

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Parknasilla
Centre ID:	OSV-0001691
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Company Limited by Guarantee
Provider Nominee:	John Hannigan
Lead inspector:	Karina O'Sullivan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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: 24 February 2017 09:30 To: 24 February 2017 20:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of this designated centre. The purpose of this inspection was to follow up on the actions identified from the previous inspection and to assess ongoing regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

How we gathered our evidence:

As part of the inspection, the inspector visited the designated centre, this consisted of two separate large, detached houses situated in close proximity to each other. One house was a two story building and the other house had rooms over three floors. A self contained one bedroom apartment also provided a more independent living arrangement for one resident. This apartment could be accessed directly from one of the houses and there was also a separate front door entrance. The inspector met with six residents and spoke with four staff members. The inspector viewed documentation such as, care plans, person-centred support plans, recording logs, policies and procedures. Over the course of this inspection, residents communicated in their own preferred manner with the inspector. Residents allowed the inspector to observe their daily life in the designated centre. This included meal times and

activities. Compatibility issues were communicated to the inspector by residents and staff confirmed on the day of inspection that the compatibility of residents was currently under review. Within the second house residents had tea with the inspector and spoke about how happy they were living together. Resident's spoke about various aspect of their lives and the support they received from staff in areas such as cooking and planning day trips. One resident referred to improvements in their life since moving into the house and referring to their bedroom as a "hotel room" as it was so spacious.

Description of the service:

This designated centre is operated by Sunbeam House Services (SHS) Limited by Guarantee and is based in Bray County Wicklow. Nine residents lived in the designated centre at the time of this inspection four male and five females. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided.

Overall Judgments of our findings:

Ten outcomes were inspected against. Five outcomes were found to be moderately non-compliant and five outcomes were found to be substantially compliant.

Two staff members facilitated the majority of this inspection as the person in charge was on annual leave on the day of inspection.

All proposals outlined and plans agreed will be verified at the next inspection.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action plan.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector reviewed this outcome in relation to the non-compliance identified on the previous inspection. The inspector found the action remained outstanding in relation to records which identified the complainants satisfaction of the outcome of the complaint made.

The inspector viewed a number of complaints and found some of the steps within the organisations policy was not implemented in practice. No record of the level of satisfaction of the complainant was available in relation to the outcome of the complaint within the designated centre.

No other aspect of this outcome was inspected during this inspection.

Judgment:

Substantially 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):

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

Findings:

The inspector viewed written agreements and found all residents had a written agreement in place. However, the details contained within the agreements were not accurate for example, the services provided were not accurately reflected within the documents.

The tenancy agreement specified the tenant was responsible for all internal decoration and for any breakages of glass in the windows or any damage to fixtures and fitting. The document also stated the tenant was responsible for insuring the contents of their dwelling. The inspector was informed this document was not reflective of actual practice within the designated centre.

Judgment:

Substantially 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):

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

Findings:

The inspector found the social care needs of each resident was supported and facilitated in the designated centre. However, some resident's plans did not review the effectiveness of the plan.

The system of personal social plans within the designated centre involved personal outcome measures encompassing 23 quality-of-life indicators as an assessment. This plan was to be completed once every three years. The inspector was informed this system was currently under review. The information gained during the process contributed to the development of a personal plan. This plan was to be completed annually and reviewed every six months.

The inspector viewed five residents' social plans. The inspector found a wide variety of goals were identified ranging from holidays abroad, to hotel breaks, guitar lessons, to maintaining contact with friends and families. The inspector found some clear level of progression in areas identified within some plans, however, within others plans this was not evident. The review process required improvement to ensure each goal set was reviewed, for example, within one plan viewed, nine goals were identified however, only five were reviewed. There was no identification if the other four goals were achieved or if alternative arrangements were put in place to assist the resident to attain their wishes.

The inspector spoke with four resident's in relation to their social plans and they were familiar with aspects of the plan in place.

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):

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

Findings:

The inspector found the designated centre was suitable for the number and needs of residents. Improvements were required in relation to the risk management system and the fire containment measures.

The centre had a health and safety statement. The responsibilities of the various staff members within the organisation were outlined. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices. The inspector found this document required updating in relation to the guidance provided for lone working within the centre.

The centre had an organisational risk management policy in place, this included the specific risks identified in regulation 26. The centre had a risk register, this recorded a number of risks within the house and the controls in place to address these.

The inspector also viewed individual resident's risk assessments in place in areas such as, self harm, road safety and vulnerability in the community. The inspector requested to view risk assessments for one resident however, these were not available. Other risk assessments viewed were not maintained in accordance with the organisations policy in relation to high risk areas.

The inspector found the cleanliness of both houses required improvement during the inspection, several areas required cleaning including the toilet areas.

The inspector viewed a fire drill dated 27 August 2016, where one resident refused to leave the designated centre. The inspector requested to view follow up or learning from this incident in order to mitigate the risk of future reoccurrence. Staff members were unable to locate this information on the day of inspection.

The inspector also found the area of fire containment required improvement within both houses in relation to the placement of fire doors.

The designated centre had an emergency evacuation plan in place for a number of various events such as fire, adverse weather conditions, flooding and power failure.

There was a system in place for recording accidents and incidents occurring in the designated centre. A staff member outlined the process for dealing with these and ensuring learning from any adverse incidents or accidents occurred. The inspector viewed clear evidence of this where an incident had occurred and this was discussed at a team meeting resulting in an alternative practice within the designated centre being implemented.

Residents had PEEP'S (personal emergency evacuation plans) in place to assist staff to safely evacuate all residents. The inspector identified some of the language used within these documents required improvement to ensure residents were spoken with in a respectful and person centred manner. The inspector viewed documentation instructing staff members to take a "firm and authoritative" approach within one file.

The inspector viewed training records for a sample of twelve staff members and found they had training in the areas of fire and people moving and handling.

There was certification and documentation to show the fire alarm, emergency lighting and fire equipment were serviced by an external company this was dated December 2016.

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):

No actions were required from the previous inspection.

Findings:

The inspector found there were appropriate measures in place to protect residents from being harmed and to keep people safe. However, some improvements were required in relation to the management of displays of behaviours and staff training.

The inspector viewed training records for twelve members of staff and found they had received training in the area of adult protection and safeguarding training. However, three members of staff had not received any refresher training since 2013.

The inspector viewed resident's behavioural support plans, some of these were under review and others required updating to ensure the document was effectively and consistently guiding staff in the management of displays of behaviours that challenge.

The inspector found four members of staff had not received any training in management of displays of behaviours that challenge and a fifth staff member had not received any refresher since 2013.

The inspector found staff members spoken with were clear in relation to the reporting structure in place should an allegation of abuse arise. Residents spoken with were also clear should they observe or experience aspects of service delivery in an inappropriate manner that they would report this.

There was a policy in place on the prevention, detection and response to abuse.

There was a policy in place for providing intimate care and plans were in place for residents whom required support in this area.

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):

No actions were required from the previous inspection.

Findings:

Each resident was supported to achieve the best possible health. However, improvements were required in the information contained in resident's healthcare plans to reflect actual practice and the follow through of healthcare recommendations.

The healthcare needs of residents were completed via a plan entitled 'my health development plan'. From this a care plan and or support plan was developed. The inspector viewed five residents' healthcare plans.

The inspector found some healthcare conditions were not identified within the assessment despite a support plan in place for the condition. The inspector also identified some conditions were identified within the assessment, however, no support plan was present in relation to the specific healthcare need. The details contained within some care plans were not sufficiently detailed to ensure staff members could effectively implement the interventions. This was identified and discussed with staff members on the day of inspection.

The inspector viewed an epilepsy plan, however, there was no identification of the type of seizures or how a staff member would identify if the resident was experiencing a seizure.

The inspector found some of the interventions specified within residents care plans were not completed as identified within the plan, for example, weight monitoring. Other examples were identified to staff members on the day of inspection.

Residents had access to a G.P. (general practitioner), five residents had received an annual review within the last 12 months, including phlebotomy tests as required for some residents due to medication prescribed.

Regarding food and nutrition the inspector found residents participating in mealtimes within the designated centre in accordance to the residents' preferences in relation to food choices.

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):

No actions were required from the previous inspection.

Findings:

The inspector found the medication management system within the designated centre required some improvement in relation to the management and administration of medication.

No guidance was available in relation to the administration of some PRN medicine (a medicine only taken as the need arises). The inspector found staff members were not always guided effectively and consistently in the administration of medication. For example, residents were prescribed two medications for pain without guidance for staff on which to administer.

Administration recording documents were in place for each resident and a number of these were viewed by the inspector. These were found to be up-to-date and showed staff administered and signed for medication. However, administration recording sheets did not match the administration records, for example, the times administered did not match the times the medication was prescribed.

The inspector also viewed guidelines in relation to the administration of rescue medication, however, the administration of the second administration of the medication required clarity to ensure staff members were guided consistently between the administration documents and the care plan in place for the condition.

The inspector crossed checked balances of some medication and found accurate records maintained.

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines. Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received and a stock check was carried out once a week.

There was a system in place for recording, reporting errors and reviewing medication. The inspector viewed incidents which occurred within the designated centre and found preventative measure were put in place to mitigate the risk of future reoccurrences.

The inspector found the signature bank within the designated centre was completed.

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:

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

No actions were required from the previous inspection.

Findings:

The inspector found improvements were required in the area of auditing to ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. In addition the governance and management arrangement was unclear in relation to one resident.

One resident who had previously lived within the designated centre, continued to receive support from staff members. This resident featured consistently within minutes of team meetings within the designated centre. Staff members had completed both a social and healthcare plan for the resident and this information was present within the designated centre. During the inspection the inspector found information pertaining to this resident was included within this designated centre's data base in relation to medication errors, accidents and incidents and complaints. The inspector found this did not accurately reflect the designated centre's actual data. Following the inspection the inspector wrote to the provider to request confirmation if the resident was living within the designated centre. The response to this was received on the 11 April 2017, confirming the providers determination that this living arrangement for this resident did not constitute a designated centre.

The inspector found limited auditing of areas within the designated centre. For example, no medication administration audits had taken place.

The inspector viewed minutes of staff meetings within the designated centre areas relating to residents along with organisational issues were also discussed with staff members.

The person in charge met with their senior service manager to review service provision. However, the follow up of some of the items within these meetings required review. The inspector viewed minutes dated 01 July 2016 and the next meeting was completed on the 13 February 2017.

The inspector viewed minutes the senior management team meeting. One was dated November 2016 areas discussed related to the whole organisation including training, budgets, safeguarding and protection and plans for 2017 in relation to the structure of meetings and topics. These were available for the person in charge to read within the computerised system.

There was an annual review of the quality and care completed in this designated centre dated 2016.

There was a person nominated on behalf of the provider to carry out an unannounced visit on a six-monthly basis. This reviewed the safety and quality of care and support provided in the designated centre. The inspector viewed one completed on the 06 and

07 February 2017, with an action plan in progress to address areas identified.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspector was unable to determine if there was a sufficient number of staff members available to meet the needs of residents as an accurate rota was not maintained. The assessed needs of residents was also not linked to specified staffing supports.

Staff members provided support to other residents outside of the centre and therefore, the supports available to residents within the centre was unclear.

The full names of staff members with their role within the designated centre was absent for the rota.

Three staff members required first aid training from the sample of twelve staff members training records viewed, with three staff members requiring refresher training in safeguarding and protection training.

Staff files were not reviewed as part of this inspection as these are held within the organisations head office off site, these were reviewed as part of previous inspection.

The inspector observed residents received assistance in a respectful manner.

There were no volunteers within the designated centre.

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):

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

Findings:

The inspector reviewed this outcome in relation to the non-compliance identified on the previous inspection and found the actions had been achieved.

During the course of this inspection, the inspector requested to view the directory of residents to establish the status of one resident. The inspector found this document was not maintained in accordance with Schedule 3. The original referral information was pending for some residents despite residents living within the organisation since 2005. One resident whom the inspector was informed no longer lived within the designated centre was present within the directory. No information was present in relation to the date this resident was discharged from this location. Therefore, this document was not maintained up-to-date to reflect the current residents living within the designated centre.

No other aspect of this outcome was inspected during this inspection.

Judgment:

Substantially Compliant

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:

Karina O'Sullivan
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 Sunbeam House Services Company Limited by Guarantee
Centre ID:	OSV-0001691
Date of Inspection:	24 February 2017
Date of response:	31 May 2017

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:

Evidence that complainants were informed of the outcome of their complaints and details of the appeals process was not available within the designated centre on the day of inspection.

1. Action Required:

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

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

The PIC and staff team will review the relevant complaints and will review the outcomes and actions associated with these complaints. At team meetings we will review the complaints policies and ensure that all actions are followed. We will be training staff and building in scenarios in the months of May and June to ensure company policies are followed in relation to complaints.

Proposed Timescale: 30/06/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The agreement for the provision of services including the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged were not reflective of practice.

2. Action Required:

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

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

The tenancy agreements and service level agreements are currently under review by the organisation and will be designed to more accurately reflect the individual.

Proposed Timescale: 30/06/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some plans did not put alternative arrangements in place to meet the assessed needs of each residents if areas were not achieved within the specified timeframe.

3. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

We will assess all care plans and ensure all goals are accurately managed with appropriate recording of actions associated and this will be completed by the 30th June.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

Some personal plan reviews did not assess the effectiveness of the plan.

4. Action Required:

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

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

All Personal plans will be reviewed. Goals will be measured for their effectiveness by adding a review section. These will be assessed at team meetings. This section will be added and reviewed first in June.

Proposed Timescale: 30/06/2017

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 system in place in the designated centre for the assessment, management and on going review of risk, including a system for responding to emergencies required improvement in relation to location and individual risk.

5. 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:

Fire Evacuations for home alone residents have been completed and will be reassessed in July. Risk assessments will be produced for all home alone residents. In the management of risk our system will ensure all risks in relation to both locations are reflected in the risk register. These include home alone clients, Responsive behaviours and Bar-b-ques in both locations. A PEEP has been completed (April 2017).

Proposed Timescale: 31/07/2017

Theme: Effective Services

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

The cleanliness of both houses requirement improvement.

6. 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:

A cleaning schedule is in place in both locations and will be reviewed in team meetings on a monthly basis.

Proposed Timescale: 31/07/2017

Theme: Effective Services

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

Fire containment within the designated centre required improvement in relation to the placement of fire doors.

7. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

An Internal Safety Audit will be completed in May 2017 and this will be highlighted and actions will be drawn up.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

Evidence of adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations was not available within the designated on the day of inspection.

8. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for

evacuating all persons in the designated centre and bringing them to safe locations.

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

A document outlining arrangements for evacuating residents to safe locations has been completed and is stored in the Safety Statements. This will be highlighted at the next team meeting in May.

Proposed Timescale: 30/06/2017

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:

Staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour as some behaviours support plans required updating to reflect current practice.

Four members of staff had not received any training in management of displays of behaviours that challenge and a fifth staff member had not received any refresher since 2013.

9. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

All internal training has been completed and a review of all Positive Behaviour Support Plans will be undertaken and completed by July 2017.

Proposed Timescale: 31/07/2017

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:

Some healthcare conditions were not identified within the assessment other conditions were identified within the assessment however, no support plan was present in relation to the specific healthcare need.

10. Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

In the health and safety sections of the personal plan any identified current need will have a care plan in place by June 2017.

A plan for reflux was completed in April 2017.

Proposed Timescale: 30/06/2017

Theme: Health and Development

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

The details contained within some care plans were not sufficiently detailed to ensure staff members could effectively implement the interventions within some of the care plans viewed.

The inspector viewed an epilepsy plan however, there was no identification of the type of seizures or how a staff member would identify if the resident was experiencing a seizure.

The inspector found some of the interventions specified within residents care plans were not completed as identified within the plan.

11. 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:

As two residents are treated for epilepsy and are seizure free for over 10 years we will ensure they have annual neurological appointments. We will also provide a care plan for each individual outlining appropriate supports in the event of absence or tonic clonic seizures.

An internal medication audit completed on 10th May 2017 by internal auditor. Details to follow. preliminary feedback has yielded a number of actions related to one epilepsy plan. Actions will be completed by 31st May 2017.

All care plans related to medication management to be reviewed by June 2017.

Proposed Timescale: 31/07/2017

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:

No guidance was available in relation to the administration of some PRN medicine.

The administration of the second administration of the medication required clarity to ensure staff members were guided consistently between the administration documents and the care plan in place for the condition.

12. 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:

PRN protocol is completed and located in my health and well-being section of the personal plan

As reported the internal medication audit 10th May 2017 will yield actions for completion. These include removing ambiguity around multiple pain relief instructions, buccal administration instructions and MARS by June 2017.

Proposed Timescale: 30/06/2017

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 system required improvements in the designated centre to ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored as very limited audits were available within the designated centre.

Some items in management meetings were not followed through.

13. 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:

Medication audit completed 10th May 2017. Report to follow.

Internal Health and Safety audit completed on 11th May 2017. Report to follow.

Future Audits:

A system of internal auditing between PICs has been established. These locations will be audited over the coming months under the following themes:

Staff Knowledge Audit.

Document Inspection Audit

Housekeeping Inspection Audit

Petty Cash and client monies Audit.

In future meetings between the PIC and the Senior Services Management, objectives

determined at these meetings will be referred to in subsequent meetings as action items.

Proposed Timescale: 30/09/2017

Theme: Leadership, Governance and Management

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

The system in place within the designated centre was unclear in relation to the details and responsibilities for all areas of service provision for one resident whom staff were providing support for.

14. Action Required:

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

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

Written correspondence to HIQA (April 2017) has confirmed that one resident is not living in the designated centre. Separate management functions will make the support of this individual more clear. This includes rostering and the client database representation on CID by July 2017.

Proposed Timescale: 31/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The rota present in the designated centre did not reflect practice where staff members were providing support to another resident in another location.

The full names of staff with their role within the designated centre was absent for the rota.

15. Action Required:

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

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

Two copies of the rota are printed, marked "planned" or "actual" and stored at separate sections of the rota folder. This will allow for any potential edits to be easily distinguished.

The rota will be colour coded to reflect accurately the staff responsible for those at the designated centre from those who are supporting people at other locations.

Proposed Timescale: 31/07/2017

Theme: Responsive Workforce

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

The assessed needs of residents was not available.

16. Action Required:

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

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

The roster will identify clearly the staffing arrangements dividing responsibilities between support within and outside of the designated centre by July 2017.

Proposed Timescale: 31/07/2017

Theme: Responsive Workforce

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

Three staff members required first aid training form the sample of twelve staff members training records viewed, with three staff members requiring refresher training in safeguarding and protection training.

17. 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:

First Aid training will be completed by Aug 2017.

Safeguarding and Protection Training completed in March 2017.

Proposed Timescale: 31/08/2017

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 directory of residents did not include all the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

The document was not maintained up to date to reflect the current residents residing within the designated centre.

18. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 directory of residents located on the client database reflects those who reside at the residence. As the PIC was not available at the time of inspection measures will be taken to ensure that staff can access this and make this available at the time of inspection by June 2017.

The data base will be altered to show that a previous resident is not associated with the residence by July 2017.

Proposed Timescale: 31/07/2017