Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0003940
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Michelle Doyle
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	12
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 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:
11 April 2016 09:00	11 April 2016 18:00
12 April 2016 07:40	12 April 2016 17:00

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 an 18 outcome inspection carried out to monitor compliance with the Regulations and Standards and to inform a registration decision.

As part of the inspection, the inspector met and interacted with all residents who reported that they were happy with life in the centre, their choices were promoted at all times and they were supported to access activities in the community. The inspector reviewed documentation such as policies and procedures, risk assessment and templates. Interviews were carried out with the person in charge and provider nominee.

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. The centre comprised two two-storey semi-detached houses located in a suburban area close to large city. The service is available to adult men and women who have intellectual disabilities.

The inspector found major non-compliances in three core areas. Inadequate fire containment measures were in place as recommended in a report by a suitably qualified professional in August 2014. Unsafe medicines management practices were seen for residents who attend the centre on respite. Management systems were not adequate to support and promote the delivery of safe and effective services.

The inspector was not satisfied that the provider had put system in place to ensure that the Regulations were being met in a number of areas. This resulted in some positive experiences, but also poor experiences for residents, the details of which are described in the report.

Good practice was identified in the following areas:
• strong links with the community and family were promoted (outcome 3)
• admissions were safe (outcome 4)
• residents felt safe (outcome 8).

The inspector found that the lack of effective governance and management systems had resulted in:
• inadequate fire safety precautions (outcome 7)
• unsafe medicines management practices (outcome 12)
• inconsistent personal plans and associated poor documentation (outcome 5)

The reasons for these findings are explained under each outcome in the report and the Regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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):
This was the centre's first inspection by the Authority.

Findings:
Residents with whom the inspector spoke and interacted with stated that they felt safe and spoke positively about their care and the consideration they received. Interaction between residents and staff was observed and the inspector noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

Systems were in place to promote the involvement of residents and their representatives in the centre. An advocacy representative had been appointed by the residents. The inspector spoke with the advocacy representative who outlined that she met the provider nominee regularly to discuss feedback from local meetings and from individual residents. The advocacy representative confirmed that the provider nominee was approachable, effective and always endeavoured to 'do her best' to facilitate resident choice. However, the inspector saw that the practice was inconsistent as formal documented consultation with residents was infrequent in one service unit (Service Unit B). This was of particular significance as the advocacy representative did not reside in this service and some residents in the service unit did not communicate verbally.

Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents were encouraged to choose their activities for the day. The inspector saw that steps were taken to support and assist residents to provide consent and make decisions about their care and support.

Inspectors observed that residents were supported in a dignified and respectful manner. Residents' capacity to exercise personal independence was promoted. For example, residents' ability to perform tasks in relation to personal hygiene and dressing was identified and residents were encouraged to perform these tasks.

Residents were encouraged to maintain their own privacy and dignity. Staff were observed to knock on bedroom doors before entering. However, the inspector noted that a shared en suite bedroom was provided in one of the service units (Service Unit A). This bedroom was shared by two residents of the same gender and efforts had been made to provide each resident with privacy by the provision of a screen between the two beds. However, the bedroom had less floor space than two of the other single bedrooms in the service unit (13.6m2) and there was limited private space for each resident due to the layout of the bedroom. The resident whose bed was furthest from the en suite facilities had to cross in front of the other resident's bed to access these facilities which could cause disturbance in sleep. Display space and storage for personal possessions was less in the twin bedrooms than in the single bedrooms.

Locks were provided on the doors of toilets and sanitary facilities. In many of the sanitary facilities, suitable locks were provided. However, the lock provided for the toilet facilities on the ground floor in Service Unit B were of a traditional lock and key design and would not facilitate all residents to adequately and safely maintain their privacy and dignity.

Sanitary facilities were shared and the inspector noted that staff took appropriate measures to promote the privacy and dignity of residents during personal care. However, the measures were not always outlined in intimate care plans.

Residents' personal communications were respected. Some residents reported that they had their own personal mobile telephones while others reported that they could access the telephone provided in the centre at all times. Wireless internet was provided throughout.

There was a complaints policy which was also available in an accessible format and had been reviewed in February 2015. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. The policy was displayed prominently throughout Service Unit A but the version available in Service Unit B did not include the details of the local complaints officer.

The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The complaints form also recorded whether the complainant was satisfied. The investigation undertaken in response to complaints was thorough, comprehensive and prompt.

Residents were encouraged and facilitate to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in relation to residents' valuables were maintained and updated regularly in line with the centre-specific policy. Residents were supported to do their own laundry if they wished and adequate facilities were available. However, the inspector noted that the

possessions of residents who attended the centre periodically on respite were not stored in a manner that was individualised and could lead to confusion in relation to residents' possessions.

Residents had easy access to personal monies and, where possible, control over their own financial affairs in accordance with their wishes. Money competency assessments were completed annually for each resident which outlined the supports and training needs, if any, required. Staff outlined a transparent and robust system for the management of residents' finances who required support in this area. An itemised record of the all transactions with the accompanying receipts was kept.

Residents are facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote and staff confirmed that information had been provided in relation to a recent general election. Residents were supported to access religious services and supports in line with their wishes.

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

Findings:
Residents were facilitated to communicate in line with the centre-specific policy, reviewed in July 2015 but the practices were inconsistent. Residents had diverse communication needs; some residents did not use verbal communication.

A comprehensive assessment of each resident's individual communication needs was completed annually and this informed the personal plan developed for this area. In addition, some residents had access to specialist input from speech and language therapists, in line with their needs, who completed comprehensive communication assessments. Residents were facilitated to access assistive technology, aids and appliances to promote their full communication capabilities.

The inspector noted that visual aids and picture books were available to facilitate communication with some residents, in line with the recommendations from the speech and language therapists. However, the visual aids and picture books in place in Service Unit B were limited to menu and food choices only and would not support

communication in other aspects of the resident's life.

Some personal plans reviewed in relation to communication were comprehensive and outlined individual requirements, interventions and goals in relation to effective communication. However, for one resident who did not use verbal communication, there was limited information included in the personal plan in relation to communication requirements. The personal plan stated that the resident did not communicate verbally and outlined limited examples in relation to communication but there was no information in relation to the meaning of the resident's signs and gestures to ensure that the resident could communicate effectively with all staff. A staff member who had recently commenced in the centre reported not to be familiar with the resident's signs, gestures and body language.

A comprehensive plan of care had been developed for a resident who recently had a hearing aid fitted with guidelines for day to day care, maintenance and troubleshooting. Information had been provided to the staff and residents in relation to a local branch of a support group for people with hearing loss.

Judgment:
Non Compliant - Moderate

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

Findings:
Residents were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to be involved in the lives of residents.

Positive relationships between residents and family members were supported. Residents were supported to spent time with family including overnight trips at weekends and holidays. Residents were facilitated to keep in regular contact with family through telephone calls and family members were made welcome when visiting. There were adequate facilities for each resident to receive visitors and a number of areas were available if residents wished to meet visitors in private.

Staff stated and the inspector saw that families were kept informed of residents' well being on an ongoing basis. Records confirmed that families and residents attended personal planning meetings and reviews in accordance with the wishes of the resident.

The inspector reviewed the policy in relation to visitors, which had been reviewed in June 2014. The policy outlined that visitors were 'valued and supported in line with the wishes of individual residents'.

Residents were supported to participate in a range of activities in the local and wider community including meals out, swimming, Special Olympics training and events, horse riding and adult education classes. Residents enjoyed socialising in the local community and informed the inspector they were looking forward to going to a musical soon in the local concert hall. A number of residents had been involved in a dance production in a local arts venue in March 2016. Staff supported residents to be involved in the local community and residents with whom the inspector spoke reported that they had registered to take part in a 10km walk as part of the upcoming athletics event with some staff. Residents were encouraged to shop and use services such as public transport locally.

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

Findings:
The policy on admissions, transfers and discharge or residents, which had been reviewed in October 2015, was made available to the inspector. The policy outlined the transparent criteria for admission and took account of the need to protect residents from abuse by their peers. Residents' admissions were seen to be in line with the statement of purpose.

A written contract was in place which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided. The fees and additional charges were included.

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:
A sample of residents' plans was reviewed. An assessment of the health, personal, social care and support needs of the resident was completed annually and the information recorded as part of the assessment was individualised and person centred. The assessment formed the basis of an individual plan of care. An plan of care had been developed for each resident. The plan of care outlined residents' needs in many areas including communication, comprehension and decision making, eating and drinking, mobility, personal care, safe environment, sensory needs, spirituality and relationships. The resident and representatives were consulted with and participated in the development of the plan of care. However, for one plan of care viewed, the information contained was limited throughout all domains and did not identify individual needs, choices and aspirations for the resident. The inspector observed that the care and support delivered was person-centred and individualised but there was no link with the plan of care.

Goals and objectives were clearly outlined. There was evidence of resident involvement in agreeing/setting these goals. There was also evidence that individual goals were achieved. A number of goals were true aspirations and would improve the residents' quality of life such participating in a community sporting event, securing a part time job, organising a significant birthday party, participating in a musical and building life skills. However, in the case of one plan reviewed, two sets of goals were outlined with one set developed in May 2015 and the other set developed in November 2015. The set of goals developed in November 2015 were not true aspirations and did not set out to improve the resident's quality of life as they were general and included activities that the resident already participated in such as shopping, going to matches and spending individual time with staff. The person responsible for supporting the resident in pursuing these goals and the timeframe for completion was not clearly identified for five plans. The lack of definite goals could lead to residents not maximising their personal development.

Staff and the person in charge outlined that the plan of care was subject to a review on an annual basis or more frequently if circumstances change. The inspector saw evidence that the review was carried out with the maximum participation of the resident. The review did assess the effectiveness of the plan and reviewed the goals/aspirations that

had been identified. However, the inspector noted that the review date for some domains within the plan of care for one resident remained at November 2014 even though there had been an overall review of the plan of care in May 2015.

In relation to the development of healthcare plans for residents, the inspector noted that plans of care had been developed in line with many residents' individual healthcare needs such as epilepsy, high blood pressure, oral care, women's/men's health, constipation, continence, mental health, skin care and nutrition. However, for a resident with a diagnosis of under-active thyroid, a care plan had not been developed to guide staff in relation to supporting the resident in managing this condition. In addition, some residents who chose not communicate verbally, care plans had not been developed to guide staff in pain management and the administration of 'as required' pain relieving medicine and staff with whom the inspector spoke were unable to demonstrate adequate knowledge in relation to the resident's presentation when in pain.

The management of epilepsy was in line with evidence-based practice. Residents were supported to attend regular reviews in relation to epilepsy management. Staff with whom the inspector spoke were conversant in the management of epilepsy and seizures. Where rescue medicine was prescribed, the inspector saw that the medicine was available at all times and staff had been trained in the administration of this medicine. Individualised epilepsy care plans had been developed for all residents with a diagnosis of epilepsy which outlined type of epilepsy, description of seizures, identified triggers, medicines prescribed, frequency of review, 'rescue' medicines prescribed and management of seizures. However, the inspector noted that the information was not individualised in the case of the 'rescue' medicine prescribed for one resident. In addition, another resident's active file contained two epilepsy care plans; one containing more detail in relation to seizure management.

There was evidence of multidisciplinary team involvement for all residents, in line with their needs, including psychiatry, speech and language therapy, general practitioner (GP), optical, audiology and psychology services. However, the review of the plan of care was not multidisciplinary in all plans of care seen during inspection. For example, the review of the plan of care for a resident who did not communicate verbally did not include specialist speech and language services and, as previously outlined, the communication plan for this resident was very limited and not all staff were familiar with the resident's methods of communication.

Changes in circumstances and new developments were included in the personal plan and amendments were made as appropriate. However, residents reported that their personal plan had not been made available in an accessible format in line with their needs.

The findings in relation to the personal plans on this inspection were also noted by the provider nominee during the most recent unannounced visit to the centre in February 2016.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained comprehensive information in relation to the needs of the resident

including communication, personal care and healthcare. However, the inspector noted that the booklet had not been updated for one resident following the fitting of a hearing aid.

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

Findings:
The design and layout of the centre was in line with the centre's statement of purpose and met residents' individual and collective needs in a homely and comfortable way. However, there were some areas of maintenance that required attention.

The centre comprised two domestic two-storey houses located in two separate housing estates within walking distance of each other. The centre was located in the suburbs of a large city close to local amenities and transport links.

Service Unit A was a five-bedroom house; one of the bedrooms was located on the ground floor and four bedrooms were located on the first floor. One of the bedrooms on the first floor was for staff use and doubled up as office space. Another bedroom on the first floor was a twin bedroom used to accommodate two residents. Adequate sanitary facilities were provided with a shower room on the ground floor and a bathroom on the first floor.

Service Unit B comprised a seven-bedroom house and a self contained one-bedroom ground floor apartment. The ground floor apartment provided an en suite bedroom and communal area with a dining table, seating area and an entertainment system. The resident who lived in this apartment spoke with the inspector outlining his satisfaction with this arrangement. Within the main house, residents' bedrooms were located on the first floor. Two bedrooms were provided for staff; the bedroom on the ground floor doubled as office space. Adequate sanitary facilities were provided with a shower room and bathroom on the first floor and additional toilet facilities on the ground floor.

There was adequate private and communal space for residents. Bedrooms were personalised with the resident's choice of soft furnishings, photographs of family and friends and personal memorabilia. Ample storage space was provided for residents' personal use. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a large sitting room and kitchen/dining area provided in both premises. All rooms were of a suitable size and layout for the needs of residents.

The centre was clean and suitably decorated. The residents had input into the décor of the centre and each area reflected the residents who resided there. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings. Suitable adaptations such as grab rails were provided where appropriate. However, the inspector noted maintenance was required for the toilet facilities on the ground floor of Service Unit B especially in relation to grouting around the hand washing sink.

Each premises had a separate kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided and residents were supported to launder their own clothes if they so wish. A contract was in place for the disposal of waste.

Judgment:
Substantially Compliant

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:
Overall, there was evidence that a proactive approach had been implemented in relation to risk management to promote and protect the health and safety of all. However, there were inadequate fire safety measures within the centre.

There was a health and safety statement in place which outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy, last reviewed in March 2015. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk.

The inspector reviewed the risk register and saw that there was a system to identify and review hazards on an ongoing basis. The risks identified specifically in the Regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review.

A comprehensive emergency plan was in place, dated May 2014, which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

The inspector reviewed a sample of incident forms and saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents. The inspector noted that the improvements identified were implemented in a timely fashion. Incident forms were reviewed by the service manager in a timely manner.

The provider had arranged for a fire safety report to be completed by a suitably qualified person in August 2014. The inspector saw and the provider nominee confirmed that some works recommended in the report (installation of emergency lighting, thumb locks to final exit doors and fire panels) had been completed. However, works relating to fire containment including the installation of fire doors, increasing the depth of insulation in the ceiling, fitting of a fire safe hatch in the attic and 'firestopping' the ceilings had not been completed. Due to the potential catastrophic impact of a fire, the inspector judged this outcome to be at a level of major non-compliance due to insufficient fire containment in this centre. In addition, following completion of this inspection the provider was requested to provide the Authority with assurance that the current fire safety arrangements in the centre adequately mitigated against any residual risks resulting from the non-completion of these fire safety works.

Suitable fire safety equipment was provided throughout the centre. Fire safety equipment was to be serviced on an annual basis, most recently in May 2015. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas.

The fire panel and emergency lighting in each service unit was serviced on a quarterly basis, most recently in February 2016. Records of daily and monthly fire checks were kept. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure.

Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire. The training matrix confirmed that regular fire training was completed for all staff. However, the training matrix indicated that one staff member had not completed fire training since commencing employment in the centre.

Fire drills took place at least every two months. Residents and staff reported that they had all attended a recent fire drill. The inspector noted that a detailed description of the fire drill, duration, participants and any issues identified was maintained for many fire drills. However, for two fire drills since October 2015 in Service Unit B, the record did not record the number of residents present at the time of the drill.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and had been updated every three months and in line with resident's changing needs.

Procedures were in place to for the prevention and control of infection. A comprehensive infection prevention and control policy was available, dated July 2015. The centre was visibly clean throughout. Staff confirmed that personal protective equipment such as gloves and aprons were available. A robust procedure was in place for the safe handling of laundry and alginate bags were available for the safe handling and segregation of soiled laundry. The training matrix indicated that all staff members had completed infection prevention and control training.

The training matrix confirmed that moving and handling training had been completed by all staff. Safe moving and handling practices were observed by the inspector.

Vehicles were available and records confirmed that the vehicles were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

Judgment:
Non Compliant - Major

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:
Systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Supports were in place to ensure that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. However, some gaps were noted in training and in relation to restrictive practices.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in January 2016. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based

and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team.

The intimate care policy, dated May 2015, outlined how residents and staff were protected. Each resident had a personal care plan which was reviewed on a regular basis. The plan outlined in detail the supports required, resident's preference in relation to the gender of staff delivering personal care.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was implemented, all staff received ongoing training in understanding abuse and staff stated that there was an open culture of reporting within the organisation.

The inspector noted that all incidents, allegations and suspicions of abuse since the last inspection were appropriately and comprehensively recorded, investigated and responded to in line with the centre’s policy, national guidance and legislation.

A policy was in place to support residents with behaviour that challenges, reviewed in May 2014. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques.

The inspector reviewed a selection of plans for support behaviour that challenges and spoke with staff. Residents and their representatives were involved in discussions and reviews that had been arranged to support residents to manage their own behaviour. Specialist input had been sought and clear strategies were in place to support residents to manage their own behaviour and staff were able to describe the strategies in use. Protocols were in place and evidence based tools were used to validate that the strategies outlined were effective.

The policy in relation to restrictive practices was made available to the inspector. The policy had been reviewed in July 2014, was comprehensive and was in line with evidence-based practice. Staff with whom the inspector spoke were knowledgeable in relation to the policy and outlined that physical and environmental restraint was not in use in the centre at the time of the inspection. The inspector noted that a resident was prescribed a medicine to be used ‘as required’ as a chemical restraint. Medication administration records indicated that this medicine was used very infrequently. However, the inspector saw and staff confirmed that a plan was not in place to guide staff in

relation to appropriate administration and monitoring of this medicine.

Judgment:
Substantially 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:
The inspector noted that a comprehensive record of all incidents was maintained. Notifications to the Authority were made in line with the requirements of the Regulations.

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

Findings:
There was a policy in place on access to education, training and development which was made available to the inspector. Residents with whom the inspector spoke outlined that their education, training and development needs were met through attending a day service run by the organisation locally on week days. A number of day services were available to residents in line with their needs. Some residents travelled independently by public transport to their day service and others travelled on transport provided by the organisation. Some residents outlined that they had paid employment in local businesses such as leisure centres.

The provider nominee outlined that an annual assessment of resident's educational, training and employment goals was undertaken as part of the comprehensive assessment. The inspector noted that the assessment was comprehensively completed in all personal plans for Service Unit A. However, there were significant gaps seen in the assessments completed for residents in Service Unit B. It was noted that information related to the resident's education history was not recorded and a plan of care relating to educational, training and employment goals was not completed in any plan seen for this service unit. Therefore, it could not be demonstrated that the current arrangements in relation to education, training and development for these residents were in line with their needs.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents were supported on an individual basis to achieve and enjoy best possible health. However, improvements were required in relation to the documentation of each resident's wishes in relation to care and support during times of illness.

Residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. Access to a medical practitioner was facilitated regularly. There was clear evidence that there treatment was recommended and agreed by residents, this treatment was facilitated. Residents' right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry, psychology, audiology, dental, dietetics, optical and chiropody.

The end of life policy was made available to the inspector which described the procedure to be followed in the event of a sudden or unexpected death. The inspector noted that a comprehensive and sensitive discussion had taken place with residents and their representatives to residents' views in relation to loss, death, dying and end of life.

A plan of care for end of life was developed based on this discussion. However, much of the information contained in the plan of care related to care after death. The person in charge confirmed that an individualised plan of care had not been developed in relation to care at times of illness for each resident. Therefore, information would not be available to guide staff in meeting all residents' needs whilst respecting their dignity, autonomy, rights and wishes.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents had access to a dietician, in line with their needs, and recommendations made were seen to be implemented. A process was in place to make referrals to a speech and language therapist, when appropriate. Residents were encouraged to be active through swimming, walking and participating in team sports.

Residents were encouraged to be involved in the preparation and cooking each meal. Staff with whom the inspector spoke confirmed that a choice was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. The inspector observed a healthy choice of cereals, hot beverages, toast, dried fruits and yoghurt were available for breakfast in both service units. A healthy packed lunch was prepared with residents to take to their day service which included a sandwich of their choice, fruit and yoghurt. On second day of the inspection, dishes available for the evening meal included a pasta dish or sweet and sour chicken.

There were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks and residents were encouraged to prepare their own refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents' needs was available in an easy read format.

Judgment:
Substantially Compliant

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:
Medicines for residents were supplied by a community pharmacy. Staff confirmed that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. The inspector saw a notice informing residents of an upcoming visit by the pharmacist to the centre.

There was a centre-specific medicines management policy and had been reviewed in July 2015. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines. Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. The inspector noted that medicines were stored securely throughout.

A sample of medication prescription and administration records was reviewed. Medication prescriptions records contained many of the required information. However, the inspector noted that one current short term prescription did not contain a prescriber's signature in line with the Medicinal Products (Prescription and Control of Supply) Regulations.

Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. However, the inspector noted that some of the photographs used to identify residents when administering medicines were blurred, torn or dated. This was of particular significance where a resident did not communicate verbally and could not confirm his/her identity with another identifier. In addition, where a medicine was prescribed to be administered at 18:00, the medication administration record recorded administration at 16:00 for the previous 28 days. Furthermore, where a resident was prescribed the immediate release preparation of a medicine, the medication administration record indicated that the controlled release preparation had been administered for the previous 28 days.

The inspector concluded that the medicines management arrangements for those attending on respite were unsafe. The person in charge confirmed that a prescription was not available to staff when administering medicines to these residents to confirm that the medicine administered was in line with the prescription. The medication administration records for residents who attend the centre on respite did not contain the form, dose and route of the medicine administered. Therefore, it could not be confirmed that medicines were administered as prescribed to these residents.

Some residents with whom the inspector spoke confirm that they took responsibility for their own medicines. A comprehensive and individualised risk assessment was completed which took into account cognition, communication, reception and dexterity. Safe and secure storage was provided for residents and adequate oversight was in place to ensure compliance and concordance.

Staff outlined the manner in which medications which were out of date or dispensed to a resident but were no longer needed are stored in a secure manner, segregated from other medicinal products and were returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Staff with whom the inspector spoke confirmed that there was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. A system was in place for reviewing and monitoring safe medicines management practices. The results of the most recent medication management audit in February 2016 were made available to the inspector. The inspector confirmed that actions had been completed.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and/or their representative. This record was signed by staff and the resident and/or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A sample of medication incident forms were reviewed and the inspector saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented.

Training had been provided to staff on medicines management and the administration of buccal midazolam.

Judgment:
Non Compliant - Major

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

Findings:
The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available to residents and their representatives.

The statement of purpose contained all of the information required by Schedule 1 of the Regulations and the inspector found that the Statement of Purpose was clearly implemented in practice. The statement of purpose had been last reviewed in September 2015.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The quality of care and experience of the residents was monitored on an ongoing basis. The report of the most recent unannounced visit to the centre by the provider nominee in February 2016 was made available to the inspector. The report highlighted many of the non-compliances identified in this inspection. However, there had not been adequate progress made in relation to the action plan and many of the time frames proposed had passed.

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for the areas of service provision. The person in charge was also appointed as the person in charge in two other centres. The provider nominee outlined that there was a social care leader post in the centre to ensure the effective governance, operational management and administration of the centre. However, this post was vacant at the time of the inspection.

The person in charge had the required qualifications, skills and experience. The person in charge stated that she visited the centre regularly. Residents and staff reported that the person in charge and the provider nominee were always accessible.

However, the inspector concluded, based on the findings of this report and the inconsistencies found, that the management systems at the time of the inspection did not support and promote the delivery of safe and effective services. There were inconsistent practices across the two service units which were impacting on the care and support provided to residents, especially those with significant needs including communication. The lack of oversight had led to unsafe practices in relation to medicines management and inadequate staff supervision.

Judgment:
Non Compliant - Major

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

Findings:
There had been no periods where the person in charge was absent from the centre for 28 days or more since the commencement of the Regulations and there had been no change to the person in charge. The provider nominee was aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.

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

Findings:
The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose. Sufficient resources were available to support residents to achieve the goals. The inspector observed that there was sufficient transparency in planning and deployment of resources in the centre. The facilities and services available in the designated centre reflected the Statement of Purpose.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was a planned and actual staff roster in place which showed the staff on duty during the day and the sleepover staff on duty at night. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The inspector noted that a regular team supported residents and this provided continuity of care and support. The inspector noted that flexibility was afforded in relation to staff deployment in response to resident illness on the first day of the inspection.

Staff files were kept centrally at the organisation's head offices and were not examined as part of this inspection. There was evidence of effective recruitment and induction procedures; in line with the centre-specific policy, last reviewed in June 2014.

Regular staff meetings were held every two months and were attended by the person in charge. Items discussed included health and safety, audit findings, supervision, maintenance and residents' needs. A system of supervision had been implemented from December 2015. Records of these meetings were made available to the inspector. However, the inspector found that the system lacked structure and, for 60% of records viewed, care and support for residents was not discussed. Therefore, supervision did not improve practice and accountability.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. The inspector saw that copies of both the Regulations and the Standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents.

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

Findings:
The records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the Regulations were in place. These policies were stored in the centre and were easily accessible for staff. A process was in place to ensure that policies and procedures were reviewed and updated to reflect best practice and at intervals not exceeding three years. However, the medicines management policy did not contain information to guide staff on the safe administration of a number of dosage forms/routes including topical, inhalers, nebulisers, eye/ear/nasal drops and injections. The inspector noted that some residents were prescribed inhalers and topical preparations at the time of the inspection.

Records were kept securely, were easily accessible and were kept for the required period of time. A system was in place to store residents' records were stored securely. The inspector found that the system in place for maintaining files and records was very well organised.

Residents' records as required under Schedule 3 of the Regulations were maintained.

Records listed in Schedule 4 to be kept in a designated centre were all made available to the inspector.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

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:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0003940
Date of Inspection:	11 April 2016
Date of response:	27 May 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 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:
Formal documented consultation with residents was infrequent in one service unit.

[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 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

Please state the actions you have taken or are planning to take:
A formal meeting has since occurred and consultation with residents on the organisation of the centre has been documented. The Person in Charge has organised a planner for future resident meetings to occur on a regular basis in the centre and a communication diary to facilitate staff to document all consultation with residents'.

Proposed Timescale: 27/05/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A shared bedroom did not provided adequate private space for residents due to the floor space and layout of the bedroom.

The measures to promote the promote privacy and dignity in the context of shared sanitary facilities were not always outlined in intimate care plans.

Suitable locks were not provided on all sanitary facilities.

2. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
A review of the locks on all sanitary facilities has occurred and an alternative lock will be installed in the one bathroom identified.

Ongoing review of bedroom space within the centre is occurring and where a resident wishes to have his/ her own bedroom, this will be facilitated where vacancies arise in the future. Every means available is made to ensure the privacy and dignity of each resident and this will be documented in the intimate care plans for residents.

Proposed Timescale: 03/06/2016

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Storage facilities provided for residents who attended for respite were not individualised.

3. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
A review of the storage facilities for resident's who attend respite has occurred and the provision of more individualized storage will be provided.

Proposed Timescale: 17/06/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The version of the complaints policy and procedure available in Service Unit B did not include the details of the local complaints officer.

4. Action Required:
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
The version of the complaints policy and procedure that contains the details of the local complaints officer is now available in the centre.

Proposed Timescale: 27/05/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some visual aids and picture books available were limited to menu and food choices only and would not support communication in other aspects of the resident's life.

5. 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:
The resident is currently attending the Speech and Language Therapist and is working on methods to further enhance his communication. Any recommendations from the Speech and Language Therapist will be included in the resident's communication plan of care.

Proposed Timescale: 01/07/2016

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some personal plans in relation to communication lacked sufficient detail to guide staff.

6. Action Required:
Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

Please state the actions you have taken or are planning to take:
The outstanding personal plans will be reviewed and updated to ensure they contain sufficient detail to guide staff.

Proposed Timescale: 01/07/2016

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:
The person responsible for supporting the resident in pursuing these goals and the timeframe for completion was not clearly identified for five plans.

7. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
The Person in Charge will review the personal goals for each resident and ensure that the appropriate documentation to outline who is responsible for completing the goals and the time frames for goal achievement are documented.

Proposed Timescale: 01/07/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review date for some domains within the plan of care for one resident remained at November 2014 even though there had been an overall review of the plan of care in May 2015.

8. Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
The care plan for one resident has been reviewed and updated to reflect the most recent review date.

Proposed Timescale: 01/07/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review of plans was not multidisciplinary.

9. 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 person in charge will ensure all plans of care in this centre are reviewed by key worker and MDT where they are involved. The recommendations of the MDT will be reflected in the plans of care. Where there is no MDT involvement for the individual an MDT review of the plan of care will be scheduled.

Proposed Timescale: 31/08/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The information contained in one plan of care was limited throughout all domains and did not identify individual needs, choices and aspirations for the resident.

10. Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
The Person in Charge will review the plan of care for one resident with the keyworker and the care plan will be updated to reflect the individual needs, choices and aspirations of the resident.

Proposed Timescale: 01/07/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not made available to residents in an accessible format.

11. 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:
The personal plans will be made available in an accessible format to each resident that requires it and also where appropriate to their representative.

Proposed Timescale: 31/08/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Plans of care were not always developed in line with individual resident's assessed needs.

Epilepsy care plans were not sufficiently individualised.

One resident had two epilepsy care plans in the active file.

12. 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:
The Person in Charge with the residents' keyworkers' will review the plans of care and update them to ensure they are developed in line with individual's assessed needs. A review of each resident's epilepsy care plan will be updated to reflect their individual epilepsy care management and there only be one epilepsy care plan in the active file.

Proposed Timescale: 01/07/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A hospital passport had not been updated to reflect a resident's current status.

13. Action Required:
Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

Please state the actions you have taken or are planning to take:
The hospital passport for a resident's current status has been updated.

Proposed Timescale: 01/06/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Maintenance was required to the toilet located on the ground floor of Service Unit B.

14. 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:
The maintenance of the toilet in service unit B will be completed.

Proposed Timescale: 30/06/2016

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:
There were inadequate fire containment measures.

15. Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
The service had enlisted an external fire consultant agency in 2014 who completed a fire safety risk assessment. This consultant has been asked to review this risk assessment in light of works completed to ensure Group B meets fire safety compliance and we are awaiting a response from them.

Proposed Timescale: 17/06/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One staff member had not completed fire safety training.

Records for two recent drills in one service unit were not complete.

16. 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:
Outstanding staff who require fire training are scheduled to attend. All staff have appraised on the requirement to fully complete fire drill records for the centre.

Proposed Timescale: 27/05/2016

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:
A plan was not in place to guide staff in relation to appropriate administration and monitoring of this 'as required' medicine to be used as chemical restraint.

17. 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:
The PRN anti- psychotic medication will be reviewed by the psychiatrist with a view to discontinuing the medication. Where the medication will continue to be prescribed for the resident, a plan to indicate its administration will be put in place.

Proposed Timescale: 30/06/2016

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:
Significant gaps were seen in the assessment and recording of educational, training and employment goals for residents.

18. 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 Person in Charge will review the residents' assessment and recording of educational training and employment goals and will complete these with the resident's respective training, educational and employment facilitator.

Proposed Timescale: 31/08/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An individualised plan of care had not been developed in relation to care at times of illness for each resident.

19. Action Required:
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

Please state the actions you have taken or are planning to take:
The Person in Charge will review the each residents' plans of care to ensure all residents support mechanisms are explicit when they are sick or ill.

Proposed Timescale: 01/07/2016

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:
One short term prescription did not contain a prescriber's signature in line with the Medicinal Products (Prescription and Control of Supply) Regulations.

Some of the photographs used to identify residents when administering medicines were blurred, torn or dated.

The times of administration did not match the prescription.

The preparation administered did not match the prescription.

Medication management arrangements for residents attending on respite were unsafe.

20. 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 review all short term prescriptions to ensure all prescriptions contain the prescriber's signature. Photographs of the residents have been taken and are currently being added to the medication administration records. All prescriptions will be audited to ensure all administration times match the prescription and the preparation available matches each prescription.

A review of the medication arrangements for residents attending respite will be completed to ensure all medications arrangements are safe and in line with best practice. A guideline to support staff on the medication arrangements for residents' attending on respite will be completed.

Proposed Timescale: 15/07/2016

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:
The management systems at the time of the inspection did not support and promote the delivery of safe and effective services.

21. 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:
There is a newly appointed social care leader as of 23/05/2016 specifically to the two service units in this centre who will oversee that all services delivered are safe and effective and are of quality to residents in this centre. The Person in Charge will enhance the continuity of best practices within the two units and ensure adequate staff

supervision. The Provider Nominee will follow up with the most recent unannounced visit to the centre and revise the action plan and apply actual time frames to the actions identified.

Proposed Timescale: 30/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Supervision did not impact on the quality of care.

22. 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:
The Provider Nominee will co-ordinate a plan for the Person in Charge to provide regular supervision with staff to enhance their practice and the quality of care delivered to the residents. The Provider Nominee will devise a guideline to support managers to guide them on topics to be discussed during supervision meetings.

Proposed Timescale: 30/06/2016

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 medicines management policy did not contain information to guide staff on the safe administration of a number of dosage forms/routes including topical, inhalers, nebulisers, eye/ear/nasal drops and injections.

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

Please state the actions you have taken or are planning to take:
The medication policy is under review to take account of information to staff on the safe administration of inhalers, nebulisers; eye/ear/nasal drops etc. Guidance on this will added to the policy and ratified at the next Service Drugs and Therapeutics Committee meeting.

Proposed Timescale: 29/07/2016