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A designated centre for people with disabilities operated by Muiriosa Foundation, Kildare

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Muirosia Foundation
Centre ID:	OSV-0001449
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muirosia Foundation
Provider Nominee:	Sheila O'Neill
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 February 2014 10:30 To: 20 February 2014 19:30

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 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

Summary of findings from this inspection

The intended provider is Muiriosa Foundation (hereafter called the provider) which is a company registered as a charity. This was an announced inspection of a nominated designated centre. The purpose of this inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations).

The inspector met with management, residents, family members and staff members over a one day inspection. The inspector observed practice and reviewed documentation such as personal care plans, health plans, medical records, accident and incident records, medication records, meeting minutes, policies and procedures, governance and management documentation, staff training records, financial documentation and records and staff files. Two residents resided in this designated centre which was a large detached bungalow.

The inspector found that there was some evidence of good practice in this designated centre however, there were also areas that required significant improvement.

Some of the areas requiring improvement to meet the Regulations that were identified by this inspection included:

- Governance and management arrangements and the suitability of the nominated person in charge.
- Residents rights, dignity and consultation regarding their personal finances.
- Individual assessment and personal plans.
- Staff files.
- Staff mandatory training.
- Risk management policy.
- Safeguarding and safety arrangements in place regarding protecting vulnerable adults.
- The health-care needs of residents were not fully promoted for residents to enjoy best possible health.
- Medication management policy and procedure and staff training of same.

These areas for improvement are discussed in more detail later in 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector examined one component of this Outcome: Residents Rights, Dignity and Consultation following information regarding the management of resident's finances that was provided to the inspector by the person in charge. The inspector found significant issues with the system in place regarding the management of resident finances.

The inspector noted that there was no evidence of an operational system within the designated centre that afforded residents control over the management of their finances. There was no evidence available to the inspector regarding residents being consulted with/or consenting to the management of their personal finances. In addition to this, the inspector was informed that the majority of resident's finances within the organisation were managed centrally by the provider in a provider central bank account. The inspector did not find evidence of an assessment of resident's capacity that would warrant the absence of a process involving them in decisions regarding their personal finances. The inspector was informed that a 'request form' was completed for residents to access their monies. This was confirmed by the provider and information pertaining to the management of this account was provided to the Authority following the inspection. This system was not in compliance with the Regulations which clearly require the registered provider to ensure that money belonging to any resident is not paid into an account held in a financial institution unless the consent of the person has been obtained and the account is in the name of the resident to which the money belongs.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found that while staff knew residents well and there were some arrangements in place to improve the quality of residents' lives, personal planning was not fully guiding this process and a number of improvements were necessary to meet the requirements of the Regulations.

The inspector met with residents, a family member, staff members and also reviewed residents personal plans. Residents in this community house were introduced to the inspector as having no verbal abilities and used some gestures, hand signs and sounds to communicate. The staff informed the inspector that advocacy was therefore crucially important to ensure residents' needs were met.

A resident's family member who requested to meet the inspector stated that they were very happy with the service and said they were very satisfied that residents social care needs were being well met.

All residents had a personal plan in place. The inspector viewed personal plans that included photographs of resident's families and pictures of activities and places that were important to the residents. Plans also included goals and wishes that were important to the resident. The inspector was informed by staff that an annual review of these plans and goals took place.

The inspector found a lack of evidence to demonstrate that the provider ensured residents had maximum participation in the development of their personal plan. For example, a residents name was not on the attendance minutes for their last personal planning meeting. In addition to this, given the residents lack of ability to verbally communicate the inspector did not find sufficient evidence of efforts to promote maximum participation in personal planning. For example, staff informed the inspector that they were unsure whether any alternative communication methods had ever been used/attempted with one resident.

The inspector found that there was a lack of multidisciplinary participation in the personal plans which is discussed further in Outcome 11.

The inspector found that while there was some evidence of certain resident goals being met, this was inconsistent and the person in charge had no system to assess the effectiveness of personal plans. For example, the inspector found resident personal goals being marked as 'achieved' with no date or staff signature and no actual evidence that the specific goal was achieved in the residents personal plan. The system whereby residents personal plans were appropriately reviewed to ensure residents goals were actually being measured and/or met was insufficient.

The inspector found that residents goals were mainly activity based as opposed to outcome and ability focussed. For example, staff explained that one resident previously had employment and that they immensely enjoyed this employment but it unfortunately came to an end due to outside circumstances. However, the inspector found that there was no advocacy or goal setting that sought new employment in the resident's personal plan. Furthermore, in discussing residents' goals with staff the inspector was informed of resident goals that were not documented in their personal plans. For example, the inspector was informed by staff that one resident was working towards learning to use public transport however, this was not reflected in the residents personal plan.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that while the provider had taken some precautions to promote the health and safety of residents, visitors and staff, this area needed to be significantly improved.

Risk Management Procedures

There was a safety statement in place. The inspector read the risk management policy which was dated May 2012 and reviewed in May 2013 and found that it required substantial updating to comply with the requirements of the Regulations. For example, it did not contain specific reference to control measures and actions in place to deal with:

- the unexpected absence of any resident
- accidental injury to residents visitors or staff
- aggression and violence
- self harm.

The risk management policy contained an 'assessment and management plan' template but inspectors found no evidence that this assessment tool was used at unit level. Staff interviewed displayed no knowledge of this tool or of any formal risk assessment procedure or protocols. The inspector found a lack of risk awareness amongst staff in the centre and found no evidence of any appropriate formal system of hazard identification and assessment of risk. This was further compounded by the lack of an operational system for the identification of and learning from serious incidents. For example, the inspector found recordings of incidents (while occurring before November 2013) whereby one resident accessed chemicals (cleaning products) and another resident sustained a head injury. In both of these incidents the inspector found no satisfactory evidence that appropriate investigation, follow up, learning from incidents or subsequent control measures being put in place to reduce the likelihood of recurrence.

The inspector found no evidence that there were systems in place for the assessment, management and ongoing review of risks. For example, the inspector found that there was no implementation of any formal risk audits or reviews, with the exception of medication management (See Outcome 12: Medication Management). The inspector found that an accident and incident policy (2013) did not guide practice with staff presenting as unsure of the protocols regarding accident and incidents. The inspector found that the accident and incident book that was used did not have many recent entries (since 2009) and some information in this book pertained to residents who were not residing in the centre. The person in charge stated they did not know why this other persons information was in the designated centre accident and incident book.

The inspector reviewed infection control policies and procedures and found them to be adequate.

Fire Safety:

The Inspector found adequate measures in place regarding fire safety however, improvements are required to meet the Regulations. The inspector found service records were up to date regarding fire extinguishers and alarm testing equipment. The community house had an emergency lighting back-up system in place and the inspector saw evidence of fire drills and personal evacuations having taken place.

While the staff spoken to demonstrated good awareness of safely evacuating residents, there was no identifiable designated assembly point. There were not clear guidelines or protocols for staff to follow in the event of an emergency. For example, specific instructions regarding emergency accommodation should the centre require full evacuation.

Following review of staff files the inspector was concerned that not all staff had current manual handling training, fire safety training, occupational first aid training or epilepsy training.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the provider had not put adequate systems in place to promote the safeguarding of residents and protect them from the risk of abuse and the inspector was concerned that a number of improvements were required in this area.

The inspector found a 'Trust in Care Policy' (2014) and 'Policy and Procedures for Protection and Welfare of Vulnerable Adults (2013) were present, however the inspector had concerns over staff knowledge of these policies. For example, not all staff interviewed were familiar with the different forms and signs of abuse. Staff informed the inspector they did not have sufficient training in this area.

On reviewing the staff training schedule the inspector found it very concerning that staff were not provided with training in protecting vulnerable adults from abuse. In discussing this issue with staff they recalled doing training in the area of elder abuse 'a number of years ago' and inspectors found no training records for staff undergoing current/recent protecting vulnerable adults training. The inspector brought this issue to the attention of the provider and the provider submitted a proposed training schedule for all of their staff (the day following inspection) to address this issue.

Throughout the course of this inspection staff were observed interacting with residents in a respectful, warm and caring manner.

The person in charge reported that there were some issues regarding behaviours that challenge and one resident who required restrictive practices. These practices took the form of prescribed as required (PRN) medication (Diazepam) in addition to a restrictive practice using a duvet to hold a resident in a seated position to have routine chiropody performed. The inspector viewed an undated Behavioural Support Team discharge report whereby this resident had been supported by a Behavioural Support Team (2008 - 2011). The inspector also found a restrictive practice protocol for the above practice dated 2 May 2013 and due for an annual review on 3 May 2014. The inspector did not see evidence of alternative measures considered or attempted before the implementation of this restrictive protocol as is a requirement of the Regulations. The inspector was concerned that there was no formal risk assessment regarding this physical restraint. For example, the inspector was also concerned that specific

instruction was not available to staff regarding the exact steps of this protocol, positioning, technique and the assessed safe timed duration of this restraint.

Regarding residents' finances and the safeguarding measures in place to protect same (See Outcome 1: Residents Rights, Dignity and Consultation). The inspector did check the balance and account recordings of one resident's finances and these were correct.

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):
No actions were required from the previous inspection.

Findings:

The inspector found that some elements of residents health-care needs were met but noted improvements were required to meet the Regulations.

The inspector saw evidence that residents had access to a local GP. However the recording of this information in resident's personal plans was not satisfactory. For example, the inspector found the last entries in one resident's medical information was incomplete, unsigned and had the incorrect date in their personal plan. Staff subsequently informed the inspector that this was information pertaining to the resident's last GP visit on 14 January 2014 whereby a follow up blood test was recommended, however, this information was recalled from staff memory as opposed to formal recording of same in the resident's personal plan.

The inspector found a Speech and Language Therapy (SALT) assessment completed on 10 March 2010. This assessment made a number of recommendations which were not followed up on according to staff. The inspector found no evidence that the SALT assessment was reviewed and the assessment did not fully guide practice. For example, the resident's food was chopped however there was no specific assessment led instruction regarding this intervention and there was no evidence of this intervention being reviewed. The inspector found no evidence of residents attending the dentist despite residents having specific needs in this area. For example, a resident with an eating and drinking protocol, due to chewing and swallowing difficulties, had not been assessed by a dentist. The staff stated they could not recall the last time the residents saw a dentist but it would have been 'a number of years'.

The inspector found that residents had good access and choice regarding food and nutrition. Staff members spoken to had a good knowledge of resident's likes/dislikes in respect of food and drinks. The inspector observed staff preparing a home-cooked meal with residents and observed everyone eating together in a very pleasant dining experience. There was a weekly planner in place that staff informed the inspector that they advocated for residents to ensure the residents preferred foods were on the menu. Staff stated they put an emphasis on healthy eating and ensuring residents menus were altered and varied.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that medication management policies and procedures were in place but further improvements were needed to meet the requirements of the Regulations.

The inspector was shown a medication management policy (2014) however this policy was not operational. The provider stated that this policy is in the process of being implemented. The policy that was in place was a medication management policy dated 2010.

The inspector observed medication administered appropriately by a staff member with the staff member wearing gloves, administering the medication appropriately and respectfully explaining the process to the resident. The staff member then recorded same appropriately.

Following observations of practice, review of documentation and protocols and discussion with the person in charge, the inspector found some systems in place to support staff in protecting residents in relation to medication management.

For example the inspector noted:

- A medication management policy was in place.
- Medication prescribing protocols were in place.
- Residents information and photographs were attached to their prescription records.
- Medication disposal arrangements took place monthly in conjunction with a local pharmacist.

However, the inspector also noted a number of areas whereby improvements were required:

- Drug error procedures were not robust and a clear and comprehensive reporting system of same was not evident.
- Not all as required medication administration protocols were in the appropriate accessible location.
- While there was some evidence of monthly audits regarding medication management the most recent audits were not available in the designated centre.
- There was no evidence of any risk assessment procedures in place regarding medication management.
- Medication storage space was secure but small with medication tightly packed into small spaces with inadequate segregated space for out of date medications.

The inspector noted that there was no evidence that all staff had undergone current safe medication administration training or epilepsy training.

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):

No actions were required from the previous inspection.

Findings:

The inspector was shown documentation that highlighted a clear overall organisational governance and management structure. However, the inspector was not satisfied that a fully effective management system was in place within the designated centre.

The inspector had concerns that there was insufficient leadership and governance in the designated centre. The person in charge did not satisfy the Regulations and did not display effective governance, operational management and administration of the designated centre as evidenced in Outcomes 5: Social Care Needs, 7: Health and Safety and Risk Management, 8: Safeguarding and Safety, 11: Health-care Needs, and 12: Medication Management. The provider informed the inspector during the course of the inspection that they would be putting forward a change to the person in charge

following the inspection.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found that there were appropriate staff numbers on duty in the designated centre. However, there were a number of areas that required improvements to meet the requirements of the Regulations.

Throughout inspection residents appeared to be content with the staff members on duty who demonstrated a good rapport and knowledge of the residents present.

The inspector viewed the staffing rosters which did not match the personnel on shift at inspection time. The inspector found staff files did not meet the requirements of the Regulations. For example, the inspector noted issues on staff files regarding a lack of documentary evidence of qualifications, appropriate references, photographic identification and Garda vetting disclosures.

The inspector was informed a volunteer policy existed but this was not available at inspection.

The inspector found staff interviewed did not demonstrate an appropriate awareness of the Regulations. For example, the person in charge was not fully aware of various responsibilities in the areas of resident rights and staff training under the Regulations.

The inspector did not find evidence that all staff had current core training in the areas of manual handling, first aid, epilepsy training and fire safety training. There was a lack of appropriate protection of vulnerable adult training however the provider issued the inspector with a schedule to address this issue following inspection (See Outcome 8: Safeguarding & Safety).

The inspector found that there was not sufficient evidence to demonstrate staff supervision arrangements in the designated centre. For example, the person in charge was not aware of the supervision arrangements, frequency of staff meetings or the recording system of supervision for staff.

Judgment:
Non Compliant - Major

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:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Muiriosa Foundation
Centre ID:	OSV-0001449
Date of Inspection:	20 February 2014
Date of response:	28 March 2014

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 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:

Resident finances were not managed in an account that was in the name of the resident.

Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an

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

account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

- Implement a process to determine capacity involving the multi-disciplinary team (MDT) in the design of the process. If capacity is determined an account will be opened in a financial institution in the resident's name. If the process determines that the resident lacks capacity to manage their finances, we will continue to manage their finances as per the HSE's Patient Private Property Guidelines.

Proposed Timescale: 25/04/2014

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:

There was an absence of or inadequate multi-disciplinary involvement in personal plans.

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:

- Draft and disseminate a guidance document setting out a) the circumstances in which multidisciplinary professionals will become involved with residents and b) the mechanisms for initiating such involvement. This document will also set out a mechanism for securing the input of multidisciplinary professionals into the personal planning process.

Proposed Timescale: 25/04/2014

Theme: Effective Services

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

There was insufficient evidence that residents were facilitated to participate fully in their personal plans.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

- The key worker will over a period of time gather information on the will and preference of each individual in respect of outcomes and goals, in so far as such will and preference can reliably be discerned. The product of this process will be captured in a document which will form a core element in the process around compiling the Person-Centred Support Plan.
- Given that the two individuals have no formal verbal abilities, we will ensure that the person centred planning process incorporates input from family or an advocate who will ensure that the individual's interests are promoted and safeguarded. This input will be captured in a discrete document or in the minutes of a personal planning meeting.

Proposed Timescale: 09/05/2014

Theme: Effective Services

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

Personal plans did not fully include needs based comprehensive assessment.

Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

- The person in charge will ensure that a process is in place to complete a needs based comprehensive assessment. The "appropriate health care professions" will either be an RNID or a social care worker.
- The multidisciplinary perspective will be incorporated in the annual review of this person
- The relevant MDT members will be invited into the person centred planning process

Proposed Timescale: 20/06/2014

Theme: Effective Services

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

Arrangements were not in place to fully meet residents assessed needs.

Action Required:

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

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

- The person in charge will review on a quarterly basis the extent to which the assessed needs are being adequately addressed and these findings and follow-on action commitments will be retained in the individual's file.

Proposed Timescale: 20/06/2014

Theme: Effective Services

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

There was no system to monitor and review the effectiveness of personal plans.

Action Required:

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

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

- The person in charge will review on a quarterly basis the extent to which the assessed needs are being adequately addressed and these findings will be retained in the individual's file.

Proposed Timescale: 20/06/2014

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 guide practice regarding hazard identification and assessment of risk.

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:

Introduction to all actions arising from Outcome 07:

The over-arching risk management framework incorporates

(a) the corporate and local Safety Statement

(b) the Challenging Behaviour Policy – which overlaps significantly with the general theme of minimising risk

(c) the guidance document on assessing risk and planning for the management of risk at the level of individual service user

Specified risks such as aggression, violence [26 (1) (c) (iii)] and self-harm [26 (1) (c) (iv)] will be addressed via the Challenging Behaviour Policy and risk management guidance (at the level of the service user).

There is a specific policy in respect of unexpected absence which incorporates risk.

- The hazard identification risk assessment is now in place.

Proposed Timescale: 31/03/2014

Theme: Effective Services

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

Systems for the identification and control of risk were not consistently employed.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

- The hazard identification risk assessment is now in place.

Proposed Timescale: 31/03/2014

Theme: Effective Services

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

The risk management policy and practice of same did not make arrangements for identification, investigation and learning from serious incidents.

Action Required:

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

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

- The person in charge will conduct a quarterly review of serious incidents/adverse events which will form the subject of appropriate risk assessment. The relevant learning will be captured in the individual's care plan/person centred plan.

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

There were not appropriate systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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:

- A risk register will be implemented for assessment, management and on-going review of risk.
- The risk register will capture all incidents, near misses, adverse events.
- The person in charge will review and identify (a) learning and (b) what is needed to be put in place by way of risk-control measures.

Proposed Timescale: 30/06/2014

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 measures and actions regarding the unexpected absence of residents.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

- Our risk management policy will be amended to cross reference "absent without staff knowledge" scenarios.

Proposed Timescale: 18/04/2014

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 measures and actions regarding accidental injury.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

- Our risk management policy will be amended to include the measures and actions in place to control accidental injury to residents, visitors or staff.

Proposed Timescale: 18/04/2014

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 measures and actions regarding aggression and violence.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

- Our risk management policy will be amended to cross reference the policy guidance on "behaviours of concern" (which is the framework within which these issues will be addressed).

Proposed Timescale: 18/04/2014

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 measures and actions regarding self harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

- Self-harm will be addressed via the "Behaviours of Concern..." document (the successor guidance document to the Challenging Behaviour guidance) and the guidance document on assessing risk and planning for the management of risk at the level of the individual resident.

Proposed Timescale: 27/04/2014

Theme: Effective Services

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

Not all staff members had undergone up to date fire safety training.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

- Evacuation arrangements have been formalised and emergency procedures put in place.

Proposed Timescale: 28/03/2014

Theme: Effective Services

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

There was no formal identifiable designated assembly point or specific instruction for staff regarding bringing residents to safe locations.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

- Evacuation arrangements have been formalised and emergency procedures put in place.

Proposed Timescale: 28/03/2014

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:

The inspector did not see evidence of alternative measures considered/attempted before a restrictive procedure is used.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are

considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

- New guidance on restrictive practices will be in place by 27/04/2014 and this guidance will aid staff in methods of using the least restrictive practice.
- The guidance will identify for staff their obligation to avail of non-restrictive alternatives before using restrictive practices.
- This guidance will assist staff in discriminating between practices which have a restrictive and non-restrictive rationale.

Proposed Timescale: 27/04/2014

Theme: Safe Services

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

Staff were not adequately trained regarding the safeguarding, prevention, detection and response to abuse.

(The provider addressed this issue the day after inspection and provided a proposed training schedule for the organisation)

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:

- Training has been provided and completed by all staff in this designated centre

Proposed Timescale: 28/03/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents did not have access to or adequate follow up with allied health professionals.

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 introduction of the Client Electronic System will track appointments with allied health professionals (Proposed Timescale: 31/10/2014).
- Appointments will be made on a needs assessment.
- person in charge to audit on a quarterly basis attendance at appointments with allied health professionals.
- Where there is a clear preference by an individual not to avail of a particular service this will be documented in the care plan (as is currently the case with one of the individuals in respect of dental review).

Proposed Timescale: 30/04/2014

Theme: Health and Development

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

The residents personal plans did not contain appropriate evidence of health-care needs being met.

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 person in charge will ensure that appropriate healthcare assessment and action planning is in place which information will be reflected in the person-centred support plan.

Proposed Timescale: 20/06/2014

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:

All appropriate medication records were not in an accessible location in the designated centre.

Action Required:

Under Regulation 29 (3) you are required to: Where a pharmacist provides a record of a medication-related intervention in respect of a resident, keep such a record in a safe and accessible place in the designated centre.

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

- All medication records will be kept in the designated centre.

Proposed Timescale: 31/03/2014

Theme: Health and Development

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

There was insufficient secure space for segregated medication.

Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

- The person in charge will ensure that there is sufficient secure space for segregated medication by purchasing a larger medication storage press

Proposed Timescale: 30/04/2014

Theme: Health and Development

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

The inspector found no evidence of any risk assessments regarding medication management.

Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

- An assessment of suitability for self-administration of medication has been completed for each individual.

Proposed Timescale: 31/03/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff present in the designated centre were on the staff rota.

Action Required:

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

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

- Where a day-service staff member uses a designated centre as a base to provide an outreach programme that staff member will show on the planned and actual roster for the designated centre.

Proposed Timescale: 31/03/2014

Theme: Responsive Workforce

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

A number of staff files did not contain the required information and documents specified in Schedule 2 of the Regulations.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

- The Human Resources Department have conducted an audit of staff files for the designated centre to ensure required documentation is in place and any shortfalls were addressed.

Proposed Timescale: 31/03/2014

Theme: Responsive Workforce

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

There was evidence that all staff did not have up to date training and refresher training completed.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

- Implement a process by which staff are trained in epilepsy on a rolling 3-year basis.

Proposed Timescale: 30/04/2014

Theme: Responsive Workforce

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

There was insufficient evidence regarding staff supervision practices in the designated centre.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

- The person in charge will ensure that staff practices are supervised and recorded as per the Intimate and Personal Care Policy.
- The person in charge will ensure that monthly meetings are held, minutes recorded and made available to all staff in the centre.

Proposed Timescale: 18/04/2014

Theme: Responsive Workforce

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

Staff were not familiar with the Regulations.

Action Required:

Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

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

- The person in charge has been provided with the Health Act 2007 and a copy of the Regulations. She will review and discuss both these documents with the staff on an individual basis. A record will be maintained of when this review took place. It will be counter-signed by the staff member.
- The designated centre has been provided with a copy of the Health Act 2007, the Regulations and Standards.

Proposed Timescale: 30/04/2014