

**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 Brothers of Charity Southern Services
Centre ID:	OSV-0002273
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Southern Services
Provider Nominee:	Una Nagle
Lead inspector:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 12 May 2016 09:00 To: 12 May 2016 17:30

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

Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was the first inspection of this centre carried out by the Health Information and Quality Authority (HIQA).

As part of the inspection, the inspector met with residents residing in the centre, the person in charge of the centre, the social care leader and members of the staff team. The inspector also reviewed documentation such as personal plans, healthcare plans, training records, fire safety information and risk assessments.

The centre comprised a single-storey detached house set on a site with ample space for residents to enjoy. Where residents were non-verbal, specialist input had been received in relation to identifying residents' preferred means of communication. Interactions between staff and residents were observed to be appropriate and relaxed. A positive approach to behaviour support was demonstrated. Arrangements were in place in relation to setting personal goals and outcomes with an emphasis on supporting residents' independence through the development of life skills and making choices.

Non-compliances were identified in some areas. A review of staff skills in relation to supporting all residents preferred means of communication was required, particularly as it related to Lámh training (a manual sign system used to support or extend communication). Improvements were required to ensure a comprehensive assessment of residents' needs. In addition, improvements were required to ensure that PRN ("as required") medication was administered as prescribed. Other areas for improvement included in relation to fire safety drills and staff training.

Findings are detailed in the body of the report and should be read in conjunction with the actions outlined in the action plan at the end of the 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 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):

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

Findings:

Overall, staff were observed to support residents to communicate choices and preferences.

Where residents were non-verbal, input had been provided from a speech and language therapist in relation to communication supports. Staff told the inspector that the speech and language therapist visited the centre to support residents and staff in relation to the use of communication aids or technologies.

In addition, behaviour support input considered how residents may be communicating their wishes and needs

Residents' files contained comprehensive information to ensure that staff supported residents to communicate in a predictable and consistent environment, including personal communication passports. Inspectors observed that staff supported residents to communicate their wishes and preferences. Visual schedules, daily planners, object cues, a picture exchange communication system (PECS) and iPad were visibly displayed and observed to be used by residents and staff.

However, the inspector found that for residents who used LAMH (an Irish manual sign system) or a blended form of LAMH and Irish sign language (ISL) as part of their preferred means of communicating, staff training needs in this area required assessment. While one staff member was scheduled to attend an intensive LAMH training course, other staff said that they had only a few basic signs. This will be addressed under Outcome 17: Workforce.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall, residents' social care needs were met by staff in an individualized way. Improvements were required to ensure a comprehensive assessment of all areas of need and in relation to the review of the personal plan.

The inspector reviewed personal plans for residents residing in this centre.

A comprehensive assessment of the personal and social care and support needs of each resident had been carried out. This included assessments of communication skills, independent living skills, leisure activities, participation in the community, daily routines, home activities, money skills and healthcare needs. Where residents had transitioned from childhood or from congregated settings, assessments had been completed and programs put in place to develop life skills and support independence.

However, a comprehensive assessment of each residents' healthcare needs had not been carried out in accordance with the regulations, including for residents who had transitioned into the centre. This will be further discussed under Outcome 11: Healthcare Needs.

Each resident had a written personal plan. Information was individualised and specific. Personal plans included information pertaining to individuals' likes and dislikes, people important in their lives, personal goals and individual supports. Information was in an accessible format.

Other specific plans had been developed based on assessment of residents' support requirements. These included risk management plans, intimate care plans and behaviour support plans.

There was evidence that residents and their representatives were involved in identifying goals that were important to them. Goals were reviewed each quarter and any barriers to achieving goals were documented.

However, the system in place did not ensure that the review of the personal plan would be multi-disciplinary. The provider was aware of this gap and was reviewing the system across the service.

Judgment:

Non Compliant - Moderate

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 were organisational policies and procedures in place for risk management, fire safety, health and safety and infection control. The arrangements in place for completing and recording fire drills, use of risk assessments and health and safety training required improvement. Training gaps will be addressed under Outcome 17: Workforce.

The inspector found that there were arrangements in place in relation to the identification of hazards and the completion of risk assessments. Individual risk profiles had been completed for each resident, which in turn informed the local risk register. The risk register contained a number of key risks, for example in relation to the risk of absconding, self-injury or risks associated with transport and traffic. Overall, risk assessments were in place and within their review date, with the exception of one risk that had been assessed as a high-risk but not included in the risk register.

There was a system in place in the organization for the recording and reporting of incidents. Incidents were reviewed by the person in charge and an action plan put in place where indicated.

Arrangements were in place for completion of an annual health and safety audit. The inspector received a copy of a recent audit (dated 12 May 2016), which was comprehensive and identified a number of corrective actions to be completed that were also identified on this inspection. For example, staff required training in relation to fire safety, manual handling, the management of actual and potential aggression and first aid. In addition, water temperature devices were not in place and a night-time fire drill had not been completed within the previous 12 months. The annual audit identified that vehicles used by the centre were roadworthy and had up-to-date tax and insurance.

There were facilities in place for the prevention and control of healthcare acquired infection, including adequate hand hygiene facilities. Cleaning schedules were in place and being maintained and the centre was visibly clean. Personal protective equipment was available. However, only four of the 22 staff on the rota had received training in infection prevention and control or hand hygiene. In addition, a system was required to monitor the effectiveness of health and safety and infection prevention and control practices or procedures, such as staff hand hygiene practices and the standard of environmental hygiene in the centre.

There was a fire register file maintained in the centre. Weekly checks of fire safety in the centre were completed. Fire equipment, emergency lighting and the fire alarm system had been tested and serviced within the required timeframes. Each resident had a personal emergency evacuation plan (PEEP). Any mobility or cognitive support requirements were outlined in each resident's PEEP.

The most recent day-time drill took place on 21 February 2016 and took one minute. The three drills prior to that took between three and four minutes. However and as previously mentioned, a night-time drill had not taken place within the previous 12 months. In addition, the last night-time drill took place prior to one of the residents moving into this centre so did not include all of the residents currently living in the centre. Also, the information contained within the drill did not include the circumstances of the drill so it was not clear whether or not residents were asleep at the time of the drill.

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):

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

Findings:

There were policies and procedures in place in the organisation for the safeguarding of vulnerable adults, in relation to the protection of residents' finances and personal belongings, supporting residents' during intimate care, supporting behaviours that may challenge and restrictive practices.

The organisation had a committee in place that reviewed requests relating to the use of restrictive practices. A positive approach to restraint was demonstrated and alternatives were explored to the use of restraint.

The inspector spoke with members of the staff team, who were aware of what to do in the event of an allegation, suspicion or allegation of abuse. There was a designated person within the service to whom any concerns were reported.

Behaviour support plans were in place for residents who required such plans. Information relating to positive behaviour support included information about safety supports for residents, what residents may be communicating through certain emotions, how to respond to emotions in a supportive way and other proactive and reactive strategies. Periodic service reviews were also held, which involved multi-disciplinary input as required. Recent referrals had been made for identified issues that required further behaviour support input. The premises was also designed and laid out in such a way as to offer ample space both internally and externally for residents to pursue their own interests and hobbies or to have time alone.

The inspector reviewed a sample of residents' intimate care protocols and found that they outlined the supports each resident may require while also supporting and promoting independence.

Judgment:
Compliant

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):

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

Findings:

A record was maintained of all incidents that occurred in the centre and of any notified to HIQA. The person in charge had recently amended the quarterly notification report to HIQA to include environmental restrictions. However, PRN "as required" medication required clarification from the organization's behaviour standards committee (that oversaw all restrictive practices) as to whether or not it constituted chemical restraint. In addition, PRN medication prescribed for sedation prior to necessary dental treatment had not been notified to HIQA as chemical restraint in the corresponding quarterly reports.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

Overall, residents' healthcare needs were supported by staff. Further improvement was required in relation to the assessment of healthcare needs and the development of healthcare plans.

Residents had access to their own general practitioner (GP) and medical consultants where required. Reports following such reviews were in residents' files. Residents had access to allied healthcare professionals, including speech and language therapy, psychology, dietetics and dentistry. However, a comprehensive assessment of all residents healthcare needs had not been completed. As a result, all of the required supports were not yet in place for all residents. For example for one resident, the coordinator of behaviour support services had said in a report dated 2012 (and reviewed in 2015) that on-going multidisciplinary intervention was required to support a resident's needs to include psychology, occupational therapy, social work and speech and language therapy. At the time of the inspection, such multidisciplinary support was not in place. A referral to psychology had been made only very recently (April 2016) but no referral to occupational therapy or social work had been made. Input from speech and language had been sought and received.

Where residents had communication needs or difficulties with swallowing, an assessment had been completed by a speech and language therapist. Where residents had dietary requirements or nutritional needs, assessments had been carried out by a nutritionist and other healthcare professionals as indicated. Weight was monitored and food diaries maintained where indicated. Residents were supported to make healthy living choices, for example in relation to healthy eating and exercise.

Based on the sample reviewed on the day of inspection, most but not all of the required healthcare plans were in place to support residents identified and readily identifiable healthcare needs, for example in relation to sleep disturbance or complex syndromes.

There was evidence that relevant risks, such as the risk of choking, were monitored and any incident recorded. Input from allied health was sought in relation to preventing related incidents. Staff demonstrated that they were aware of and understood how to

implement the recommendations made by allied health professionals.

Residents who were non-verbal were supported to make choices in relation to meal planning and meal selection when eating out by various means, including object cues, choice boards and a picture exchange communication system (PECS). Residents were supported to be independent or participate in making snacks or in meal preparation on an individual basis.

Each resident had an individual 'hospital passport' that contained key information should a resident be admitted to the acute hospital sector. Information contained in the hospital passport was specific to that resident and included information about allergies, their medication, communicating with the resident in relation to healthcare matters and any relevant risks. Information was kept in a folder in the kitchen in relation to residents' dietary preferences and any supports required.

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):

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

Findings:

There were written policies and procedures in place relating to the ordering, administration, storage and return of medication. Improvements were required to ensure that PRN ("as required") medication was administered as prescribed.

Medicines were ordered from the pharmacy on a monthly basis. Medicines were checked on arrival in the centre and a visual check was also completed prior to administration of any medications.

Medicines were stored safely in the centre in a locked cupboard. Staff outlined the procedure in place for the segregation and return of any medicines that were used or out-of-date. Medicines to be returned to the pharmacy were segregated from other medicines and a log of returns to pharmacy was maintained. A compliance aid (a 'biodose' system) was in use in the centre. Staff articulated how they would withhold or adjust the dose of a medication, on request of the prescriber.

There was a system in place for the administration and oversight of PRN "as required" medication. The administration of psychotropic medication was reviewed on a three-monthly basis by each resident's psychiatrist, or more frequently as required. The inspector observed that residents had an individual medication management plan in place and a PRN protocol, where PRN was prescribed. However, the inspector found that PRN protocols that had been developed by the staff team required re-development for one resident as they were not sufficiently clear and had led to administration errors. Two protocols had been developed to manage a symptom of anxiety and the protocols did not reflect the prescription, which clearly stated which medicine should be administered first, and which medicine should be administered second ('first line' and 'second line' medication). A review of records indicated that the second line medication was incorrectly administered first on four of the 16 occasions that the PRN medication was required since January 2016.

Other errors were recorded and reported, including dispensing errors from the pharmacy. Corrective action was taken following any such errors and where required, this involved relevant third parties.

The inspector reviewed the two most recent medication audits that had been completed by the person in charge and the sector manager. No gaps had been identified at either of those audits but the audits pre-dated the PRN errors identified on this inspection. However, the system in place for carrying out medicines management audits required development as the audits did not consider all parts of the medicines management cycle. This will be addressed under Outcome 14: Governance and management.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall, there were arrangements in place to ensure the quality of care and experience of the residents was developed on an on-going basis. The arrangements in place for the completion of an annual review and bi-annual visits of the quality and safety of care

within the service required review. The role of the person in charge had been reviewed to enable the person in charge to be more involved in the operational management of the designated centre.

There was a clearly defined management structure in place in the centre. A social care leader oversaw the day-to-day running of the centre and worked full-time in this centre only. Care assistants and social care workers in the centre reported to the social care leader. The social care leader reported to the person in charge. The person in charge reported to the sector manager, who in turn reported to the provider nominee.

The person in charge was suitably qualified and experienced to fulfil the role of person in charge. There were appropriate deputising arrangements in place with the sector manager deputising where required.

The person in charge was responsible for more than one designated centre. The person in charge was responsible for seven centres, comprising eight houses across Cork city and suburbs and day services. Based on the current remit and geographical spread of centres, the person in charge said that he visited the centre on a weekly or fortnightly basis with regular phone contact in between visits. The person in charge and social care leader in the centre met formally on a fortnightly basis.

However, based on the current arrangements as outlined, it was not demonstrated how the person in charge was facilitated to ensure the effective governance, operational management and administration of the designated centres concerned. For example, the person in charge did not attend all staff meetings, residents' personal planning meetings or review meetings. The person in charge told the inspector that these arrangements had been reviewed across the service and a change would be taking place at the end of this month (June 2016), whereby the remit for day services would be removed from his remit. The effectiveness of such arrangements will be followed up on at future inspections.

The person in charge was supported in his role in this centre by a social care leader, who was qualified and experienced in the field of social care. The social care leader demonstrated that she knew residents, their needs and abilities well. Staff told the inspector that they could bring any concerns to the social care leader.

An annual review of the centre had been completed at the end of 2015. The review was limited in scope as it reviewed 4 of 18 outcomes. The review did however invite and consider parents experience of the service, including in relation to staff attitudes and approach, the quality and safety of care provided to their loved one and level of satisfaction with consultation. The inspector followed up on actions taken in response to any issues raised by relatives. One complaint relayed to delays accessing speech and language therapy, which the social care leader said had since taken place after a waiting time of almost 18 months. The social care leader demonstrated that the second issue concerning choice of activities had been satisfactorily addressed.

Four areas had been reviewed at the most recent unannounced visit and related to social care needs, health and safety, safeguarding and safety and medicines management. Actions were identified in an action plan. The inspector followed up on a

sample of actions and found that they had been completed. However, the unannounced visit was limited in scope and findings in the unannounced visit indicated that improvement was required to ensure that the safety and quality of care and support being provided in the centre was fully reviewed. Key outcomes such as residents' healthcare needs (including to access of allied health services raised as an issue in relative's questionnaires) and the governance of the centre were not explored. In addition, only one unannounced visit of the service had been completed within the previous 12 months, instead of two, as required by the regulations.

Additional audits were in place for the purpose of monitoring the safety and quality of care provided in the centre, including in relation to health and safety and medicines management. As previously mentioned under Outcome 7: Health Safety and Risk Management, there were no audits of infection control procedures in the centre. The medicines management audit did not consider all stages of the medicines management cycle but a new template had been devised within the service to address this gap.

The provider was aware of the gaps relating to the six-monthly unannounced visit and annual review and was in the process of addressing same.

Judgment:

Non Compliant - Moderate

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:

Overall, the number and skill-mix of staff was appropriate to meeting the number and assessed needs and abilities of residents at the time of inspection. Gaps were identified in relation to staff training requirements.

There was a planned and actual staff roster in place which showed the staff on duty during the day and sleepover staff on duty at night. Based on observations, a review of the roster and these inspection findings, it was demonstrated that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs and abilities of residents at the time of inspection.

A sample of staff files was reviewed and found to be in line with the requirements of Schedule 2 of the regulations. There was evidence of effective recruitment and induction procedures; in line with the policy.

Staff were observed to be supervised appropriate to their role on an informal basis. Regular staff meetings were held and items discussed included health and safety, medicines management, residents' needs, complaints/compliments, safeguarding and documentation. Staff told the inspector that they could add to the agenda if they wished to do so. However, a formal supervision system was not in place for all staff to improve practice and accountability. The provider was in the process of addressing this by introducing systems for appraisal and supervision and training for persons in charge and managers was currently being delivered.

However, not all staff had received all of the required training necessary for their role and to support residents. As previously mentioned under Outcome 2: Communication, the inspector found that for residents who used LAMH (an Irish manual sign system) or a blended form of LAMH and Irish sign language (ISL) as part of their preferred means of communicating, staff training needs in this area required assessment. As mentioned under Outcome 7: Health, safety and risk management, training records indicated that a number of staff required training in relation to fire safety, manual handling, infection control and first aid. As mentioned under Outcome 8: Safeguarding and safety, training records indicated that not all staff had received training in relation to the safeguarding of vulnerable adults, the management of actual and potential aggression, including intervention and de-escalation techniques.

The inspector noted that the number of staff identified as requiring training in the training matrix differed from the number of staff identified as requiring training in the health and safety audit. For example, the training matrix identified that of 22 staff, 21 required first aid training, five staff required training in the management of actual and potential aggression and three staff required fire safety training, while the health and safety audit identified three staff as requiring first aid training, three staff as requiring fire safety training and one staff who required training in the management of actual and potential aggression. Review of training records was required in order to ensure that staff training requirements were accurately identified and tracked.

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 Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0002273
Date of Inspection:	12 May 2016
Date of response:	14 June 2016

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 05: Social Care Needs

Theme: Effective Services

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

However, the system in place did not ensure that the review of the personal plan would be multi-disciplinary. The provider was aware of this gap and was reviewing the system across the service.

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

1. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The service is reviewing the Personal Planning system to ensure that the review of all personal plans is carried out with the relevant multi-disciplinary inputs.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

A comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident had not been carried out prior to admission to the designated centre.

2. 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:

1. A new format Assessment of Need has been developed and will be completed for all residents as soon as possible.
2. The Assessment will be completed for all new residents prior to admission to the designated centre.

Proposed Timescale: 22/07/2016

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 management arrangements required review to ensure that assessed risks were included in the centre's risk register.

3. 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:

The provider will ensure that Risk Management File will be reviewed on a regular basis to ensure that all assessed risks are included in the centre's risk register.

Proposed Timescale: 08/06/2016

Theme: Effective Services

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

Improvements were required to the procedures in place for the prevention and control of healthcare associated infections. Only four of the 22 staff on the rota had received training in infection prevention and control or hand hygiene. In addition, a system was required to monitor the effectiveness of health and safety and infection prevention and control practices or procedures, such as staff hand hygiene practices and the standard of environmental hygiene in the centre.

4. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

We will review the infection control measures in place in the designated centre and ensure that all staff receive training at the earliest opportunity.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

As detailed within the findings, improvements were required to ensure that all residents could be evacuated from the centre in a safe and timely manner at all times, including night-time. In addition, improvements were required to the recording of fire drills.

5. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Night evacuations have been carried out and will be kept updated. Individual PEEPS for all residents have been updated to ensure that residents can be evacuated in a safe and timely manner, particularly at night. Recording of day/night fire drills has been reviewed to ensure accurate recording of the status of residents during night evacuations i.e. asleep/awake.

Proposed Timescale: 08/06/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Clarification was required from the organization's behaviour standards committee (that oversaw all restrictive practices) or the prescriber as to whether or not prescribed PRN "as required" medication constituted chemical restraint.

PRN medication prescribed for sedation prior to necessary dental treatment had not been notified to HIQA as chemical restraint in the corresponding quarterly reports.

6. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

Prescriber has been consulted and has confirmed that the prescribed PRN does not constitute a chemical restraint. The administration protocol has been amended to reflect this. The views of the Behavioural Standards Committee will be sought on this amendment. Where PRN medication for sedation is given for medical treatment purposes, these will in future be notified to the Authority in the quarterly reports.

Proposed Timescale: 31/10/2016

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:

All of the required multidisciplinary supports were not yet in place for all residents.

7. 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:

Updated comprehensive assessments of need will be carried out for each resident. Where it is indicated that residents require the services of allied health professionals, referrals will be made in a timely manner.

Proposed Timescale: 30/09/2016

Theme: Health and Development

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

Not all of the required healthcare plans were in place to support residents identified or identifiable healthcare needs, for example, in relation to disturbed sleep, weight loss or complex syndromes.

8. Action Required:

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

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

All residents health care plans will be reviewed and where needs are identified, these will be followed up with a referral to an appropriate health care professional.

Proposed Timescale: 29/07/2016

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 arrangements in place for the development of PRN "as required" protocols required review. Protocols reviewed for one resident had been developed by the staff team, were not sufficiently clear and had led to administration errors. As a result, PRN medication had not been administered as prescribed.

9. 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:

All PRN protocols have been reviewed to ensure that the administration of such medication is clear thus reducing the possibility of errors.

Proposed Timescale: 08/06/2016

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:

As detailed in the findings, it was not demonstrated how the arrangements as they related to the person in charge at the time of the inspection ensured the effective governance, operational management and administration of the designated centres concerned.

10. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

A review has taken place in relation to management arrangements of all designated centres. The Provider Nominee and the Person in Charge will agreed a timetable whereby the PIC has dedicated time in the Centre sufficient to ensure discharge of PIC responsibilities under the Health Act. The number of service locations has been reduced to facilitate this.

Proposed Timescale: 01/06/2016

Theme: Leadership, Governance and Management

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

The annual review was limited in scope and did not ensure that all aspects of quality and safety of care and support in the designated centre were reviewed and that such care and support was in accordance with standards.

11. 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:

The format of the annual review has been changed to comply with the regulations and a new format will be used in the 2016 annual review.

Proposed Timescale: 31/12/2016

Theme: Leadership, Governance and Management

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

Systems for monitoring the safety and effectiveness of the service required review.

There were no audits of infection control procedures in the centre and the medicines management audits available in the centre did not consider all stages of the medicines management cycle.

12. 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 policy on infection control will be reviewed and will include procedures for internal audits. The medication audit tool is being reviewed to consider all stages of medication management cycle.

Proposed Timescale: 30/06/2016

Theme: Leadership, Governance and Management

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

As detailed within the findings, the unannounced visit was limited in scope and findings in the unannounced visit indicated that improvement was required to ensure that the safety and quality of care and support being provided in the centre was fully reviewed. In addition, only one unannounced visit of the service had been completed within the previous 12 months, instead of two, as required by the regulations.

13. 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:

The provider has reviewed the scope of the unannounced 6 monthly review to incorporate health care needs, governance and workforce. The provider will ensure that unannounced visits to the designated centre will take place at least once every six months.

Proposed Timescale: 30/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

As detailed in the findings, not all staff had received all of the required training necessary for their role and to support residents.

14. 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:

All staff training requirements in relation to Lamh, fire safety, manual handling, infection control, first aid and safeguarding of vulnerable adults will be reviewed and appropriate training will be organised as soon as possible.

Proposed Timescale: 31/10/2016