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## A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd., Tipperary

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Authors	Murphy, Kieran;Hennessy, Julie
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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	OSV-0005159
<b>Centre county:</b>	Tipperary
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd.
<b>Provider Nominee:</b>	Breda Noonan
<b>Lead inspector:</b>	Kieran Murphy
<b>Support inspector(s):</b>	Julie Hennessy;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	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 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
16 June 2015 10:45	16 June 2015 18:30
17 June 2015 09:00	17 June 2015 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 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**

This report sets out the findings of an unannounced inspection of Group L St. Anne's Residential Services. This was the first inspection of this designated centre which consisted of two houses located five minutes apart near the town centre. The centre provided care and support to nine residents. The majority of residents were elderly and some had restricted mobility. However, there was one resident who required alternative accommodation more suited to the needs of a younger more active person.

Inspectors found a high level of non-compliance and significant deficits in the quality of care provided to residents. Of a total of ten outcomes inspected, there were six at the level of major non-compliance.

There was no support given to residents to manage their own finances. There was no oversight provided either by an independent advocate or by St Anne's service itself. The clearest example seen by inspectors was that one resident had purchased a number of items like a television, a leather couch and garden furniture that were used by all residents in the house. These items should have been purchased and provided by St Anne's service. The provider nominee said that St Anne's Service

would look to reimburse the resident for the purchase of these items.

The person in charge, while a registered nurse, was also responsible for a number of other centres. Based on the high level of non-compliance with the regulations inspectors were not satisfied that this arrangement provided for effective governance, operational management and administration of this centre. The person in charge did not demonstrate an awareness of the conditions of a court order relevant to the healthcare provided for a resident. The person in charge said that she was not aware of the specific directions outlined in the court order.

A number of residents had complex healthcare needs. However, the care planning process in relation to identified healthcare needs required significant improvement. Inspectors reviewed a sample of resident healthcare files. Information was at times contradictory and unclear. Recommendations from members of the multidisciplinary team were not always implemented.

Other areas for improvement included:

- Residents rights
- care planning
- discharge of residents from the centre
- premises
- risk management
- the use of restrictive practice
- mandatory training in relation to behaviour that challenges was not up-to-date for all staff.
- end of life care
- medication management
- management of records.

Inspection findings including non-compliances are discussed in the body of the report and in the action plan at the end of the report.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspectors found that the arrangements in place in relation to protecting residents' rights were not satisfactory. In particular inspectors were not satisfied that residents had adequate support to manage their financial affairs.

There were records to show that since 2013 one resident had purchased a set of garden furniture, a leather three-piece suite of furniture and a television. These items were all expensive items and were being used by everybody in the house. This was not in keeping with St Anne's policy on residents' private property which outlined that the "service is obliged to provide a certain standard of basic equipment and furnishings". There weren't any records available of discussion with or advice given to the resident in relation to these purchases. There was no record of any input from an independent advocate in relation to these purchases. There was no record of any rationale from the service provider as to the reason why these purchases were made by the resident.

There was also evidence that a resident had purchased a bed and an aid to help with going up the stairs. There were records available to show that a discussion had taken place with staff of the service provider in relation to these purchases. However, in relation to the purchase for the mattress for example, the decision making sheet had not been completed in full and it had not been signed or dated.

One resident had purchased a car in 2012 on the understanding that it was solely for their benefit and not for any other purpose whatsoever. The resident had also agreed that they "would be responsible for keeping the car insured, taxed and serviced". There was evidence that a lawyer had advised the resident in relation to the purchase and the agreement. Staff advised that another resident usually went on trips as well when the

car was used. There was no evidence that St Anne's service was contributing to the cost of insuring, taxing and servicing of the car despite the fact that other residents also used the car. This other resident was also charged for the petrol as a contribution to the trip. However, inspectors were not provided with any agreement whereby the other resident had agreed to pay for petrol.

Each resident had their day to day expenses accounted for in a separate log. Inspectors were not satisfied that the system in place was transparent. In the sample of these expense logs reviewed, two staff were not signing for each item. In addition not all bank statements were kept with expenditure sheets. These issues had been identified as issues that required attention in a review of expenses by the St Anne's accountant in 2013.

One resident had a deposit account. There were only sporadic records kept on file in relation to this account. There were records of withdrawals made from this account but there wasn't any explanation shown to inspectors as to why these withdrawals were being made. This resident also had a current account and there had been two recent transactions made on this account which appeared to be in relation to bedroom linen. It also appeared that these items had been purchased via a debit card. Inspectors were not satisfied with the oversight of these accounts by St Anne's service.

Inspectors identified a significant failing by St Anne's service who had failed to put in place a system to ensure that the directions in a court order were understood and followed by all relevant personnel. The inspectors found an example of a breach of a court order that resulted in a failure to protect that resident's rights. In addition, the person in charge did not demonstrate an awareness of the conditions of the court order and said that she was not aware of the specific directions outlined in the court order.

Residents were consulted as to how the centre was run and minutes of monthly house meetings were available to inspectors. The provider nominee was in the process of addressing a service-wide gap in relation to internal advocacy. A new advocacy structure has been proposed that will ensure representation by residents and a process for addressing unresolved issues.

The inspectors observed that staff interacted with residents in a warm and appropriate manner. Residents all had their own bedroom. However, arrangements in place did not respect all residents' privacy as one resident used the en-suite shower in another resident's bedroom. This was discussed with the person in charge and while plans were in place to address this, a costed time-bound plan had yet to be developed.

Some language on records and documents seen by the inspectors was found to be inappropriate. Protocols were used to outline steps to support residents' intimate care. There was a list of "rules" in one resident's behaviour support plan. A recent entry in a monthly review document referred to a resident's behaviour as being "very bad" that month and referred to the resident as being "constantly rude". In addition, the house manager said that consent for the taking of bloods is sought from the resident's family, which is a breach of the rights of an adult.

There were policies and procedures in place for the management of complaints and

these were also available in an easy-to-read version. The inspectors reviewed the complaints log in one house from January to the time of inspection and found that no complaints had been made during that time-period. A charter of rights was displayed in the centre in an easy-to-read version.

Personal emergency evacuation plans were available for each resident and were on display at each fire exit door. These records contained personal information relating to the residents. While the information needed to be readily available, the information could be made available in a more discrete manner. This was discussed with the provider nominee at feedback.

**Judgment:**

Non Compliant - Major

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

A major non-compliance was identified as the designated centre did not meet the assessed needs of all residents. While overall, the personal plan was detailed and individualised, improvements were required as outlined below.

The inspectors found that the designated centre did not meet the assessed needs of all residents as there was an unsuitable age mix of residents in the centre. A note in one resident's file stated that the resident was not happy with their day service or living arrangements. Staff outlined that this was having a negative impact on both the resident who required alternative accommodation more suited to the needs of a younger more active person and the other residents in the centre who required a quieter environment. While there was evidence that steps had been taken, there were no concrete plans in place to resolve the issue.

A specific tool was used to document each resident's assessment of their health, personal and social care needs, abilities and wishes. However, where needs, supports or risks were identified, improvement was required to specific plans including care plans,

risk assessments and behaviour intervention plans. For example, where a resident was identified to be at risk of falls, a specific falls risk assessment tool was in use in one house but not the second house in the centre. The outcome of a falls assessment by the occupational therapist (OT) was not clear and there was no link between these assessments and the resident's care plan. An OT assessment for the resident was outstanding since at least December 2014 (6 months ago).

Each resident had a written personal plan. Personal plans were individual and person-centred and contained information such as key people in the resident's life, special events, favourite outings or places and a range of likes and dislikes. Each resident had a timetable that outlined what he or she did on a daily and weekly basis. Information included both day services and activities that the resident participates in and enjoys. Information was in an accessible format, for example, a resident's personal preferences were displayed in pictorial format. The inspectors noted that where the personal planning format did not suit an individual resident, an alternative more suitable format was used and goals within that plan were tailored to the resident and age-appropriate.

However, some improvements were required to personal plans to ensure that they fully met the requirements of the Regulations, in particular in relation to the setting of residents' personal goals. For example, goals were not short- and long-term; the supports needed for residents to achieve their goals were not specified and it was not clear how goals contributed to improving residents' quality of life. In addition, goals that related to training, education, employment and skills development were not based on an assessment of the residents' capabilities and wishes. While each resident had an annual multi-disciplinary review, the review of the personal plans was not multi-disciplinary, as required by the Regulations. Future planning was not evidenced in the personal plans, which is indicative of the absence of multidisciplinary input in the personal planning process. Resident and family involvement in personal planning was documented.

A record of the review of the personal plan and any challenges to meeting goals was maintained for each resident. Any challenges to achieving such goals were documented as was progress made in relation to challenges encountered. While monthly reviews of residents' progress were maintained, these were not always signed by the person in charge, as indicated on the form and necessary to demonstrate oversight by the person in charge.

Activities and interests pursued were individual and based on residents' wishes and preferences and appropriate. Individual residents said that they enjoyed horse riding, reflexology, baking, going for walks, meals out and meeting friends and family. Residents were facilitated in exercising their religious rights and were registered to vote, should they chose to do so.

Due to an illness one resident had been in hospital and a nursing home in 2014. Records seen in this resident's healthcare notes said that staff had been advised by senior management that if the resident "is out of the service for too long they will lose their place". Inspectors were concerned that residents could be discharged in this manner. The provider nominee stated that a resident would never be discharged in the circumstances described in the healthcare records.

**Judgment:**

Non Compliant - Major

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The centre consisted of two houses located five minutes apart in the centre of town.

There were four people living in the first house who were generally elderly and some with restricted mobility. As outlined in Outcome 5 there was one resident in this house who was inappropriately placed. While the house was generally clean and well decorated there was mould clearly visible on the ceiling in the downstairs bathroom and cobwebs were visible in this bathroom also. The house was a two-storey house and all of the residents' bedrooms were on the ground floor. Three of the bedrooms were ensuite with residents having their own shower and toilet. The main bathroom had a bath, wash hand basin and a toilet but was not suitable for a shower area.

There was a large kitchen/dining area leading to a well maintained garden. There were stairs in the kitchen leading to the first floor. The stairs was narrow and steep going up and coming down.

There were four people living in the second house which could accommodate five residents. There were two residents with mobility issues in this house and there was a wheelchair accessible entrance. However, the porch area was in need of painting and repair also needed to be undertaken on plasterwork. The paintwork throughout this house needed redoing. In one resident's ensuite bathroom one of the taps had mould all over it. There was a large food storage freezer in the dining room which the registered provider acknowledged was not a suitable place to put a freezer.

All of the residents' bedrooms in both houses were personalised and homely. One of the residents gave the inspectors a tour of the premises including their bedroom which was well decorated with personal items of furniture and family photographs on display.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

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

**Findings:**

Improvement was required in relation to how the designated centre was managing risk and fire safety.

There was a risk management policy which set out the procedure for identifying hazards including checklist, judgement based on experience, flow charts, brain storming and systems analysis. However it did not include incident reporting which was used as the main tool to identify hazards. The risk management policy had a section on "links to quality" and a section on "specific risk management procedures". As discussed with the provider nominee at feedback these sections needed to be amended to reflect ongoing review of risk in this specific centre.

Inspectors reviewed the incident reporting in the first house from December 2013 to June 2015 and saw records for 12 incidents:

- 5 resident falls
- 3 medication incidents
- 2 incidents of violence and aggression
- 2 incidents of unexplained bruising.

In the second house inspectors reviewed records for 17 incidents from December 2013 to June 2015. In the records seen by inspectors there had been no reported incidents from December 2013 to March 2014. Similarly there had been no reported incidents from August 2014 to March 2015. From a review of available records there had been:

- 6 incidents of residents engaging in self injurious behaviour
- 6 incidents of residents assaulting staff
- 2 incidents of residents assaulting other residents
- 2 medication incidents
- 1 resident fall.

Staff outlined to inspectors that they would not report a medication incident if it related to the supply of drugs from a pharmacist. These incidents should also be recorded to aid learning from adverse events. As discussed with the provider nominee the incident policy required updating to include learning from reviews of all reported incidents. The incident reporting policy also needed revising to inform staff of their responsibilities in relation to reporting any death to the Coroner's Office.

The inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- Servicing of fire alarm system and alarm panel in both houses April 2015
- fire extinguisher servicing and inspection in both houses October 2014
- servicing of emergency lighting in both houses April 2015.

The fire policy was a document prepared for St Anne's Service and not for the particular centre. One of the houses had the fire alarm panel in the garage. Inspectors reviewed documentation including the fire policy and fire evacuation procedure and neither document referenced that the fire alarm panel was located in the garage.

Records showed that all staff had received fire training. There were monthly fire evacuation drills being undertaken involving the residents. However, there were no records available of drills conducted either at night or simulating night time conditions in order to ensure night time staffing levels were sufficient for evacuation purposes. This was particularly relevant in one house as the response time to evacuate the premises in three recorded drills was over five minutes.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

Residents said that they felt safe in the centre. However, the inspectors found that the arrangements in place to protect residents' from financial abuse were not satisfactory. In addition, restrictive practices were not in line with National Policy or the organisation's own policy. Finally, multi-disciplinary input was not sought when planning interventions for individual residents.

Relevant policies were in place, including in relation to the protection of vulnerable adults, behaviours that challenge, restrictive practices, the provision of personal intimate care and residents' personal finances and possessions. However inspectors found that it was not demonstrated that restrictive practices were in line with national policy or the organisation's own policy in relation to restrictive practices. Where physical and chemical restraint was being used for the taking of bloods, this practice had not been

documented. A risk assessment had been not been completed, multidisciplinary input was not evidenced and the restrictive practice had been not been approved by the organisation's 'restrictive practice committee'. While the house manager said that a consent form had been signed, this was not available for review in the centre.

The inspectors reviewed personal plans, plans to support behaviour that challenges and risk assessments and spoke with staff in relation to behaviour that challenges. As mentioned in Outcome 1: Residents rights, dignity and consultation, the inspectors found that some language used did not reflect a positive approach to behaviour that challenges.

Improvement was required to behaviour support plans. For example, one behaviour support plan said that the resident "may pull hair with both hands". The behaviour support plan did not provide guidance as to how to respond in such a situation. The behaviour support plan was not developed with input from an appropriately trained and qualified professional. This is a service-wide gap that has been previously discussed with the provider nominee.

Records were maintained of behaviours that may challenge, including records of antecedents, behaviours and consequences (known as ABC charts) and mood charts, where required.

The inspectors reviewed a care plan that related to the provision of intimate care. The care plan specified times of the day when a resident's incontinence wear might be checked. This was discussed with the provider nominee and person in charge. The provider nominee agreed that the care plan should be based on need.

Staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse. Staff had received training in relation to the protection of vulnerable adults and the organisation's policy for the management of behaviour that challenges. However, only two of the seven permanent staff had received mandatory training in for the management of behaviour that challenges including de-escalation and intervention techniques.

**Judgment:**

Non Compliant - Major

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

The care planning process in relation to identified healthcare needs required significant improvement. Inspectors reviewed a sample of resident healthcare files. Information was at times contradictory and unclear. Recommendations from members of the multidisciplinary team were not always implemented.

Each resident had access to a general practitioner (GP). There was evidence in the healthcare records that the GP was reviewing residents' health needs as required. The GP requested review of residents' healthcare needs by consultant specialists as required. There was correspondence on file following these appointments and reviews. One resident had attended a consultant specialist in 2013 and another consultant specialist in 2010. There was plan in place to direct care for these identified healthcare needs.

There was evidence that residents had access to specialist care from the psychiatry team led by the consultant psychiatrist. One resident had a risk assessment in place in relation to mental health needs. This assessment indicated that the resident had access to a consultant specialist in psychiatry and the community psychiatric support team. However, the house manager told inspectors that there was no community psychiatric support team available.

It wasn't clear that staff were supporting residents to achieve their best possible health, by providing accurate information to those carrying out health assessments or reviews. One resident had been seen by a consultant specialist in June 2015 who recorded that there were "no complaints and no concerns". Six days later this resident's medication was increased by the doctor as staff indicated that the resident had been withdrawn and had "poor sleep recently".

The inspectors reviewed a care plan for a resident at risk of falls. A number of recommendations had been made following an assessment by an occupational therapist in 2010. The person in charge said that not all recommendations had been implemented. It was not evidenced that a recommendation by the occupational therapist to discuss a bone density test with the resident's doctor had been completed. Records seen by inspectors said that a follow up three months after the initial review would take place but it was not clear if that appointment had happened. The occupational therapist had also recommended that staff keep a record of the resident's falls, including their context, and there was no evidence that such recording had taken place. There was little evidence of any link between the occupational therapist assessment and the resident's care plan.

For another resident, an action documented in a review by the multidisciplinary team in July 2014 indicated that one resident required a "baseline dementia assessment" and the timeframe for completion of this action was 'immediate'. A recommendation documented in a review by the multidisciplinary team in May 2015 was for a "re-referral to psychology in 2016 for screening for dementia". The discrepancy in the timeframe was not clear from the minutes or any other documentation in the resident's file.

Neither the person in charge nor the house manager was able to clarify the situation. It was recorded in some care plans that regular blood testing was required for residents on particular medications to ensure that the levels were within recommended ranges. However, in one resident's healthcare records blood results were not available for the years 2014 or 2015.

Guidelines on the care of the dying were shown to inspectors. These had not been updated since 2009. In addition not all staff had received training on end of life care or on the provision of cardio-pulmonary resuscitation.

Residents were involved in the day to day activities around mealtimes like, preparing the vegetables and helping to cook the dinner. Menu plans for lunch, dinner and tea were available in the kitchen. The inspectors found adequate quantities of food available for snacks and refreshments.

**Judgment:**

Non Compliant - Major

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

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

**Findings:**

There were policies and procedures in place for medication management. Areas identified that required improvement included transcribing, storage of medicines requiring refrigeration and recognition of errors.

The inspectors saw that the practice of transcription was not in line with guidance issued by An Bord Altranais agus Cnáimhseachais. Medication prescription records did not contain the signature of the nurse who transcribed the record.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure. Staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection. However, there was no designated refrigerator available in the centre in the event of a resident commencing on medication requiring refrigeration.

Inspectors observed that compliance aids were used by staff to administer medications to residents. Compliance aids were clearly labelled to allow staff to identify individual

medicines. There was evidence that residents were offered the opportunity to take responsibility for their own medicines.

A sample of medication prescription and administration records was reviewed by inspectors. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products, recorded and are returned to the pharmacy for disposal. Training had been provided to staff on medication management and the administration of buccal midazolam.

**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:**

Inspectors were not satisfied that there were effective governance arrangements in place.

Inspectors saw specific examples that the management of the centre was ineffective. For example the house manager had requested in November 2014 that the porch area needed refurbishment. She also pointed out that the "exterior and interior have not been repainted or renewed since 2003". This request for upgrading had been rejected by St Anne's service in November 2014. The request had been re-submitted in March 2015 and the works still needed to be done. In one resident's en-suite bathroom one of the taps had mould all over it. In an infection control audit undertaken by a nurse in May 2015 this tap had been identified as needing replacement. The nurse recorded that the same issue had come up in the infection control audit in 2014 and had still not been replaced.

The nominee on behalf of the Daughters of Charity Services was a registered general

nurse and a registered nurse in intellectual disability. She had been appointed in February 2015 as services manager in this service in North Tipperary/Offaly and had previously worked as services manager in the Limerick region. The provider nominee outlined that she had responsibility for 17 centres across a wide area. As referenced throughout this report there were deficiencies which were specifically within the remit of the provider nominee including areas like risk management, staffing, healthcare, residents' rights and premises.

The nominated person in charge was a registered nurse in intellectual disability. She also was appointed as person in charge for a number of other centres across a broad geographical area. The inspectors outlined concerns that these management arrangements across a number of centres could not ensure effective governance, operational management and administration of the designated centres concerned. As referenced throughout this report there were deficiencies which were specifically within the remit of the person in charge including care planning, positive behaviour support, residents' personal possessions and medication management.

The house manager had also been recently been appointed to cover both houses in this centre. Inspectors were not satisfied that this level of responsibility was benefiting the residents or supporting staff effectively.

**Judgment:**

Non Compliant - Major

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

It was not demonstrated that the skill mix of staff was appropriate to the needs of the residents in the centre. This failure was at the level of major non-compliance. In addition, mandatory training for all staff in relation to the management of behaviour that challenges was outstanding.

As evidenced throughout this report, it was not demonstrated that staff had the required skills and qualifications to ensure that:

- each resident had a comprehensive assessment of their needs

- that residents' health needs were met
- that personal plans were effective and took into account changes in circumstances and new developments and
- to support residents with behaviours that may challenge.

In relation to the meeting of health needs, while the person in charge was a qualified nurse, she was also the person in charge for four designated centres comprising eight houses over a broad geographical area. Inspectors found that this failing was compounded by the lack of multidisciplinary input into key areas such as annual reviews, personal planning reviews and behaviour support plans for residents.

A previously identified area for development at service level, and in this centre, related to the finding that a number of care staff did not possess a formal recognised qualification relevant to the role of care assistant, such as the FETAC Level 5 Healthcare Assistant course or equivalent. A funded plan is in place to address this gap.

There was a training plan in place and the annual staff appraisal system facilitated the identification of staff training needs. The inspectors reviewed staff training records for regular and rostered agency staff. Most, but not all, mandatory training was up to date. Training in relation to the protection of vulnerable adults, fire safety and hand hygiene was up to date. Mandatory training in relation to the management of behaviour that challenges was not up to date for all staff. Staff had received other training relevant to their roles including manual handling and food safety (which are mandatory under other legislation), advocacy and risk management.

A clear system in place for new staff was described to the inspectors. Supervision arrangements were in place. The induction log for new staff members included centre policies, observation skills, incident reporting and the management of behaviours that challenge.

Staff appraisals were completed on an annual basis and staff confirmed that such appraisals took place. House meetings were held every four to six weeks and minutes were maintained of such meetings.

**Judgment:**

Non Compliant - Major

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

The management of records required improvement:

- In some healthcare files reviews of residents' healthcare needs by consultant specialists were filed in plastic pockets at the back of the healthcare record and could not be seen. This system did not adequately ensure that relevant healthcare information was available to plan care for residents.
- For one resident their most recent review by the multidisciplinary team was not available in the house as it had been archived with other documents.
- Relevant healthcare information relating to one resident was seen hanging in the window in the staff room. However, this information had not been included in a relevant care plan.
- Relevant healthcare information relating to one resident was seen by inspectors in the house communication book. However, this information had not been included in a relevant care plan.

**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:***

Kieran Murphy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	OSV-0005159
<b>Date of Inspection:</b>	16 June 2015
<b>Date of response:</b>	22 July 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:**

Personal emergency evacuation plans were available for each resident and were on display at each fire exit door. These records contained personal information relating to the residents. While the information needed to be readily available, the information could be made available in a more discrete manner. This was discussed with the provider nominee at feedback.

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

**Action Required:**

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

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

Since inspection all personal evacuation plans for residents are readily available but in a more discrete manner. These are now positioned at the back of the fire evacuation plan, still situated at each fire exit door.

**Proposed Timescale:** 19/06/2015

**Theme:** Individualised Supports and Care

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

There was a significant failing by the provider who had failed to put in place a system to ensure that the directions in a court order were understood and followed by all relevant personnel.

**Action Required:**

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

Since inspection the nominee provider and person in charge have made all information accessible and available to staff providing direct care to this service user around the ward of court status, and terms of same. Documentation about same is now readily available in the service users personal file.

**Proposed Timescale:** 19/06/2015

**Theme:** Individualised Supports and Care

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

Resident's rights as an adult were not protected. It was explained that the consent for the taking of bloods was sought from the resident's family.

**Action Required:**

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

The nominee provider has met with the person in charge regarding family's consent

being sought for an adult for blood extraction. The nominee provider advised the person in charge that consent from a family member for an adult is not required or appropriate, however explained the importance of keeping the family informed. Independent advocacy services will sought for service users where this is appropriate.

**Proposed Timescale:** 26/06/2015

**Theme:** Individualised Supports and Care

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

Residents' personal living space was not protected as one resident used the en-suite shower in another resident's bedroom.

**Action Required:**

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

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

The nominee provider and Director of Logistics prior to inspection had reviewed the showering/bathroom facility in the centre. A plan for more appropriate showering facility is being designed, to ensure that the individual with the ensuite has sole use of the ensuite, and that other service users have access to a suitable and appropriate bathroom/shower area.

**Proposed Timescale:** 31/10/2015

**Theme:** Individualised Supports and Care

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

Personal communications did not always respect residents' dignity. Some language used was found to be inappropriate. Protocols were used to outline steps to support residents' intimate care. There was a list of "rules" in one resident's behaviour support plan. A recent entry in a monthly review document referred to a resident's behaviour as being "very bad" that month and referred to the resident as being "constantly rude".

**Action Required:**

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

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

The nominee provider and the Director of Nursing will deliver training to staff in the

centre around the appropriate terminology and respect to be afforded to all service users when conversing with them or completing documentation relating to their care.

**Proposed Timescale:** 10/07/2015

**Theme:** Individualised Supports and Care

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

There was no record of any input from an independent advocate in relation to purchases of items of furniture by a resident which were used by everybody. There was no record of any rationale from the service provider as to the reason why these purchases were made by the resident.

**Action Required:**

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

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

The nominee provider has consulted with the financial accountant and the service user will be reimbursed for all items purchased. Where a service user has funds or requires support around decision making regarding their finances the nominee provider will ensure the services of an independent advocate will be made available to all service users requiring this support. The nominee provider will ensure that the person in charge explains to all service users about advocacy services and what support they could offer the service user. The Director of Finance is leading an investigation into the finances in the designate centre and a review of the systems in place in the service. The person in charge will complete monthly audits of these individuals' accounts which will be discussed with the service users and their representative; the financial accountant will be kept up to date of these audits.

**Proposed Timescale:** 30/09/2015

**Theme:** Individualised Supports and Care

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

Where discussions around residents' financial decisions had been taken the decision making sheet had not been completed in full and it had not been signed or dated.

**Action Required:**

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

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

The financial decision making document for the centre has ceased since March 2015. For service user expenditure the service user, house manager and person in charge will have a robust discussion, and the services of an advocate will be made available to all services where necessary. The nominee provider will be informed of all purchases and expenditure for this centre. The nominee provider and the Director of Nursing will deliver training to all staff in the centre on the policy Patients Private Property DOCS 039 on the 10/07/2015.

**Proposed Timescale:** 10/07/2015

**Theme:** Individualised Supports and Care

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

There was no evidence that St Anne's service was contributing to the cost of insuring, taxing and servicing of the car despite the fact that other residents also used the car.

**Action Required:**

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

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

The nominee provider has discussed this matter with the financial accountant, the service user will be reimbursed for all tax, insurances and servicing costs for the vehicle as other residents used the car. The person in charge will establish from the service user, with the support of an advocate (if the service user agrees to the services of an advocate) if the service user has a wish to allow her peers to travel in her car for social events, the contract with the service user and representative and solicitor will have to be reviewed and ensuring that the service user is protected from any abuse of her finances and personal property. Until the service user makes her decision around the use of her car, the nominee provider has informed the person charge that no other service user can avail of the car. The nominee provider has approved the person in charge to lease/rent a car as an interim measure.

**Proposed Timescale:** 30/09/2015

**Theme:** Individualised Supports and Care

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

Inspectors were not provided with any agreement whereby a resident had agreed to pay for petrol used in trips.

**Action Required:**

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and

possessions and, where necessary, support is provided to manage their financial affairs.

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

This practice has ceased. The nominee provider has discussed this with the financial accountant; the resident in question will be reimbursed for all petrol expenses.

**Proposed Timescale:** 17/07/2015

**Theme:** Individualised Supports and Care

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

Inspectors were not satisfied that the system in place to manage day to day expenses was transparent.

**Action Required:**

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

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

The nominee provider and the Director of Nursing will deliver training to all staff in the centre on the policy Patients Private Property DOCS 039 on the 10/07/2015. The nominee provider has discussed the present concerns with the Director of Finance and a review of present practices will be undertaken, to safeguard service user's private property.

**Proposed Timescale:** 31/08/2015

**Theme:** Individualised Supports and Care

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

Inspectors were not satisfied with the oversight provided by St Anne's service of the transactions in resident bank accounts.

**Action Required:**

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

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

The nominee provider has discussed the present concerns with the Director of Finance and a review of present practices will be undertaken, to safeguard service user's money. The financial auditing practice that is presently in place will be reviewed and changes made where identified. Since inspection there has been a provider led investigation into the finances in this centre, the Director of Finance is leading an

investigation into the finances of the centre and a review of the systems in place in the service. The person in charge will complete monthly audits of these individuals' accounts which will be discussed with the service user and their representative; the financial accountant will be kept up to date of these audits.

**Proposed Timescale:** 30/09/2015

### **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 designated centre did not meet the assessed needs of all residents as there was an unsuitable age mix of residents in the centre.

**Action Required:**

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

One service user in the centre is unsuitably placed mainly due to her age. A meeting took place on 09/07/2015 with all involved in her care, including the HSE to move forward on addressing her wishes for alternative accommodation. The service user has expressed a wish to live independently, the team in the centre and day service are supporting her to develop the skills necessary to live as independently as possible, appropriate supports will be necessary and her advocate is supporting the service user in recognising this. The HSE are liaising with another service provider who supports individual apartments for supported living. The HSE will meet with the team in September to update and progress this further. If the accommodation available meets the service user's needs, a plan for transition will be developed, with set time frames.

**Proposed Timescale:** 28/02/2014

**Theme:** Effective Services

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

A comprehensive assessment of residents' health, personal and social care needs, abilities and wishes had not been completed.

**Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

All service users care plans will be reviewed by the person in charge, the house manager and with the support and training input from the clinical nurse manager 3. Where needs have not been appropriately assessed an assessment will be completed by a registered nurse and members multi disciplinary team where required, and will have plans of care developed. The plan of care will have review dates with a named person responsible for the review. The person in charge will monitor and the CNM3 will audit the effectiveness and ensure the completion of these assessments and plans of and reviews as recommended. The reviews will be no less frequent than on annual basis.

**Proposed Timescale:** 31/08/2015

**Theme:** Effective Services

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

Goals were not based on an assessment of residents' needs

**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:**

All personal plans will be reviewed by the person in charge and the Clinical nurse manager 3 in conjunction with the multi disciplinary team, and including participation of the service users and their family members or representatives, that all personal plans have an assessment of need completed . At this review, all goals, short medium and long term will be reviewed, to identify the required supports necessary to ensure they are achieved within the agreed time frame. There will be responsible named persons for each aspect of the goal, and the responsible person will keep the person in charge informed of progress in goal achievement, and service user satisfaction will be sought from the service user. The clinical nurse manager 3 will audit the effectiveness of the plan and the goals.

**Proposed Timescale:** 31/08/2015

**Theme:** Effective Services

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

There were no planned goals to address some identifiable needs. In addition, the supports required to meet goals were not specified.

**Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the

supports required to maximise the resident's personal development in accordance with his or her wishes.

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

All goals will be reviewed by the person in charge, the house manager and the clinical nurse manager 3 to identify the required supports necessary to ensure they are achieved within the agreed time frame. There will be responsible named persons for each aspect of the goal, and the responsible person will keep the person in charge informed of progress in goal achievement, and service user satisfaction will be sought from the service user. The clinical nurse manager 3 will audit the effectiveness of the plan and the goals.

**Proposed Timescale:** 31/08/2015

**Theme:** Effective Services

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

The review of the personal plan was not multi-disciplinary, as required by the Regulations. In addition, where MDT input had been sought, there was no link between MDT meetings and the residents' personal plans and the care and support that is delivered to them.

**Action Required:**

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

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

The service is in the process of recruiting multi disciplinary personnel, these clinicians will form part of the core team that will be involved with the service user and their representative in assessing the needs of service users and developing goals that will be short, medium and long term. There will be a named responsible person for following up on each aspect of each goals achievement status. Where multi disciplinary members are not available, the nominee provider will ensure that these services are made available to all service users in the centre on a contractual basis.

The multi disciplinary team members will be included in the development and review of the person's personal plan, and will make recommendations and changes where relevant. These assessments and plans of care of all service users will have review dates and responsible staff to action same.

**Proposed Timescale:** 30/09/2015

**Theme:** Effective Services

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

It was not clear how a resident could be discharged from the service.

**Action Required:**

Under Regulation 25 (4) (a) you are required to: Discharge residents from the designated centre 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 nominee provider will outline the service policy on Admissions Discharge and Transfers DOCs 013 to all the Persons in Charge and the clinical nurse manager 3s. No service user would be discharged from a residential house due to a long stay in an acute or convalescence setting.

**Proposed Timescale:** 06/07/2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Paintwork needed to be repainted.

**Action Required:**

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

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

All areas in the centre requiring paintwork will have same completed.

**Proposed Timescale:** 31/07/2015

**Theme:** Effective Services

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

Porch in one house needed renovation and repainting

**Action Required:**

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

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

The nominee provider and the Director of Logistics will develop a plan with specific timeframe to renovate the porch.

**Proposed Timescale:** 31/07/2015

**Theme:** Effective Services

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

Cobwebs clearly visible in one bathroom.

**Action Required:**

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

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

The nominee provider met with the person in charge regarding the hygiene of the house on 02/07/2015. All cleaning logs will be reviewed by the person in charge, and where these have not been completed, or are not addressing all areas of cleaning within the house changes will be made to same, to ensure all rooms in the centre are attended to ensure a high standard of cleanliness. The person in charge will monitor the standards of cleaning in the centre, and the clinical nurse manager 3 will complete a hygiene audit again in the centre before the 31/08/2015.

**Proposed Timescale:** 10/07/2015

**Theme:** Effective Services

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

Mould clearly visible in one bathroom.

**Action Required:**

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

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

The nominee provider will ensure the maintenance team review the bathroom, identify the cause of the mould in the bathroom, and measures will be taken to remove this and prevent its reoccurrence.

**Proposed Timescale:** 17/07/2015

**Theme:** Effective Services

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

In one resident's en-suite bathroom one of the taps had mould all over it.

**Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by

residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The nominee provider will ensure that the maintenance team address this issue, and remove and replace the tap. The nominee provider has met with the person charge and informed her that all maintenance issues must be reported immediately to maintenance and where not addressed in a timely and satisfactory manner, this is to be referred back immediately to the nominee provider.

**Proposed Timescale:** 17/07/2015

**Theme:** Effective Services

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

Freezer in the living room.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The nominee provider has met with the person in charge; the person in charge will ensure the freezer is relocated to a more appropriate area by the maintenance team.

**Proposed Timescale:** 17/10/2015

**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 did not include incident reporting which was used as the main tool to identify hazards.

**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 nominee provider and the service quality and risk officer are working on a policy for the centre to include incident reporting, and will provide input to the person in charge and the staff team on the importance of the reporting and recording of all incidents

.Incidents will be discussed at the monthly team meeting to ensure there is shared learning from same.

**Proposed Timescale:** 31/08/2015

**Theme:** Effective Services

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

Not all incidents were being recorded. Staff outlined to inspectors that they would not report a medication incident if it related to the supply of drugs from a pharmacist.

**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 medication management co coordinator and the person in charge have met with the staff team re this issue. The importance of reporting all medication incidents has been shared with all staff. Where staff are uncertain if something constitutes an incident advice has been given to contact the person in charge or the clinical nurse manager 3 of the incident. The nominee provider has outlined to the person in charge and the medication management coordinator that any incident relating to medication is reportable.

**Proposed Timescale:** 03/07/2015

**Theme:** Effective Services

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

The incident policy required review to include reviews of all reported incidents. It also needed revising to inform staff of their responsibilities in relation to reporting any death to the Coroner's Office.

**Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The nominee provider and the service quality and risk officer are working on a risk management policy for the centre to include incident reporting, and also will include staff responsibility in reporting deaths to the coroner's officer.

**Proposed Timescale:** 31/08/2015

**Theme:** Effective Services

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

The fire policy was a document prepared for St Anne's Service and not for the particular centre. One of the houses had the fire alarm panel in the garage. Inspectors reviewed documentation including the fire policy and fire evacuation procedure and neither document referenced that the fire alarm panel was located in the garage.

**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 health and safety officer and the person in charge have reviewed the fire evacuation procedure and now contain the detail of the location of the fire panel which is located in the garage.

**Proposed Timescale:** 06/07/2015

**Theme:** Effective Services

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

Fire drills were not being completed as required by needs of residents.

**Action Required:**

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

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

Where residents needs were not being met to support them to respond to fire drills, the health and safety officer and staff team with the support of multi disciplinary team members where necessary, will develop support plan for each service user to ensure safe and timely evacuation in the event of a fire.

The staff team will simulate a night time drill, i.e. with staffing levels as they would be at night, and identify any issues/challenges that may present at night during an evacuation. These will be addressed through the health and safety committee to support the staff team and service users in the centre.

**Proposed Timescale:** 31/08/2015

**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:**

Multi-disciplinary input into behaviour support plans viewed in the centre was limited and was not sought when planning interventions for individual residents.

**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:**

The staff team and the person in charge did not seek the support of multi disciplinary members in the support plans of service users, the nominee provider has outlined the importance of multi disciplinary input to all service user personal plans and behaviour support plans.

All staff will receive support in relation to the management of behaviours that challenge. This will be delivered by a clinical nurse manager from another part of the service who is an instructor for the therapeutic Management of Aggression and Violence will support staff in the centre, to identify behaviours and develop comprehensive behaviour support plans for service users requiring same, this support will be delivered in August 2015.

It is recognised that Multi Disciplinary input to support plans is limited, and there is actively a recruitment process in place for multi disciplinary team members.

The newly appointed Clinical Nurse manager 3 has expertise in the are of challenging behaviour, she will support staff along with the psychologist in the development of a behaviour support plan for each individual in the centre that requires one.

**Proposed Timescale:** 15/09/2015

**Theme:** Safe Services

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

The reasons for using restrictive practices were not documented. In addition, the use of restrictive practice in the centre was not subject to the organisation's monitoring or review procedures.

**Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

All restrictive practices in place in the centre will be reviewed by the restrictive practices committee, the person in charge and house manager will be included in this review.

The person in charge, clinical nurse manager 3, staff team and multi disciplinary team

members as required will review existing restrictive practices and ensure that they are in line with service policy, and that they are the least restrictive means possible.

**Proposed Timescale:** 30/09/2015

**Theme:** Safe Services

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

Staff training records indicated that mandatory training in relation to behaviour that challenges was not up-to-date for all staff.

**Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff with the exception of one agency staff is since inspection have completed the required training. The one outstanding staff will receive this training on the 20/07/2015.

**Proposed Timescale:** 20/07/2015

**Theme:** Safe Services

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

The personal plan for continence care did not respect resident's dignity and bodily integrity.

**Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The nominee provider spoke to the person in charge about the importance of the service users dignity being respected and that intimate care had to be delivered based on need and not at scheduled times. The clinical nurse manager 3 will provide input on the intimate policy to the person in charge and the staff team in the centre.

**Proposed Timescale:** 14/08/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Residents had assessed healthcare needs but these needs had not been identified in a plan to direct care.

**Action Required:**

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

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

All service users care plans will be reviewed by the person in charge, the house manager, key worker and with the support and training input from the clinical nurse manager 3 . Where an assessment has not already been completed or a change in care needs is identified this assessment will be completed by a registered nurse and a multi disciplinary team member where required, and plans of care set out. The plan of care will have review dates as necessary depending on the service users care needs, and changes in same. The person in charge will monitor and the CNM3 will audit the effectiveness and ensure the completion of these assessments and plans of care, and reviews as recommended. All identified health care needs will have a plan of care in place.

**Proposed Timescale:** 15/08/2015

**Theme:** Health and Development

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

It wasn't clear that staff were supporting residents to achieve their best possible health, by providing accurate information to those carrying out health assessments or reviews. One resident had been seen by a consultant specialist in June 2015 who recorded that there were "no complaints and no concerns". Six days later this resident's medication was increased by the doctor as staff indicated that the resident had been withdrawn and had "poor sleep recently".

**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 service has identified the need for nursing support in this centre, and is currently in the recruitment process for nursing staff. Staff training needs have been identified, funding granted to support FETAC level 5 training for all staff. This is planned to commence in September 2015.

There is a lack of multi disciplinary support to the service users in the centre; the service is currently recruiting for same. In the interim where multi disciplinary support is required, this will be contracted in for an individual.

The Service Human Resources Director, Nominee Provider, Person in Charge and

Clinical Nurse Manager 3 are reviewing staffing in the centre. Service users support needs will be the basis of this review to ensure that appropriate skill mix and safe practices are in place, this process commenced on 20/06/2015. The Clinical Nurse manager 3 with direct responsibility to the centre, will monitor and lead healthcare and clinical care needs within the centre.

**Proposed Timescale:** 15/08/2015

**Theme:** Health and Development

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

It was recorded in some care plans that regular blood testing was required for residents on particular medications to ensure that the levels were within recommended ranges. However, in one resident's healthcare records blood results were not available for the years 2014 or 2015.

**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:**

Where blood tests are requested by the doctor, these will be completed and the results of all test will be available in the service users file, and results will be shared with the service user. Where necessary a plan of care will be implemented.

**Proposed Timescale:** 03/07/2015

**Theme:** Health and Development

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

One resident had a risk assessment in place in relation to mental health needs. This assessment indicated that the resident had access to a consultant specialist in psychiatry and the community psychiatric support team. However, the house manager told inspectors that there was no community psychiatric support team available.

**Action Required:**

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

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

The person in charge will outline the community psychiatric support team that are available to the area and the centre to the house manager and the staff team. The house manager will contact the community team and introduce herself and ensure that contact details for this team are available in the centre.

The house manager will familiarise herself with the specific individuals care plan to ensure that she is informed of all support services in place for this service user.

**Proposed Timescale:** 17/07/2015

**Theme:** Health and Development

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

It was not demonstrated that all multidisciplinary team appointments were completed in a timely manner. It was not evidenced that multidisciplinary team recommendations were implemented in full.

**Action Required:**

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

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

Where multi disciplinary appointments are not completed in a timely manner, the nominee provider has instructed the person in charge to make referrals to therapist outside of the organisation, the nominee provider will ensure funding is available for this, to ensure serve users referrals are addressed as quickly as possible.

All multidisciplinary recommendations will be reviewed by the person in charge and the house manager. There will be an identified responsible person named to follow up on the recommendations, and ensure they are completed. The person in charge and the house manager will link with the clinical nurse manager 3 with direct responsibility for the area to ensure that recommendations are followed and actioned. Where there is an issue or a challenge that presents itself hindering implementation of a recommendation, a multi disciplinary team meeting will be called to review the recommendation and develop a plan to support its achievement.

**Proposed Timescale:** 15/08/2015

**Theme:** Health and Development

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

Guidelines on the care of the dying were shown to inspectors. These had not been updated since 2009. In addition not all staff had received training on end of life care or on the provision of cardio-pulmonary resuscitation.

**Action Required:**

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

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

The centre guideline on The care of the Dying will be reviewed. Training will be scheduled for all staff in the centre on end of life care and on the provision of cardio-pulmonary resuscitation.

**Proposed Timescale:** 30/10/2015

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

Medication prescription records did not contain the signature of the nurse who transcribed the record.

**Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

All medication prescriptions will contain the signatures of two nurses.

**Proposed Timescale:** 31/07/2015

**Theme:** Health and Development

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

There was no designated refrigerator available in the centre in the event of a resident commencing on medication requiring refrigeration.

**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:**

There have been two fridges purchased since inspection date and are stored in the main administration building of the service and will be immediately available to centre where medication is prescribed.

**Proposed Timescale:** 03/07/2015

**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:**

Inspectors saw specific examples that the management of the centre was ineffective.

**Action Required:**

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

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

The person in charge of the centre has a direct link for mentorship and support with the newly appointed clinical nurse manager 3. The recruitment process has commenced in the service to appoint an additional clinical nurse manager 2 post. This post will be a person in charge, and one area of responsibility will be removed from this centres person in charge.

The nominee provider has spoken to the maintenance manager and the person in charge, and they have agreed a plan for the works that need to be completed in the centre.

The nominee provider and members of the executive team have scheduled weekly meetings, to discuss the designate centre and actions necessary to meet registration standards.

**Proposed Timescale:** 30/10/2015

**Theme:** Leadership, Governance and Management

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

As referenced throughout this report there were deficiencies which were specifically within the remit of the provider nominee including areas like risk management, staffing, healthcare, residents' rights and premises.

**Action Required:**

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

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

The nominee provider and members of the executive team have scheduled weekly meetings, to discuss the designate centre and actions necessary to meet registration standards.

The nominee provider has a number of external supports coming to the centre, to support, inform and up skill staff in the areas of, risk management, care planning with

particular focus on health care assessments and development of plans, goal setting, meaningful social activities for service users, advocacy training and ensuring that service users have a say in the running of their home and supporting independence for service users at all times.

The nominee provider has put in place a new management structure to support the centre. This new management structure now includes the clinical supports necessary to ensure good practice and the necessary supervision for persons in charge and house managers to ensure that the centre achieves and maintains the standards that are necessary for service users to reach their full potential and enjoy a fulfilled life with the supports they require to achieve same. This team is in its infancy, the clinical nurse manager has been appointed since the beginning of June, but is involved in the centre since mid June. The nominee provider will support this team to develop their competence and confidence in delivering an effective service to this centre.

**Proposed Timescale:** 31/08/2015

**Theme:** Leadership, Governance and Management

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

As referenced throughout this report there were deficiencies which were specifically within the remit of the person in charge including care planning, positive behaviour support, residents' personal possessions and medication management.

**Action Required:**

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

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

The nominee provider has put in place a new management structure to support the centre. This new management structure now includes the clinical supports necessary to ensure good practice and the necessary supervision for persons in charge and house managers to ensure that the centre achieves and maintains the standards that are necessary for service users to reach their full potential and enjoy a fulfilled life with the supports they require to achieve same. This team is in its infancy, the clinical nurse manager has been appointed since the beginning of June, but is involved in the centre since mid June. The clinical nurse manager 3 is working closely with the person in charge and the house manager to ensure they have the knowledge and skills to carry out their role and responsibilities. There is ongoing training for the person in charge in the centre. There are weekly meetings with the clinical nurse manager 3, and with the nominee provider and other persons in charge to ensure shared learning and sharing of skills.

**Proposed Timescale:** 31/07/2015

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

It was not demonstrated that staff had the required skills and qualifications to meet the needs of residents.

**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 service has identified the need for nursing support in this centre, and is currently in the recruitment process for nursing staff. Staff training needs have been identified, funding granted to support FETAC level 5 training for all staff. This is planned to commence in September 2015.

**Proposed Timescale:** 30/09/2015

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

Review of residents' healthcare needs by consultant specialists were filed in plastic pockets at the back of the healthcare record and could not be seen.

**Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The person in charge with the house manager has since inspection ensured that all records including health care are stored in the relevant section of the care plan and accessible by all staff requiring them.

**Proposed Timescale:** 14/07/2015

**Theme:** Use of Information

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

For one resident their most recent review by the multidisciplinary team was not

available in the house as it had been archived with other documents.

**Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The person in charge will ensure that all minutes of multi disciplinary team meetings for the last two years, and longer where appropriate, will be stored in the active care plan file.

**Proposed Timescale:** 24/07/2015

**Theme:** Use of Information

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

Relevant healthcare information relating to one resident was seen stuck to the window in the staff room. However, this information had not been included in a relevant care plan.

**Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The person in charge and the house manager have since inspection removed service user's information from the window and same is documented and stored in the relevant part of the care plan. The person in charge has at a house meeting informed all staff that no information relating to a service user should be displayed in a public place, all information to be stored in the service user care plan file.

**Proposed Timescale:** 17/07/2015

**Theme:** Use of Information

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

Relevant healthcare information relating to one resident was seen by inspectors in the house communication book. However, this information had not been included in a relevant care plan.

**Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in

Schedule 3.

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

The person in charge and the house manager have since inspection removed service user's information from the communication book and same is documented and stored in the relevant part of the care plan. The person in charge has at a house meeting informed all staff that no information relating to a service user should be stored in the communication book, all information to be stored in the service user care plan file.

**Proposed Timescale:** 17/07/2015