliant - Moderate

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

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

No actions were required from the previous inspection.

Findings:

The centre had a statement of purpose. Further development was required to ensure that the statement of purpose complied with the Regulations:

- The whole time equivalent for the time spent at the designated centre by the person in charge and the maintenance were incorrect. Evidence gathered during inspection indicated the time spent by these staff members was less frequent.
- The statement of purpose identifies one team leader this was evidenced to be incorrect at the time of inspection.
- It was unclear how many staff worked full time at the centre.
- It was unclear how many staff worked part time at the centre.
- The statement of purpose failed to identify the number of casual staff employed at the centre.
- The arrangements for residents to engage in social activities, hobbies and leisure interests as outline in the statement of purpose was not reflective of the practice as evidenced on the day of inspection and further outlined in outcome 10. It was also

unclear some of the activities mentioned such as woodwork take place off-site.

- Residents wish to access employment opportunities were not explored at the time of inspection as stated in the statement of purpose.
- The fire precautions and emergency procedures were not explicitly clear and required further explanation.
- As evidenced on inspection access to practicing religion was dependent on staffing levels, this was not clearly outlined in the statement of purpose.

Improvements, as listed above, were required to ensure compliance with the Regulations.

Judgment:

Non Compliant - Major

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):

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

Findings:

The person in charge commenced her role in May 2014 having worked at the centre as a team leader for seven years. Her post is full time and she is a registered nurse. The person in charge was available for most of the inspection, she was informed of the centre and spoke knowledgeably about the residents. The person in charge had responsibility for two designated centres. Two team leaders also visited the centre each week.

Significant improvements were required regarding the governance and management of the centre. As outlined in Outcome 8 management systems were not in place in the designated centre at all times to ensure that the service provided was safe and appropriate to the needs of all residents or that staff were supported and formally debriefed after significant incidents. The centre did not have a full time team leader. The centre shared two team leaders with another designated centre, however the hours spent at the centre were not reflective of the needs of the staff members and the residents. Team leaders visited the centre on three or four occasions a week for a period of approximately one to three hours, more if required. The provider nominee visited the centre approximately three times a year, the person in charge visited the designated centre a few times a month and was available on the phone if staff required her

assistance. The provider nominee told the inspector at feedback they were in discussions regarding the recruitment of a team leader explicitly for the centre. This is further outlined in outcome 16.

An annual report on the quality of care was not available in the centre on the day of inspection; however the inspector saw that unannounced visits occurred at the centre. The inspector reviewed the minutes from an unannounced visit carried out in October 2014 by three Board members. Specific quality indicators were reviewed such as incidents/accidents and weights/BMI. Two unannounced visits had occurred in 2014, at both visits personal plans, a key quality indicator, were not reviewed. The review of the quality indicator premises was sufficiently reported on but those indicators that were linked to residents well being and quality of care were not sufficiently reviewed or detailed in the reports reviewed by the inspector, for example the report stated that weights and BMI's were reviewed however no further detail was provided.

There was no audit schedule in place and therefore all relevant quality indicators, such as weight gain, use of restraint, behaviours that challenge and epilepsy seizures were not being evaluated in detail at a local management level. Medication errors and finances were to be reviewed weekly by the team leaders, however on review of the medication errors it was clear this was not completed weekly and where they had been completed the medication errors were being noted by the person in charge. The inspector also reviewed a report, developed by the provider nominee, regarding incidents/accidents and medication errors at the centre, the information required further development to inform learning ensuring that trends could be analysed and incidents/accidents could be reduced.

The provider nominee showed the inspector a recently developed form that would be used to carry out staff reviews, at the time of inspection there were no plans in place of when this would commence.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were systems in place should the person in charge be absent for more than 28 days and the Provider was aware of their requirement to notify the Authority.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

As detailed in Outcome 10, 13 and 14 it was evidenced that there were insufficient staff to provide the service as outlined in the statement of purpose to residents. The inspector found that due to insufficient staffing a number of activities did not occur such as evening activities, attending mass and attending specific classes. During the week the rota showed that three staff were on duty from 10.00 - 18.00 hours. However on a Monday and Wednesday the hours were reduced from 10.00 - 16.00 hours and the time was allotted to the arts and crafts staff member. The person in charge stated that residents could go out in the evenings and that shifts can be rostered from 12.00 - 20.00 hours however the inspector reviewed an eight week cycle of the rota and saw that no shifts had been rostered for that time. In addition at weekends there were only two staff members on duty which limited the activities residents could partake in, in particular one to one activities. Staff were also prohibited to go out with residents at certain times of the weekend as residents were coming back home from their families and other residents, along with staff, had to wait until they arrived back to the centre before they left the centre for activities.

As outlined in Outcome 8, serious incidents took place in the centre for a successive period of approximately seven weeks. As stated previously there was little evidence of support by senior management when a number of serious incidents occurred aside from a staff meeting. Staffing levels did not increase during this time to meet the identified needs of all residents. The centre did not have a team leader to provide ongoing support, supervision or oversee staff working at the centre.

Judgment:

Non Compliant - Major

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):

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

Findings:

The inspector reviewed a sample of four staff files and found that they had two references each. The action regarding the roster was still not actioned. The actual time the team leaders and person in charge spent in the designated centre was not outlined.

Recruitment processes were in place to ensure that staff were employed in line with the centres policy on recruitment. Recruitment was facilitated by the human resource department based in the service's head office. The inspector reviewed a sample of staff files and noted that they did not contain all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Person (Children and Adults) with Disabilities) Regulations 2013; there were gaps in employment for a number of the staff files reviewed.

Training records were held centrally however in preparation for the registration inspection the provider had made a summary of these available. The inspector reviewed these and saw there were gaps in training for a small number of staff relating to fire training and Crisis Prevention Intervention. The provider, post inspection, provided the inspector evidence that these staff had received recent training in these areas. The inspector reviewed a training needs analysis and plan for the coming months for the centre but it was not centre specific nor did it outline which staff were due the training. The provider stated at feedback that staff training needs, relating to named individuals, were detailed in head office.

The inspector saw minutes from staff meetings that had occurred. The inspector spoke to a number of staff throughout the inspection and found that staff were unfamiliar with the Regulations although they had knowledge of the Standards. Staff did not receive formal supervision, debriefing when necessary or performance management. The provider had developed a staff review form but had no immediate plans to implement it. Subsequently the skill set of supervisors required updating prior to staff receiving performance management. All supervisors did not have the skill set consummate to their role such as training in supervisory skills. The provider stated this would be looked into.

At the time of inspection the centre had no volunteers.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

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

Theme:

Use of Information

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

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

Findings:

Some actions had been addressed from the previous inspection; the medication policy now outlined the transcribing practice. Improvements had also been made regarding the Schedule 5 policies and procedures for they were in place at the time of inspection.

The inspector reviewed the operating policies and procedures as outlined in Schedule 5. The inspector found those reviewed were up-to-date. However a further review was required for the food and nutrition policy. The policy as outlined in outcome 11 as it failed to provide sufficient guidance to staff to support residents with meeting their food and nutrition needs such as guidance for supporting residents who are over or under weight or diseases such as diabetes. It fails to refer to referrals to specialist such as dietician or speech and language for those that may, for example, have swallow difficulties.

The policy on behaviours that challenge also required a review to include guidance for staff regarding referrals to specialists for support, it failed to reference the policy and procedure for administering pro re nata (PRN) medication when it was a necessary intervention. It also did not outline the need to review a resident's behaviour support plan after a serious incident occurred.

The centre had a roster, a statement of purpose and a resident's guide. The inspector also reviewed the directory of residents, further development was required to comply with the regulations and subsequent guidance communicated by the Authority. The provider stated this would be completed.

The inspector reviewed the menus for two weeks however no other record of food provided to residents was available for the inspector to review. The person in charge stated this would be rectified. The inspector saw there was appropriate insurance for the centre as submitted with their registration application.

Judgment:

Non Compliant - Minor

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:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by The Irish Society for Autism
Centre ID:	OSV-0002001
Date of Inspection:	04 November 2014
Date of response:	13 January 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Although the inspector saw the new form for consultation with residents, at the time of inspection there were no formal consultations/meetings with residents.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted

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

and participates in the organisation of the designated centre.

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

As per Regulation 09 (2) (e) a new accessible format resident's consultation form has been introduced and such consultations with the residents have commenced. This has been completed for all residents.

Proposed Timescale: 22/12/2014

Theme: Individualised Supports and Care

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

The inspector found that the responses to two complaints were not robust and were not appropriately responded to.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

To comply with regulation 34 (3) and 34 (2) a, the appropriate staff are nominated as indicated in the complaints policy. We will ensure that all complaints are responded to appropriately.

Proposed Timescale: 09/12/2014

Outcome 02: Communication

Theme: Individualised Supports and Care

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

It was found, for those residents who were non-verbal, effective communications tools were not in place or being actively used to assist residents with communicating their needs and wants.

Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

A new template for personal plans is being developed by senior management, the manager of services and team leaders which will incorporate areas detailed in the action plan including communication. 30.04.15

A residents consultation form has been designed in an accessible format to assist all residents to communicate their wishes and needs. This is currently being rolled out in

the designated centre.28.02.15

Proposed Timescale: 30/04/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract of care required further detail regarding the services provided, the type of accommodation and the additional costs that may be incurred as part of their service.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

To comply with regulation 24 (4) (a) the organisation has reviewed the contract of care and amended it to include the type of accommodation, the services provided and any additional costs. This has been completed.

Proposed Timescale: 20/11/2014

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:

From a review of the personal plans it was not evident that all residents had a full comprehensive assessment of their needs.

Action Required:

Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

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

To comply with Regulation 05 (1) (a) we will ensure that any new admission to our service will have a comprehensive assessment undertaken by an appropriate health care professional prior to admission. The new personal plan will also address this regulation for current residents.

Proposed Timescale: 09/12/2014

Theme: Effective Services

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

Reviews of care plans did not take place in line with changes in the needs for all 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:

To comply with Regulation 05 (1) (b) we shall ensure that all plans are subject to review, which will assess the health, personal and social care needs of each resident. It will also take into account changes in circumstances and new developments. This will be monitored by the manager of services.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Personal plans were not available in a format accessible to residents.

Action Required:

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

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

A new template for personal plans is being developed by senior management, the manager of services and team leaders which will incorporate areas detailed in the action plan. We will ensure that personal plans are in a format accessible to residents where appropriate.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Personal plans were not reflective all residents needs as outlined in the plan.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects

the resident's assessed needs.

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

To comply with Regulation 05 (4) (a) we will ensure that any new admissions to our service will have a comprehensive assessment undertaken by an appropriate health care professional prior to or within 28 days of admission. The new personal plans will address this failing for our current residents. This will be overseen by the Manager of Services.

Proposed Timescale: 30/04/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A number of bathrooms, were without shower hoses, and required repair.

A number of light fittings required repair.

Action Required:

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

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

To comply with Regulation 17 (1) (b) A program to address the failings identified above has commenced:

All light fittings which required repair have now been completed by internal maintenance - 14.11.14.

The unoccupied bathrooms which require fixture and fittings will be addressed by 31st January 2015.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

The spaces that were unused at the time of inspection, but put forward for registration required cleaning and furnished prior to a vacancy being filled.

Action Required:

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

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

To comply with Regulation 17 (1) (c) we will ensure that spaces that were unused at time of inspection will be cleaned and furnished prior to a vacancy being filled.

Proposed Timescale: 09/12/2014

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 register was not entirely centre specific and complete: all risks specific to the centre had not been identified and assessed.

The centre did not have a safety representative or a health and safety committee established to oversee the health and safety of the centre.

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:

To comply with Regulation 26 (2) the risk register will be reviewed to be centre specific and to include previously unidentified risks and amended accordingly.

The manager of services and the Health and Safety officer will nominate a staff member in the designated centre as a safety representative and they will be incorporated in the Health and Safety system going forward.

Proposed Timescale: 09/01/2015

Theme: Effective Services

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

Staff were unaware that residents had individual emergency evacuation plans in place and the location of same.

Action Required:

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

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

The location and content of resident's individual emergency evacuation plans has been re-iterated to all staff by the management team. This information, regarding location and content, is currently included in fire training and will be further emphasised in future training courses.

Proposed Timescale: 18/12/2014

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:

Although ABC charts were being used, it was not evident that this information was being effectively reviewed and analysed to alleviate the cause of residents behaviour that challenged.

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:

To comply with regulation 07 (5) the organisation has amended the incident report form and ABC form to include sections on review and analysis at team lead and manager of services level. This form has been amended to address the issue of alternative measures in the use of restrictive procedures and to ensure that the least restrictive practice is used for the shortest duration. This is reviewed by the Manager of Services.

Proposed Timescale: 18/12/2014

Theme: Safe Services

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

Residents were exposed, on numerous occasions, to significant incidents that occurred at the centre.

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:

To comply with regulation 08 (2) the Irish Society for Autism has a robust policy on the protection of Vulnerable Adults from all forms of abuse. This policy is in place at all times under all circumstances. All staff have received training in the protection of vulnerable adults. We also conduct unannounced visits by team leaders and the Manager of Services. Behaviour Support Plans are in place regarding incidents and their effect on other residents.

Proposed Timescale: 09/12/2014

Outcome 10. General Welfare and Development

Theme: Health and Development

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

It was unclear why a resident was not supported to attend a class that they had previously been supported to attend.

From a review of residents personal plans and conversations with staff it was evident that resident's aspirations, wishes or capabilities regarding training, education or employment had not been assessed or explored.

Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The resident did not attend the class as there had been no request to attend same. The Manager of Services will investigate the circumstances around this particular issue, interview staff and learn from the situation.

A new template for personal plans is being developed by senior management, the person in charge and team leaders which will incorporate resident's wishes and capabilities regarding education, training and employment as per regulation 13 (4) (a). We will commence exploration with residents in the interim using the accessible format resident's consultation forms regarding their wishes and aspirations or capabilities regarding training, education or employment and the residents will be supported where appropriate.

Proposed Timescale: 31/03/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Referrals had not been made to all necessary allied health professionals where required and follow ups/reviews did not occur in a number of instances such as a speech and language assessment.

Action Required:

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

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

A new template for personal plans is being developed by senior management, the

person in charge and team leaders which will incorporate a section on insuring allied health professionals are utilised where required and that follow-ups occur. Referrals have been made for the necessary speech and language assessment where there is an urgent need and this will be ensured by the manager of services. This will be monitored by the Manager of Services on a regular basis.

Proposed Timescale: 31/12/2014

Theme: Health and Development

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

Residents were not at all times provided with health care that was relevant or prevalent to their care for example residents who had speech and language deficits as outlined in their assessment were not provided with sufficient support or guidance for staff to address the assessed need.

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:

The person in charge will review the resident's needs with the key workers. Where needs are identified interim plans will be put in place pending the development of the new personal plan template. Immediate urgent referrals were made by the manager of services for speech and language and occupational therapy on the 28.10.14 and for the dietician on 3.12.14

Proposed Timescale: 30/04/2015

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 manner in which the medication dispensed was not in line with professional guidelines:

- Medications were not read from the prescription sheet prior to dispensing.

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:

The person in charge will meet with all staff and the policy will be re-affirmed with them

by 31st January 2015. An audit will take place by the manager of services one month later to verify compliance with this breach. A spot check will take place on a regular basis to ensure compliance with the organisation's policy and regulation 29 (4) (b).

Proposed Timescale: 31/01/2015

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:

The statement of purpose was not reflective of the services provided in the centre.

Further detail, to comply with Schedule1 is required.

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:

The Statement of Purpose has been amended to comply with Regulation 03 (1)

Proposed Timescale: 09/12/2014

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:

An annual review of the quality and safety of care and support in the designated centre had not been developed.

Action Required:

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

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

An annual review of the quality and safety of care and support of the designated centre will be carried out in compliance with 23 (1) (d).

Proposed Timescale: 16/02/2015

Theme: Leadership, Governance and Management

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

The annual review of the quality and safety of care and support in the designated centre shall provide for consultation with residents or where this is not appropriate their representatives.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The annual review of the quality and safety of care and support of the designated centre will involve consultation with the residents and the resident's representatives via questionnaire to comply with regulation 23 (1) (e).

Proposed Timescale: 16/02/2015

Theme: Leadership, Governance and Management

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

A copy of the annual review of the quality and safety of care and support in the designated centre should be made available to residents and their representatives.

Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

A copy of the annual review of the quality and safety of care and support in the designated centre will be made available to residents and the chief inspector in line with regulation 23(1) (f) once this is completed.

Proposed Timescale: 23/02/2015

Theme: Leadership, Governance and Management

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

Staff did not receive formal supervisions, appraisals or debriefing as required as employees of the centre.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

A new staff review form has been developed. We will commence rolling out to all staff by 01.03.15 to be completed by 30.06.15

Proposed Timescale: 30/06/2015**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The management systems in place, to ensure that the service was appropriate to residents needs, consistent and effectively monitored were not robust. For example:

- There was no detailed audit schedule that reviewed all quality indicators such as resident care plans to ensure their assessed needs were being met.
- As detailed in Outcome 8, at a time where incidents for one resident were high with negative outcomes, appropriate systems and supports, for both staff and residents, were not put in place.

Action Required:

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

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

The management system will be reviewed to include a detailed audit schedule which will ensure that relevant quality indicators are being effectively monitored. This new system and the revised incident report form will ensure that all future incidents will be effectively monitored.

Proposed Timescale: 15/02/2015**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Although unannounced visits took place in the centre the information was not wholly collected and collated nor was it clear how the deficits concerning the standard of care and support would be actioned.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

To comply with regulation 23 (2) (a) the unannounced visits currently carried will be amended to include further details on the safety and quality of care and support. It will address any concerns and actions required regarding the standard of care and support.

Proposed Timescale: 30/04/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

As outlined in the body of the report the staffing levels required to be reviewed in light of the limitations placed on residents resulting from low staffing levels.

The centre also required a team leader to support staff members and oversee the centre was sufficiently supervised.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The organisation will conduct an assessment regarding staff levels. A full time team leader will be recruited. There will be full time team leader based at the designated centre.

Proposed Timescale: 30/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Further development of the rota is required to ensure that it is clear and reflective of the actual hours rostered.

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:

A planned and actual staff roster is in place for the designated centre. The actual hours for the manager of services and the team leaders in the designated centre is reflected in the management roster.

<p>Proposed Timescale: 09/12/2014</p> <p>Theme: Responsive Workforce</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: There were gaps in employment in a number of the staff files reviewed.</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take: In order to comply with regulation 15 (5) all incomplete staff files will be reviewed by HR and completed accordingly.</p>
<p>Proposed Timescale: 28/02/2015</p> <p>Theme: Responsive Workforce</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Not all supervisors had received formal training commensurate to their roles such as supervisory skills or providing performance management.</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take: To comply with regulation 16(1)(a) the manager of services will conduct an assessment of supervisors skills and arrange training to address deficits as necessary.</p>
<p>Proposed Timescale: 31/03/2015</p> <p>Theme: Responsive Workforce</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: A number of staff spoken with were unfamiliar with the Regulations..</p> <p>Action Required: Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.</p> <p>Please state the actions you have taken or are planning to take: To comply with regulation 16 (1)(c) further information sessions will be conducted with staff by both internal staff and external agencies in the designated centre and copies of</p>

the regulation and standards will be re-distributed.

Proposed Timescale: 31/03/2015

Theme: Responsive Workforce

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

Staff, at the time of inspection, did not receive formal supervision or performance management.

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:

A new staff review form has been developed. We will commence rolling out to all staff by 01.03.15 to be completed by 30.06.15. Review will be carried out by the management team in conjunction with HR.

Proposed Timescale: 30/06/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The policies regarding food and nutrition and behaviours that challenge required a review as outlined in the body of the report.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

To comply with regulation 04 (3) the policies on food and nutrition, and behaviours that challenge will be reviewed and updated where appropriate.

Proposed Timescale: 30/04/2015

Theme: Use of Information

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

The centre, at the time of inspection, had not maintained a record of food provided to residents.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

To comply with regulation 21(1)(c) a record of food is now in place at the designated centre.

Proposed Timescale: 18/12/2014