

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Cheeverstown House Limited
Centre ID:	OSV-0004131
Centre county:	Dublin 6w
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Cheeverstown House Limited
Provider Nominee:	Brian Gallagher
Lead inspector:	Valerie McLoughlin
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	14
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:
14 April 2015 09:30	14 April 2015 19:30
15 April 2015 08:30	15 April 2015 17:30

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

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

Summary of findings from this inspection

This registration inspection was announced and took place over two days. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures, and staff files. The inspector received questionnaires from residents which were complimentary of the service being provided at the centre.

The inspector visited four locations where residents reside and met with residents and staff. The inspector also met the management of the service and a fit person interview was carried out with the nominated person on behalf of the service. He

was found to be knowledgeable of his role and the requirements of the regulations. Despite there being a clearly defined management team with responsibility for the service, there was no nominated 'person in charge' as required by the Regulations.

While the roles of clinical nurse managers is to provide clinical cover for all of the community services, there was a lack of governance in the designated centre to support this management structure to ensure that the needs of residents were met, incidents were appropriately responded to, personal plans implemented and staff were appropriately supervised.

As many of the residents are out during the day, part of the inspection took place in the late afternoon and evening, when residents had returned from their day activities. All residents had an intellectual disability.

Overall, the inspector found that residents received a good quality service, whereby staff supported and encouraged them to participate in the running of the centre and to make choices about their lives. Residents explained to the inspector the different routines that they had, which were built around their personal interests. Some older residents had made the decision to start to retire from attending work and day services, and they were supported in their individual home to do this.

Residents were consulted with and participated in the running of the centre. There were regular meetings for residents, where they focused on things like the weekly menu, any staff changes or any plans for events and trips. Residents also had the inspection process explained to them.

Residents told the inspector they enjoyed living as part of their local communities, and had good links with people and services in the area. Some said they felt respected and happy with the opportunities they had to be involved in lots of different pastimes. Each resident had identified goals to achieve, though some improvement to the recording of their progress and achievement of the goals was required. The management team had identified this as an area for improvement and new documentation had been introduced to support this improvement.

The inspector found that residents' healthcare needs were met as needs arose, however there were some health care issues that had no clear plans to guide care. Residents were supported to develop and maintain personal relationships and links with the wider community. Families were seen to maintain good relationships with their relative, and confirmed they were kept up to date by the service. Families were positive about the standard of care and support offered.

The houses were clean and had a warm, hospitable atmosphere and the inspector found that the residents were comfortable and confident in talking about their home.

While evidence of good practice was found in many of the outcomes, areas of non-compliance with the Regulations were identified. These related to the complaints procedure not being displayed, further clarity needed to be able to access advocacy services and the contract of care requiring more detail. Improvements were needed in health, social care, and behavior support plans to support consistent approaches

to care.

Staff supervision also needed to be formally implemented in the centre.

Risk assessment and the governance and management were two areas where improvements were required in order to improve the effective running of the service and in meeting the residents needs. The statement of purpose needed to be amended to reflect the service being provided.

The non compliances are discussed in the body of the report and included in the action plan at the end of the report. The provider submitted two versions of an action plan response however, both did not fully address some of the non compliances, and therefore some of the action plan responses were not accepted by the Authority.

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

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' rights, dignity and consultation were well maintained. There was evidence that residents have opportunities to contribute in how the centre is planned and run.

Residents gave numerous examples of how they were involved in the running of the centre, for example, planning their own meals.

Residents told inspectors about their involvement with their local community including trips to the supermarket, visiting family members, going to the local shops and having friends visit for a meal.

The inspector found that the complaints policy met the requirements of the regulations; however the information on about how to make a complaint was not clear. For example, it did not include details of the complaints officer or the appeals process.

Residents spoken with were clear about who they could make a complaint to and they described how the staff were available if needed. Staff provided an example of learning from complaints, for example putting a process in place to manage people who become unwell during respite admission. However, there were no records maintained of complaints for the service, therefore it was not possible to determine how complaints were managed or whether there was consistent learning from complaints. Staff explained how meetings would be held with an external advocate if required, however information regarding how to access an external advocate was not freely available for residents. Residents were not consistently provided with feedback from internal advocacy meetings.

There were many opportunities for residents to participate in activities that are meaningful and purposeful and reflected their interests and capacities. Activities were planned for the residents with the residents. Residents said they particularly enjoyed the day trips, and trips to the cinema and bowling.

There were many examples of where residents were supported to be independent and develop skills within the community; this could be further enhanced within the centre. Inspectors found that the way in which staff supported residents showed their understanding of each person and the unique way that their disability impacts on them individually.

Many of the residents were seen to be facilitated with day services or part time jobs which they said they enjoyed.

There was a policy protecting residents' property and monies; however this was not fully implemented in practice. Residents could retain control over their property and if a small amount of money is held by the centre there was a transparent procedure around this to protect both residents and staff. The inspector found that residents' finances were not fully managed in accordance with the policy. Balances checked were found to be correct; however, all entries were not always signed by two staff members or the resident. See Outcome 18.

Overall, resident's who spoke with the inspector, and filled in questionnaires said they were happy in their homes, and enjoyed all the different tasks and activities they were involved in. One person said 'I like living here, because I like the staff', others said they liked the house they lived in, while other residents said they loved the location as they were near to shops and restaurants. Two residents said in the questionnaire that one resident's behaviour had a negative impact on them because of shouting. This is discussed in more detail under Outcome 7.

All residents spoken with knew the staff by name and said that they were well cared for and had very busy and happy social lives.

Judgment:
Substantially Compliant

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):
No actions were required from the previous inspection.

Findings:

The inspector found systems were in place to assess and meet residents' needs; however improvement was needed to ensure all residents' communication needs were being met.

There was a policy in place that set out the importance of identifying and meeting residents' communication needs, and a system for identifying the level of support individuals would need to receive. Not all residents had their communication needs assessed and addressed. The staff who developed this document explained that they were in the process of introducing new documents and assessments, and had a plan to put support systems in place for all residents who had communication support needs.

Some residents were seen to have communication passports in place that gave an overview of their communication style, and other key information people may need to know about them. Residents also carried them on their person during their daily activities.

Some residents needed support around appropriate ways to communicate with other people and this was covered in their positive support plans. They focused on identifying what words residents may use to express certain feelings, and also prompts for staff about how to respond in a range of circumstances. The plans were also seen to explain the possible causes for residents to communicate or behave in certain ways, and how best to support them during those experiences, including their environment.

Throughout the inspection, inspectors saw that staff were communicating well with residents, and understood their individual ways of speaking and communicating. Residents appeared confident in making themselves understood.

The inspector reviewed minutes of the weekly residents' meetings which showed that residents had input into their menu and house activities, as well as the opportunity to express any issues, shopping needs or individual activities that they would like to plan for that week. The activities were seen to be meaningful, purposeful, and appropriate to residents' needs and affirming individual talents.

Residents told the inspector that they had access to magazines, radio, and television in each bedroom and hands free telephone. Internet access was also provided to residents.

Relevant information was available throughout the centre in accessible formats. For example, menu choices were available in picture format to support residents making a choice. The resident's daily routine was also presented in pictorial form to support residents communication needs. Many of the policies and guidance documents were provided in an easy read format that would support some residents to understand them. There was a suggestion box available to obtain feedback from residents and improvements were put in place, for example one resident found the mattress uncomfortable and it was changed. Residents told inspectors they felt staff listened to them.

Judgment:

Substantially Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were well supported to develop and maintain personal relationships and links with the wider community. This was in line with the goals of the organisation which was, 'to develop each person's full potential and ensure their long term well being within a positive environment'. This was also outlined in picture and word formation as one of the 'residents rights' as outlined in the Residents Guide.

Support plans set out the key relationships in resident's lives as part of their support network, and any support that was needed to maintain those relationships. There were records of the contact residents had with their family and others.

There were no relatives visiting at the time of the inspection. Residents who spoke with the inspector confirmed that they were supported to continue to have regular contact with relatives and friends. Residents told inspectors that family members and friends could visit at any time and that they looked forward to spending time with their family. A number of residents said that they visited their family home regularly and often spent weekends and holidays with their family. Other residents spoke highly of holidays they had taken abroad with the support of staff members who know them very well.

An information booklet was also available to visitors, describing the service and the visiting hours and encouraging family visits and family involvement in residents lives. On the day of inspection one of the residents was seen enjoying a meal with a friend and other residents in the house. Residents told the inspector that they could meet friends and relatives privately if they wished and that staff and residents respected this.

The provider had a recreation and socialisation team in place to support front line staff and volunteers in the promotion of social activities, hobbies and leisure activities. The inspector found that this provided residents with an opportunity to lead full and meaningful lives through active and healthy social and recreational activities. Relatives were very complimentary in the feedback questionnaire about the range of activities and social events available to residents with staff support.

All residents spoken with during inspection told the inspector they had lots of interesting things to do every evening. Activities included attending regular clubs, social nights out to local restaurants, pubs, cinemas and leisure centres, weekly discos and swimming.

There were opportunities for residents to take part in bowling, football training and golf and motor activities which are part the Special Olympics'. Residents also had access to tag rugby which was run by volunteers, wheelchair soccer was also available.

Residents could also attend dance academy dance classes and drama classes. The inspector spoke with residents who said they enjoyed taking part in a play, and the inspector meet other residents hailing a taxi on their way to the bowling club to meet their friends. The ladies in particular spoke about how they enjoyed clothes shopping trips to the local shopping mall.

The provider also supports residents to attend concerts to hear their favourite groups. One resident said she was very happy because she met her favourite singer at a recent concert.

The provider commenced the development of a model of supports for older persons taking into account pre-retirement and retirement options, while also taking account of residents changing health care needs. For example, one resident told the inspector he choose to decline day services and busy activities as he preferred to take a daily trip to town with staff support to meet his neighbours, buy the newspaper and visit the library. As it was raining lightly on the day of inspection the inspector noted that staff booked a wheelchair taxi to support the resident to enjoy his day out.

Inspectors saw that there were records maintained in residents' files that the family were involved in some residents' multidisciplinary review if the resident requested this. The documentation of the involvement of families on an ongoing basis could be improved.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed and found that the admissions policy only briefly set out the arrangements for admitting new residents to the centre. The admission policy did not outline the inclusion and exclusion criteria in sufficient detail, for example to indicate that only independently mobile residents may reside upstairs.

The inspector found that one of the locations provided accommodation for part of the

year to respite admissions. There was not a seamless process in place for respite admissions. The statement of purpose and the admissions policy did not provide sufficient information about admission, re-admission and discharge procedure for respite admissions. Residents admission documentation; including health care, personal and social care and support were not updated on each admission.

While staff explained that information was obtained from family and the day care centre by telephone, this information was not consistently recorded. The inspector was concerned that a change in a residents condition between admissions may not be detected as a result, and could result in poor outcomes for residents.

Residents are supported when moving between services and planned supports' were in place. There was a self supported living options multidisciplinary team (MDT) in place to support people in obtaining alternative accommodation to meet their needs. Transition plans are discussed and planned with the residents. Residents spoken with explained that they were given advice and encouragement from the MDT in finding suitable, individual accommodation in the community.

There was a contract of care in place to detail the supports, care and welfare of the residents in the designated centre. This was called the memorandum of service provision. This was supported by a "manage my money document". However the contract of care did not fully include the details of the services to be provided for residents, or the fees to be paid.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector found that while residents had a personal plan in place there was not a consistent approach to the development of the plans. The current model of personal plans was not reflective of the residents assessed needs or supports required.

There was some evidence of regular review and participation of residents in the development of their plans.

The provider had acknowledged the deficits in the documentation and had recently introduced a new planning document and staff had received training. The inspector found that when this was introduced it would address many of the deficits identified.

The personal plans contained important information such as details of family members and other people who are important in residents lives, wishes and aspirations and information regarding residents' interests.

In some cases there was clear information on resident's needs, with clear instruction on how they were to be met. However, the inspector also found some examples where there was no information to guide staff in the care and support for residents, see Outcome 11.

The inspector found that there were no individualised risk assessments completed for residents, to ensure continued safety of residents. For example, risks relating to behaviour or some environmental risks such as absconding.

The Inspector noted that since the previous inspection a side gate to one of the houses had been fitted with a lock and the key was accessible.

There was clear evidence of a range of health professionals being involved with the residents depending on their individual needs. Recommendations completed by them were available in the houses, and were being implemented by staff, for example speech and language therapy, occupational therapy and psychiatry services.

The records of the goal setting and evaluation of the plans did not demonstrate the good practices delivered. There was some evidence of regular review and participation of residents in the development of their plans. However, the assessment did not consistently have multidisciplinary input recorded and did not inform the personal plans. Staff were not fully aware of the residents' plans and the plans did not consistently inform the service delivered. It was not apparent from the records if the goals set had been realised.

The provider had acknowledged the deficits in the documentation and had recently introduced a new planning document and staff had received training. The inspector found that when this was introduced it would address many of the deficits identified.

The personal plans contained important information such as details of family members and other people who are important in their lives, wishes and aspirations and information regarding residents' interests. The inspector found that there were no individualised risk assessments completed for residents to ensure continued safety of residents. For example, residents who self medicate and those who remain at home alone. The inspector also found that there was a lack of care plans for relevant aspects of residents' care, see Outcome 11.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The centres physical design and layout met the requirements of the Regulations. The centre was made up of three two story houses and one apartment all of which were visited by the inspector who found them to be well laid out and met the individual needs of the residents. The premises were clean, warm, well maintained and homely. All four properties were located in local communities with access to local transport routes, shops and local entertainments amenities.

In all of the properties residents were seen to have personalised their rooms, and had been involved in choosing the décor for the communal areas. Those who spoke with the inspector said they liked the houses they lived in and felt comfortable.

The first property was a two story house on a mature housing estate. It had four bedrooms, (three upstairs), one bedroom downstairs which was wheelchair accessible with en-suite bathroom, shower, toilet and wash hand basin, sitting rooms, kitchen /dining room, two sleepover rooms and a staff office. The main bathroom was upstairs and there was a toilet downstairs.

The second property was a large two- story house on a mature housing estate. It had four bedrooms for residents one of which was a wheelchair accessible bedroom on the ground floor with en-suite bathroom with shower, toilet and wash hand basin, one staff bedrooms/office for sleep over staff, one sitting/dining room and a well equipped kitchen. The main bathroom had a shower, a toilet and a wash hand basin is upstairs and there was a toilet downstairs with wash hand basin.

The third property was a large two story seven bedroom property which had capacity for five residents and two sleep-over staff. Two bedrooms are on the ground floor, one of which was wheelchair assisted and there were two spacious shower/toilet facilities on the first floor. There was a well equipped large hi-low kitchen.

The fourth property was an apartment in an apartment complex. It had two bedrooms, one of which was en-suite. The second bedroom was for sleep over staff, main bathroom, sitting room/kitchen, main bathroom, small laundry and storage room and a veranda off the sitting room.

The inspector was invited by some residents to visit their bedrooms which were well kept and of suitable size to meet their individual needs. All residents had their own bedroom. Rooms were decorated in accordance with the wishes of the resident and contained personal items such as family photographs, posters and personal effects. Residents had unrestricted access to their kitchen.

The houses were clean and tidy and residents told inspectors about how they participated in household tasks.

Records were seen that showed regular maintenance was carried out. Also adaptations had been made to the properties to meet the needs of the residents where possible.

There was access to a well maintained garden to the rear of each of the houses and ample paved parking to the front. The entrance to the house was sufficiently accessible for all the current residents who lived there.

Gardens were maintained to a high standard by volunteers, and residents told the inspector that they enjoyed being out in the garden in the summer months.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

There was a risk management policy that met the requirements of the Regulations. However, it did not guide practice in relation to the risk assessment of all potential hazards in the centre. For example risks associated with the environment, and risk of choking and absconding. A review of the minutes of health and safety meetings indicated that managers had discussions about risk management issues, including the risk register, fire safety and the emergency plan.

The inspector saw that a new safety inspection form had also been developed. It was envisaged safety representatives and clinical nurse managers would carry out safety inspections which would assist in the identification of risk that would require risk assessment, and control measures implemented and monitored to mitigate risk.

Staff were provided with information on the new risk management policy. However staff

were not yet knowledgeable in the management of risk or the completion of risk assessments. Staff told the inspector they would welcome additional training. The centre had policies and procedures relating to health and safety and these were seen in practice.

The inspector found that there was a Health and Safety Statement for each location, however it did not include the environmental issues in each house, it also did not include any risk assessments or any control measures to mitigate any risks. While there was a corporate risk register, it did not include all risks associated with each location. The provider described the plans to address this.

At the time of inspection, there was no infection control policy available to the inspector, however there were generic guidance documents to support staff. While there were no current infections in the houses, the inspector found there was an absence of appropriate measures, such as hand sanitizer within the houses to minimise the risk of cross infection.

The staff and managers undertook a review of all incidents and accidents in the centre. The inspector reviewed the reports and noted that the information was not being fully analysed to improve the service, minimise the risk of future occurrences. This was a missed opportunity to share any learning for the period.

The inspector found that there were centre specific emergency plans in place and staff were familiar with them.

Fire safety

Overall while fire safety was well managed, however, there were areas for improvement. The inspector viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills and unannounced mock fire evacuations were carried out by staff at suitable intervals, including night time.

The records of fire drills were detailed and included learning outcomes. There was evidence that fire equipment was serviced regularly. There was evidence that the fire extinguishers, fire alarms and emergency lighting were serviced. The inspector found that all fire exits were unobstructed on the day of inspection.

There were procedures in place on the management and prevention of fire. The inspector saw fire exits in each house were unobstructed and documented checks were completed by staff. There were regular fire drills during the day and night which involved residents and staff. These took place up to three times a year. Records were read of the drills carried out that included the findings and any learning required. The outcomes of drills were discussed at the above mentioned health and safety meetings. Residents informed the inspector they had taken part in the fire drills.

Staff were able to tell the inspector what they would do if the fire alarm went off. The inspector saw documented evidence that fire equipment was serviced regularly such as fire extinguishers, fire alarms and emergency lighting. Fire evacuation plans and notices were displayed throughout the centre. Records reviewed by the inspector indicated that

all staff had participated in fire safety training,

The inspector noted that there were no fire doors or emergency lighting in some areas of the centre. The inspector was shown an externally contracted report outlining a comprehensive fire safety assessment of each house in the centre. The provider had an action plan in place to address the deficits. An updated report was also submitted to the Authority after the inspection that outlined what areas still required work to be carried out.

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 that there were arrangements in place to safeguard residents and protect them from the risk of abuse.

Staff were generally knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. All staff had received training on safeguarding vulnerable adults. Further training was planned to include the national policy.

The policy on safeguarding residents from abuse contained guidelines on how any allegations of abuse would be managed. The provider had appointed a designated adult protection officer. The responsibilities for this person were contained in the policy, and the officer was a resource to staff should they need to discuss any concerns they had. Residents were knowledgeable of who they could talk to if the need arises.

There was evidence that incidents of allegations of abuse were appropriately investigated and managed in accordance with the centres policy.

Staff maintained residents' privacy during the delivery of intimate care. All residents had an intimate care plan in place, which guided care. Overall residents confirmed that they felt safe because they liked the staff, the house and the doors were locked at night.

Residents privacy was maintained, Inspectors noted 'knock and wait' signs on bedroom doors and observed staff respecting residents privacy in asking permission to enter residents' bedrooms.

There was a policy on the management of behaviours that challenged, which was being used to guide the care delivered. There was also a new policy that had been approved and was going to be circulated to staff. The ethos of the new policy was strongly focused on the rights of residents, promoting positive approaches and identifying and addressing any causes for residents distress.

Staff had training in the management of challenging behaviours and plans were in place to provide training on the new policy and procedure. There was evidence that the GP, psychology and psychiatric services were involved in the care as required. Throughout the inspection, as identified above, the inspector noted that staff interacted with residents in a kind, caring, respectful and patient manner.

Residents had communication passports which included the behaviour support plans in place for all residents with behaviour that challenges. One resident's behaviour impacted negatively on two residents. There was a positive support plan in place to manage this behaviour and there was a transition plan in place to support the resident with behaviour that challenges into independent living, as was his choice.

There were no restrictive practices in use in the centre. Residents who required this would have been reviewed at the rights committee.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that the staff had maintained records of all accidents and incidents that had occurred in the centre. These were reviewed by the nurse managers. The provider was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' general welfare and development was being facilitated. Residents attended a day service for a period of time during the week or out to jobs and work experience which they enjoyed.

There was a policy on access to education and training. This committed to all residents, including those on respite, being supported to engage in learning opportunities.

Residents told the inspector that they enjoyed attending the day service as it gave them an opportunity to meet with their friends and chat with the staff who worked there.

Residents also told the inspector that they were supported to pursue a variety of interests, including joining various clubs of interest in the local area. Some of the residents enjoyed volunteering in the local area and their work experience.

Residents were encouraged to be independent in the house and community as much as possible. Some of the residents travelled unassisted within the community with the appropriate supports and training. This could be further developed in the locations where residents lived with an assessment of resident's skills and plans to address areas identified to improve their quality of life. Family members said in the feedback questionnaire that residents quality of life would be further enhanced in the development of more life skills. Staff spoken with explained that they have phone contact with day care regarding residents progress in achieving personal goals, but these discussions were not consistently recorded.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

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

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

Findings:

The inspector found that the actions were from the previous inspection was partly addressed. The end of life policy was in draft format.

The inspector found that there were appropriate arrangements in place to support residents' health care issues as they arose. Staff in the locations were very familiar with residents needs and had responded when the need arose. Staff had created links with the health services in the community and within Cheeverstown allied health professionals. While residents had guidance documents in place for epilepsy, and dysphagia, there was a lack of care plans in place to guide staff.

The inspector reviewed the personal plans and medical folders for residents and found that residents had good access to a General Practitioner (GP), including an out of hour's service. There was evidence that residents accessed other health professionals such as speech and language therapy, physiotherapy, occupational therapy, and specialist medical personnel in the local hospitals, for example urology. There was some evidence that residents had accessed screening such as breast check. Epilepsy and diabetic care follow up appointments were maintained and there was a record of appointments attended.

Health plans were not fully completed for 2015. The nurse managers said these were maintained in the GP surgery, off site. Health plans were in place for all residents; however they did not provide valuable information for staff in the care of residents and were not consistently up to date for all residents. For example, there was no record to show that staff responded when a resident's blood result was irregular. While routine blood samples were taken, there was no date set for repeat bloods to determine the therapeutic blood levels.

There was no consistent follow through when the need for referrals to other services was identified. While residents were referred to and reviewed at the complex needs committee, there was insufficient evidence of the follow up through this meeting. Staff were unable to tell the inspector if referrals were made and when appointments were due. The health plans did not include key information such as residents with a history of dysphagia (swallowing problems).

While there was updated GP prescriptions in place when residents were admitted for short term respite there were no records consistently maintained regarding any change to residents health status since the previous admission. Also, the admission assessment for respite admissions was only being updated every two years. The inspector was concerned that this could result in poor outcomes for residents.

Residents appeared to enjoy their evening meal when they returned to the centre. Meal time was a nice unhurried social occasion and staff dined with the residents. Residents

decided what they wanted for their evening meal and if any resident did not like what had been prepared, there was a range of alternatives available. The inspector noted that staff were very interested in ensuring that residents had many choices at mealtimes and that food was fresh and nutritious. For example, in one house residents had four choices for main course and staff used fresh rhubarb from the garden to make dessert.

Residents independence was promoted at mealtime, the inspector saw residents using plate guards and assistive cutlery. Residents were supported to have or to make a snack at any time of the day or night if they preferred and this was supported.

Residents told the inspector that they planned their meals together as a group and decided who would do the food shopping. Picture cards were available and used by residents to choose food and plan meals.

Residents told the inspector that they enjoyed going out for a meal occasionally and liked having a night free from preparing dinner at home.

The inspector found that there was an ample supply of fresh and frozen food. Fresh fruit and juice was available during the day which residents could access.

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:

There were some improvements required improvements required to ensure continued safety in medication management. The medication policy was revised following the previous inspection.

The inspector read a sample of completed prescription and administration records and saw that overall they were in line with best practice guidelines. The pharmacist was involved in medication safety and provided support and advice as required. Information pertaining to each resident's medication was available in the resident's files.

There were no as required (PRN) sedatives prescribed at the time of inspection.

There were no medications that required strict controls in place, but staff outlined the procedure they would follow, if required.

The medication management policy did not provide sufficient guidance for staff in the management of medications for respite admissions. This could result in an inconsistent approach to the management of medications for this group of residents. For example, there was not a centre specific protocol for prescribing and there was not a centre specific medication prescription/administration kardex in place for residents.

The inspector found injections that were administered occasionally were stored in a container in the kitchen fridge. The fridge temperature was monitored and within normal limits. However, as the fridge was unlocked it was accessible to residents and visitors, and could pose a hazard for vulnerable residents.

The space on a number of medication administration kardex that required allergies to be recorded was left blank. It was therefore not possible to determine if the resident had any known allergies. This could result in poor outcomes for residents.

Staff knew about the procedures for reporting medication errors. There were no audits available in each location. It was therefore not possible to determine whether any learning had occurred following near miss, or medication error. This was a missed opportunity for learning this is actioned elsewhere in the report.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found the statement of purpose did not fully meet the requirements of the regulations. It reflected the centre's aims, ethos and facilities, however it did not fully describe the support and care needs the centre is designed to meet and how those needs would be met, including readmission of residents for respite care. It also did not include the correct information in relation to the role of person in charge. Feedback was provided to the management team on the deficits in this document.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was concerned that there was no identified person in charge to manage the centre as per the requirements of the Regulations.

Inspectors found that while there was a management team in place, there was no 'person in charge' nominated to oversee the management of the designated centre. This concern was brought to the attention of the provider, director of services and senior management during the inspection. They are aware of their requirements under the Act and the Regulations.

There was a senior management team in place. The team included the provider, director of service, assistant director of services, medical director, financial controller, operations and quality manager, human resources manager, employment and training manager. In the designated centre, a team of local managers oversaw the day to day running of the centre, and these staff was clear on the management structure, reporting systems and areas of responsibility. However, the lines of accountability and responsibility for the provision of the designated centre at unit level were not so clear to ensure residents health, social and physical care and support needs were consistently met as evidenced in Outcomes 5 (social care needs), 7 and 11 (health care needs).

Inspectors found that the management systems in place did not ensure that services provided are safe, appropriate to residents' needs, consistent and effectively monitored as outlined throughout the report. While the roles of clinical nurse managers is to provide cover for all of the community services, they were not supported in their role as there was a lack of governance in the designated centre to ensure that the needs of residents are met, incidents are responded too, personal plans implemented and staff supervised.

The provider had established weekly clinical nurse manager meetings and it was planned that the clinical nurse managers would hold monthly staff meetings in each location. The inspector noted there were gaps of four months in the minutes of the meetings. While staff said they have access to the nurse managers by phone, the

management style was reactive rather than a planned approach to the management of the service.

The provider had undertaken two reviews of the service. The management team were working through the action plans from the previous inspection. The centre had been externally accredited for quality. The provider had established a management structure; however, the roles of managers and staff were not clearly set out and understood.

There were no audits available for review. The provider had carried out unannounced visits and this took place up to twice a year. An annual report of the quality and safety of care and support in the designated centre was not available.

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):
No actions were required from the previous inspection.

Findings:
As there was no nominated person in charge in the designated centre, the inspector was unable to fully review this outcome against the Regulations. The action for this is made under Outcome 14.

There was no nominated person in charge of the designated centre as required by the regulations.

Judgment:
Non Compliant - Major

Outcome 16: Use of Resources

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

Theme:
Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found that resources were provided at times to support residents to meet their individual support plans.

On the day of the inspection there were sufficient staff in the designated centre to meet the needs of residents. Staff were involved in a range of activities, including assisting residents with personal care, carrying out household tasks, cooking meals, supporting trips out to local shops, supporting residents to attend medical appointments and spending time speaking with the residents.

The same number of staff were scheduled on weekends to ensure staffing residents were supported to take part in activities of their choice.

Where required the provider ensured residents had access to one to one staffing assistance to ensure residents requiring high level supports could access activities of their choice, for example daily trips to town to buy newspapers, dining out, leisure activities and holidays.

However, while there was a team of committed and knowledgeable clinical nurse managers employed, due to their caseload they were unable to visit the designated centre frequently or provide a consistent level of supervision for the social care staff working there. Clinical nurse managers told inspectors that they communicated with staff mainly by phone, and provided advice and support mainly over the telephone. Staff confirmed that clinical nurse managers were always accessible by phone, and that the clinical nurse managers visited the centre every few months.

The inspector was concerned that the lack of appropriate supervision on a consistent basis could result in poor outcomes for residents.

The provider had ensured that sufficient personal equipment had been provided, for example, where required with aids and appliances to promote residents independence, for example electric beds and wheelchairs, alternating pressure relieving mattresses.

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:

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

No actions were required from the previous inspection.

Findings:

The inspector found that staff were committed to providing a quality service to residents and there was a sufficient staff level and skill mix to meet the assessed needs of residents. However, the supervision and management of staff to ensure the provision of appropriate support care and supervision of residents required improvement.

There was an actual planned roster seen by inspectors that confirmed an adequate number of staff and skill mix met the needs of residents during the inspection.

The inspector found that the supervision of staff appropriate to their role was inadequate. The non compliances identified in outcomes 5, 7 and 11 would be an indication of this.

There was a training programme in place for all staff. Records read by inspectors confirmed nearly all staff had up-to-date mandatory training and received education and training to meet the needs of residents, with training dates where staff had yet to complete training. Records confirmed staff had attended a range of training in areas such and dysphagia (swallowing difficulties) epilepsy management, and behaviours that challenge.

Scheduled training for 2015 included training on capacity assessment and consent, autonomy and decision making for people with intellectual disabilities, personal outcomes measures refresher training and phlebotomy (taking blood samples). While staff had access to training, they were not kept up to date on residents specific clinical issues. Staff had not received training to care for residents with specific needs such as diabetes, mental health issues, and infection control.

Inspectors reviewed a sample of staff files and found recruitment practices were in line with the Regulations. There was evidence nursing staff were registered with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014. All staff completed a performance review on an annual basis. However, this had yet to be rolled out for relief staff.

The inspector found that the action identified at the previous inspection was addressed. A relief panel had been identified for the centre.

A small number of agency staff were used from time to time. The provider had a service level agreement with the agency, as read by inspectors. It confirmed that staff documentation maintained and mandatory training provided was as per the Regulations.

There were a large number of volunteers and external service providers who provided a valuable service to residents within the large organisation. There was evidence of vetted by An Garda Síochána and a written agreement of the role of the volunteers in the centre.

Judgment:
Substantially Compliant

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):
No actions were required from the previous inspection.

Findings:

The inspector found that the records listed in Schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The provider had ensured the designated centre all of the written operational policies as required by Schedule 5 of the Regulations. The inspector found that all policies required by Regulations were in place; however there were some areas for further improvement. Policies were not consistently being implemented in practice.

While the policy included residents preference end of life care policy was not comprehensive, for example it would not guide practice on the after death arrangements, such as management of resident's possessions and information regarding funeral arrangement and place of burial.

The risk management policy did not guide practice as outlined in Outcome 7, and Outcome 12. For example, clinical and environmental risk assessments were not consistently being carried out to inform appropriate care plans or action plans. This meant that areas of high risk may not always be identified and acted on, including risks such as falls risk assessment and risk of absconding.

It was also noted the finance policy was not being fully followed in practice, as only one signature was made against any entries in residents' logs, and the policy stated that two signatures were required.

Some policies while informative and evidenced based, they were not centre specific and therefore did not guide practice, for example the infection control policy. As a result there were no cleansing gels in place for visitors or staff to clean their hands to minimise

risk of infection.

A number of policies did not contain an implementation date; review date and some policies had not been signed as approved by management, for example, retention and disposal of records and the admissions policy.

Staff also required additional education and training and supervision to ensure all policies were implemented in practice, for example cardiopulmonary resuscitation (CPR).

Residents' personal information including personal support plans and medication records were stored securely to ensure confidentiality. Inspectors noted that the key to the storage facility remained with the senior staff member on duty.

The director of nursing and the management team had ensured that all documentation in place was made available to the inspector, and staff were very helpful in facilitating access to documentation and in explaining the procedures they had in place to the inspector.

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:

Valerie McLoughlin
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 Cheeverstown House Limited
Centre ID:	OSV-0004131
Date of Inspection:	14 and 15 April 2015
Date of response:	18 June 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents were not consistently provided with feedback from internal advocacy meetings.

Action Required:

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

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

and participates in the organisation of the designated centre.

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

Information pertaining to advocacy services will be made available in each residence. The local elected advocacy representative will visit all homes and share advocacy information and feedback from meetings with all residents. Commenced May 2015

Proposed Timescale: 30/09/2015

Theme: Individualised Supports and Care

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

The complaints procedures were not on display.

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 accessible version of the Complaints Procedures will be on display in each residence; this will include a picture of the Complaints Officer, contact details and details of the Appeals Process.

The full Complaints Policy is also available in each house but not on public display

Proposed Timescale: 31/05/2015

Theme: Individualised Supports and Care

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

Information pertaining to the different advocacy services was not available to all residents.

Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

Information pertaining to the National Advocacy Services has been made available in each residence.

Proposed Timescale: 31/05/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

It was not set out how all residents communication needs would be met.

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 action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

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 contractual agreement for each resident was not in line with the regulations.

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 service will ensure that the agreement for each resident (Memorandum of Understanding) is in line with the regulations.

In this regard the Memorandum of Understanding will state the amount of each resident's long stay charge following their assessment

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

The Statement of Purpose and the Admission Policy had insufficient information about the criteria for admission to the service

Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

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 assessment did not have multidisciplinary input recorded and did not inform the personal plan.

Action Required:

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

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Effective Services

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

Not all personal plans reflected how residents identified needs were to be met.

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 action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy was not being implemented in practice in relation to the identification, assessment and management of risk.

There were no audits available for each location. It was therefore not possible to determine whether any learning had occurred following a near miss, accidents, incidents or medication errors.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Effective Services

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

There were no audits available for each location. It was therefore not possible to determine whether any learning had occurred following a near miss, accidents, incidents or medication errors.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Environmental and clinical risk assessments were not in place in each location.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Effective Services

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

There were no fire doors or emergency lighting in some areas of the centre.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Effective Services

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

There were some deficits in fire safety in the designated centre

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 action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Not all health care plans were detailed enough to guide staff practice.

Action Required:

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

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Health and Development

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

Care plans for respite residents were updated only on a two yearly basis.

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:

Individual information on support needs to Respite Users will be requested from families annually.

Families will be requested by the Respite Planning Team to keep Respite Staff up to date on any changing support needs by letter.

Proposed Timescale: 31/07/2015

Theme: Health and Development

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

The health action plans were not specific to guide the care to be delivered. There were no care plans to guide practice.

Action Required:

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

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

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:

- 1)The fridge was unlocked it was accessible to residents and visitors, and could pose a hazard for vulnerable residents.
- 2)The medication management policy did not provide sufficient guidance for staff in the management of medications for respite admissions.
- 3)The space on a number of medication administration kardex that required allergies to be recorded was left blank. It was therefore not possible to determine if the resident had any known allergies.
- 4)The medication management policy did not provide sufficient guidance for staff in the management of medications for respite admissions.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

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:

There was no nominated person in charge of the designated centre as required by the Regulations.

Action Required:

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

The Person In Charge has now been appointed and the service is processing the necessary paperwork for submission to the registration department in HIQA.

“AT THE TIME OF REVIEW THE DOCUMENTATION WAS NOT RECEIVED BY THE AUTHORITY”

Proposed Timescale: 12/06/2015

Theme: Leadership, Governance and Management

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

There was no annual review of the quality and safety of care.

Action Required:

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

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

The service will provide an annual report of the Quality and Safety of Care and support.

Proposed Timescale: 30/11/2015

Theme: Leadership, Governance and Management

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

Staff were not supported within their role by the management team.

Action Required:

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

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

Staff will be supported by monthly meetings, bi-monthly meetings, performance management development systems, on duty management system, and out of hours on-call system. A review of these management supports to staff will be undertaken.

A management contact book has been established to record evidence of management contact with houses.

Each house will use their own communication book to log manager's contact with each house.

A plan will be developed to provide support to the management function.

Proposed Timescale: 30/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff were not kept up to date on residents specific clinical issues. Staff had not received training to care for residents with specific needs such as diabetes, mental health issues and infection control.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Responsive Workforce

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

The supervision of staff appropriate to their role was not adequate.

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 action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Some of the policies lacked sufficient detail and did not guide practice. This included the risk management, infection control policy, end of life policy and the finance policy.

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:

Existing policies will be reinforced and implemented.

The roll out of the Risk Management Policy and staff training in risk assessments will address this issue

Policies on protecting resident's property and monies will be implemented consistently.

The service has opened individual bank accounts for people in their own name.

The system to implement the roll out of these bank accounts to residents will be in place by mid July 2015

The service will cease to hold money on behalf of residents unless specifically requested to do so by 30th September 2015

Proposed Timescale: July 2015 and Ongoing

Proposed Timescale: 31/07/2015