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A designated centre for people with disabilities operated by Steadfast House Limited, Monaghan

Item Type	report
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Citation	Jillian Connolly, 'A designated centre for people with disabilities operated by Steadfast House Limited, Monaghan', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2014-11
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-06-16 05:57:41
Link to Item	https://hdl.handle.net/20.500.14765/72345

**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 Steadfast House Limited
Centre ID:	OSV-0001632
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Steadfast House Limited
Provider Nominee:	Malachy Marron
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 October 2014 15:00 To: 07 October 2014 21:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The designated centre is a respite service which can provide services for a maximum of four residents per night. The designated centre is located on the outskirts of a busy town in Co. Monaghan. As of the day of inspection there were a total of forty five residents listed as accessing the service on a periodic basis. There were three residents residing in the designated centre when the inspector was present. The inspection was unannounced and the inspector met with staff at the commencement of the inspection and provided feedback to the person in charge/provider nominee on the conclusion of the inspection. The position of provider and person in charge is held by the manager of the designated centre.

The inspector reviewed documentation, a sample of personal plans from the forty five residents, observed practice and met with staff. Staff were observed engaging with residents in a dignified and respectful manner.

An inspection had been conducted in the designated centre on the 17th July 2014 and an immediate action was issued to the provider on this inspection as significant

risk was identified in relation to staff training, health and safety and fire management. On the 17th July 2014, inspectors were satisfied that the provider took the necessary steps to safeguard residents prior to inspectors leaving the centre and received a satisfactory response by the provider in writing post inspection. The purpose of this inspection was to follow upon the actions identified by the provider.

The inspector found that the immediate risk identified on the previous inspection had been addressed. There was also evidence that progress had been made towards achieving compliance in areas such as positive behaviour support, furnishings, health care needs, risk management and fire safety. However the inspector, on this inspection, identified that further improvements were required.

On this inspection, there were four major non-compliances identified in relation to medication management, governance and management, workforce and statutory notifications to the Authority. Compliance was found in the privacy and dignity of residents.

The action plan also identifies the failings identified by inspectors and the actions the provider/person in charge is required to take 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.

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):

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

Findings:

There were three residents accessing the respite service on the day of inspection. Staff were observed engaging with the residents in a dignified and respectful manner. Staffing levels had been altered since the previous inspection and from the sample of rosters reviewed, the inspector was satisfied that the staffing levels were reflective of the assessed needs of residents. The inspector determined from a sample of personal files reviewed that this had a positive outcome for residents as there was an increase in the activities offered and received by residents. On the weekend prior to the inspection, residents accessing the service had enjoyed a day trip to a popular tourist town. There was also evidence of residents being supported to visit friends and to attend religious services.

On the previous inspection failings were identified in the privacy and dignity of residents due to the absence of privacy locks on bedroom and bathroom doors. On this inspection, the inspector was satisfied that the appropriate measures had been taken and locks had been fitted on the appropriate doors. Further breaches of regulations pertained to the centre providing services to residents on an emergency basis despite having full capacity. The provider responded in the action plan that with immediate affect only four residents, as per the Statement of Purpose and Function of the designated centre, would be accommodated. The inspector found that this was the case.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

As stated in Outcome 1, a maximum of four residents had been accommodated following on from the previous inspection as per the Statement of Purpose and Function of the designated centre.

Failings had been identified in relation to the contract in place between the resident and/or their representative and the provider. As the service is respite, residents and/or their representatives are required to sign a contract on each admission to the centre. There is no cost to the resident for the service as this is provided by an external funding body. On the previous inspection inspectors identified that residents were incurring costs whilst accessing the service for day trips, food take aways and other activities. The contract did not reference this. Amendments had been made to the contract and implemented approximately three weeks prior to the inspection occurring. The contract listed the activities that the resident could access and the cost required. Residents and/or their representatives informed via the contract the activities they would like to participate in and agreed to the additional costs prior to accessing the service. However the inspector determined that additional amendments were required stating the persons responsible for the standard cost of the service and there was no cost to the resident for their bedroom, utilities and other standard services such as staffing.

Judgment:

Non Compliant - Minor

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):

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

Findings:

Inspectors, on the previous inspection, determined that the size and layout of the designated centre was suitable for the purpose intended and the centre was suitably heated and ventilated. However a review was required regarding some of the furnishings and the cleaning of same. The provider responded in the action plan from the inspection conducted on the 17th July 2014 that the cleaning rota had been reviewed and improved and that the improvements to furnishings would be addressed. The date for completion was the 28th November 2014, and therefore was not due to be completed as of this inspection. The inspector observed improvement of furnishings had commenced and existing furnishings were clean. New bedside lockers had been purchased for residents to store personal belongings in. The interior decoration was also updated with pictures being hung creating a more homely environment. Televisions had also been purchased for each bedroom. There was still furniture present which required review such as a bed in one of the bedrooms and a chair in another. The inspector was assured that these would be addressed based on verbal interactions with the provider and the progress observed to date.

Judgment:

Non Compliant - Minor

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):

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

Findings:

On the 17th July 2014 an immediate action was issued to the provider as there was a risk identified to the safety of residents based on the training of staff in relation to fire and the actual ability of staff to evacuate residents safely in the event of an emergency. The provider stated that all staff would receive fire training by the 2nd August 2014 and no staff would complete a lone working shift without this training. The inspector reviewed a sample of staff files and found that staff employed in the designated centre had the appropriate training. Individual evacuation plans had also been created for all residents. The inspector reviewed a sample of dates which evidenced that staffing was reflective of the evacuation plans for the residents residing in the designated centre on these dates. However additional improvements were required to the evacuation plans. For example residents who required mobility aids such walking sticks were documented as ambulant without reference to their mobility aid.

Another failing, on the previous inspection, pertained to efficient access to fire exits in the event of an emergency. Fire exits had been locked with keys which were hung insecurely beside the door and therefore could have been misplaced in the event of an emergency. On this inspection, the inspector observed break glass units had been fitted beside each exit.

The inspector was also assured that work had commenced on the risk management policy and that some of the pertinent hazards in the designated centre and control measures had been identified. For example, the risk of fire, slips/trips and falls, electrical appliances and transport had been assessed. However the inspector determined that although in some instances control measures had been identified they had not been implemented in practice. For example, multidisciplinary assessments were identified as a control measure for individuals who exhibit behaviours that challenge however the inspector identified residents who did exhibit behaviours that challenge who did not have these assessments in place, this is discussed further in Outcome 8. Similar inconsistencies were also identified in the assessment of risk undertaken for manual handling. A control measure was that individual risk assessments were carried out for resident manual handling procedures. The inspector identified a resident who had been identified as a risk as they could 'pull' staff due to an unsteady gait. However the resident did not have an assessment and appropriate guidance for staff/interventions in place.

As stated in Outcome 6, on the 17th July 2014 improvements were identified by inspectors in the cleaning of equipment. The inspector reviewed documentation confirming that training had been scheduled on the 24th October 2014 for staff in infection control to further address this issue.

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):

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

Findings:

On the 17th July 2014, inspectors found that individuals who exhibited behaviours that challenge had not received a multi-disciplinary assessment and that a behaviour action plan was not in place with the aim of managing the behaviour as per the organisation's policy regarding the management of challenging behaviour. The provider responded that as of the 21st July 2014 each resident would have a pre assessment document completed where supports would be identified and measures to address any behaviour issues. As stated in Outcome 7, the inspector found that this had not been satisfactorily implemented as of this inspection. Further actions were required for compliance to be achieved. Information had been sourced regarding individuals from their day services which identified the behaviours and actions required to proactively and reactively address these behaviours. However this information had been created over a year ago in some instances and did not reflect the circumstances of the designated centre. There was also an absence of multidisciplinary input involved.

On this inspection, the inspector also determined a risk in relation to the use of restrictive practice. As discussed in Outcome 12, there were residents who were prescribed medication as required as a reactive strategy to behaviours that challenge. However there were no clear guidelines in place regarding when this medication should be administered. Staff stated that this knowledge was gathered through speaking with representatives of residents, as opposed to the specific instructions of the prescriber. There was also an absence of a restrictive practice log in the designated centre. The policy regarding restrictive practice stated that all incidents involving the use of restraint must be recorded in writing, dated, signed and forwarded to the line manager of the service. However this practice was not implemented for chemical restraint or environmental restraint such as the use of bed rails, lap straps or entrances being locked for the safety of residents.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

As of the 17th July 2014 the Authority had received no notifications as required under Regulation 31 of the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Inspectors were verbally assured by the person in charge on the 17th July 2014 that there had

been no incidents requiring notifications. During the feedback meeting the person in charge was informed by inspectors that under Regulation 31 (4) the chief inspector must be notified in writing of the fact that no incidents which required notification had taken place in the previous six months. As of this inspection the Authority had not received that information. The inspector reviewed the accident/incident log, a new system had been implemented as of the 1st September 2014 and there was no log available prior to this date. Therefore the inspector could not confirm if there had been any notifiable incidents.

The person in charge assured the inspector that they would submit in writing confirmation of this following on from the inspection. This was submitted the day after the inspection.

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):

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

Findings:

As stated previously the designated centre offers a respite service therefore the length of access to the service for each individual varied. Due the nature of the service, the health care needs of residents were primarily being met within their family as opposed to by the provider. On the 17th July 2014, inspectors found that the adequate interventions were not in place to meet the identified needs of residents whilst residing in the designated centre. On this inspection, the inspector identified that progress had been made to address this and the provider had stated in the action plan from the 17th July 2014 that all residents accessing the service would have a pre assessment document completed where individual care supports would be identified and delivered accordingly. Whilst this practice had commenced there was inconsistencies in the interventions documented to meet the assessed needs of residents. For example, epilepsy management plans had been put in place but they were generic and not reflective of the actual needs of residents. One resident's file stated that medication as required could be administered, however they were not prescribed same. There was also no specific information documented on when emergency services should be contacted. There was also an individual identified as requiring and receiving oxygen on a regular basis as a result of seizure activity. However the skill set of staff required to complete this task was not documented despite some staff not having the relevant

training.

On the previous inspection, inspectors identified residents as being documented as requiring food to be modified or supplemented diets. This was also identified on this inspection. However there was no documented evidence to ensure that the appropriate interventions were taken to meet the identified needs. For example, one resident was identified as requiring their food to be cut up for them despite no history of choking. There was no evidence that this was recommended by the relevant Allied Health Professional. The inspector reviewed documentation which evidenced that training was planned for staff at the end of October regarding nutrition.

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):

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

Findings:

On the previous inspection, inspectors identified failings in the medication management practices of the designated centre. The centre had a medication management policy in place. The policy stated that if a resident did not have a current prescription sheet and medication on admission that this would have to be rectified prior to admission. On the 17th July 2014, inspectors identified that this was not always implemented in practice. On this inspection, the inspector found that this practice had not been implemented. There were instances where nursing staff regularly had to transcribe prescription sheets as residents had been admitted without same and copies had to be faxed from the pharmacy. However whilst the policy of the organisation recognised that nurse transcribing could occur, it stated that the prescriber must verify the prescription within 24 hours or on the next working day of the general practitioner. Of the sample reviewed they had not been signed by the general practitioner. Inaccurate prescription sheets had also resulted in a medication error which had been identified by the resident themselves. Once the error was identified staff had taken the appropriate action and the resident had not been subject to adverse effects. On the day of inspection, there was a resident who had been admitted with medication which was not in its original packaging and had no label identifying that the medication had been dispensed for that resident. As a result the administering staff could not administer same.

As stated in Outcome 8, residents had been prescribed medication as required for

management of behaviour that challenges. Residents were also prescribed medication as required for pain relief, however there were no specific guidelines to instruct staff on the appropriate time to administer. Not all medication as required was available in the designated centre. Staff informed the inspector that this was due to the choice of the family however there was no instructions from the prescriber to state that this medication may not be necessary.

On 17th July 2014 inspectors identified that medication was stored in a secure cabinet however the policy stated that as the designated centre is always staffed by a nursing professional only nursing professionals should administer medication. However inspectors observed that health care support staff had access to the medication which is not in adherence with the pre-mentioned policy. The person in charge responded to the failing by stating that the manager had met with staff and designated roles were clearly defined. They further stated that a combination lock to the safe had been changed and only nursing staff had access to same. The inspector observed that the lock was in place however that it was not only nursing staff who had access to medication as there were occasions where support staff had worked without the support of nursing staff and therefore had to administer medication. Whilst the inspector had confirmed that the staff had received the appropriate training, this practice was not in keeping with the actions identified by the person in charge in the action plan and was also not in keeping with the policy of the organisation.

Judgment:

Non Compliant - Major

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The Statement of Purpose and Function was due to be amended by the 30th September 2014 as stated in the action plan from the provider following on from a major non-compliance being identified on the 17th July 2014. However on this inspection, the inspector determined that the Statement of Purpose and Function did not contain the necessary information as stipulated in Schedule 1. The provider nominee demonstrated that work had commenced to ensure compliance during the feedback meeting.

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):

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

Findings:

Based on the failings identified throughout the inspection conducted on the 17th July 2014, inspectors were determined that the governance and management systems did not promote safe and quality services. The arrangement of the provider nominee and person in charge being held by one individual was ineffective. The registered provider responded in the action plan stating that funding had been sourced to recruit an additional member of staff to the management team, to separate the role of provider nominee and person in charge. This process was due to be completed by the 30th September 2014, however was still in process as of this inspection.

In light of the findings of this report such as the major deficits identified in the systems in place for medication management and health care needs of residents, the inspector determined that the judgment from the previous inspection remained.

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):

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

Findings:

An immediate action plan was issued to the provider as a result of the findings of the inspectors on the 17th July 2014. This was as inspectors determined that the numbers and skill mix of staff were not appropriate to meet the assessed needs of residents. There was also no evidence that the individual and collective needs of residents were considered when admissions were planned. On this inspection the inspector determined that this had been addressed as of the sample of dates reviewed the staffing levels were appropriate to the identified needs of the residents, from a review of rosters and the identified needs of residents.

The inspector reviewed a sample of staff files and determined that for newly recruited staff, their records did not contain the necessary information as stipulated in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. For example, there was no evidence of previous references, photographic identification or the relevant registration status with professional bodies in respect of nursing and social care professionals employed in the designated centre. Therefore the failing from the 17th July 2014 had not been satisfactorily addressed.

Staff files also did not demonstrate that all staff had received training in the protection of vulnerable adults and the management of challenging behaviour.

On the 17th July 2014, there was also no evidence of formal staff supervision, the person in charge responded that this would be addressed with the recruitment of a new person in charge by the 15th October 2014. However the inspector found on the day of inspection that this would not be achieved in the time frame identified in the action plan as a person in charge had yet to be recruited.

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):

No actions were required from the previous inspection.

Findings:

As stated in Outcome 12, the policy relating to medication management did not reflect the practices of the designated centre. For example, the policy relating to nurse transcribing was not accurate. The policy also stated that medication was only to be administered by nursing staff however this was not accurate as evidence demonstrated that support staff administered on occasion. There was also incomplete information maintained on prescription sheets such as absence of the maximum dosage of medication as required or a photograph of the resident.

There was also no record maintained of every occasion in which restrictive practice occurred.

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:

Jillian Connolly
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 Steadfast House Limited
Centre ID:	OSV-0001632
Date of Inspection:	07 October 2014
Date of response:	24 October 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, 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract did not state the standard services to be provided and the individual/body responsible for the cost.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Contract reviewed to address issues.

Proposed Timescale: 10/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Work had commenced to address this failing identified on the 17th July 2014. However improvements were still required to furnishings for the action to be completed by the 28th November 2014 as stated by the provider in the action plan from the previous inspection.

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:

Work continues to improve furnishings.

Proposed Timescale: 28/11/2014

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:

Whilst work had commenced on identifying the hazards and control measures required in the designated centre. The inspector found that in all instances the identified control measures had not been implemented in practice.

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:

Risk Management policy reviewed and now includes the measures and actions in place to control the risks identified.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

Personal Evacuation Plans had been completed for residents, however some plans did not account for all of the needs of residents for example mobility aids.

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:

Personal Evacuation Plans for each resident are currently been reviewed to account for Individual needs.

Proposed Timescale: 17/10/2014

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:

There was an absence of up to date and relevant information/positive behaviour support plans to inform staff of the strategies required to support residents who exhibit behaviours that challenge.

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:

Crisis Prevention Intervention Training for all Staff 18th November.

Proposed Timescale: 18/11/2014

Theme: Safe Services

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

There was no information available to inform staff of when chemical restraint should be utilised. There was also an absence of a restrictive practice log informing of occasions in which restrictive practice was utilised therefore not evidencing if it was utilised as a last resort and for the shortest period possible.

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:

Rationale for administration of PRN medication will be compiled for residents where necessary.

Restrictive practise log book in place to monitor any and all restrictive measures.

Proposed Timescale: 28/11/2014

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The appropriate notifications had not been submitted to the Chief Inspector within the appropriate time period.

Action Required:

Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six- monthly basis.

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

Notifications submitted

Proposed Timescale: 18/10/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The documented interventions in place to meet the health care needs of residents were inadequate and inconsistently reflective of the actual needs of residents.

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:

Review of Pre admissions needs assessment documentation to enhance health care needs identification

Proposed Timescale: 28/10/2014

Theme: Health and Development

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

There was an absence of assessment and interventions from the relevant Allied Health Professionals, particularly in relation to positive behaviour support and nutrition.

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:

Requests for multi disciplinary supports where not available by the Provider will be made to the Health Service Executive.

All Staff on duty at our respite service completed training on 23rd October in " Nutrition" and refresher training on behavioural management scheduled for 18/11/2014.

Proposed Timescale: 21/11/2014

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:

Based on the deficits identified in the systems regarding the management of medication, such as residents being admitted with inaccurate prescription sheets or medication without the originally packaging, a significant risk is present of medication errors or residents not being supported to receive their medication.

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:

Communication with families indicating essential requirements in relation to prescribed medication prior to or on admission to services has been put in place.

Proposed Timescale: 07/11/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The inspector determined that the Statement of Purpose and Function did not contain

the necessary information as stipulated in Schedule 1.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Statement of Purpose and Function has been reviewed and now contains necessary information as stipulated in Schedule 1

Proposed Timescale: 24/10/2014

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:

In light of the findings from this inspection and from the 17th July 2014, the inspector determined that the person in charge could not meet the statutory requirements based on their role within the organisation.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

Initial Recruitment efforts to appoint Person In Charge has been unsuccessful. Currently new efforts are underway to employ Person in Charge

Proposed Timescale: 05/01/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The files of newly recruited staff did not contain all of the information stipulated in Schedule 2.

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:

All staff files have been updated

Proposed Timescale: 24/10/2014

Theme: Responsive Workforce

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

There was no documented evidence that all staff had received training in the protection of vulnerable adults and the management of challenging behaviour.

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:

Staff training in the Protection of Vulnerable Adults & Management of challenging behaviour scheduled 18th November.

Proposed Timescale: 18/11/2014

Theme: Responsive Workforce

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

There was no evidence of staff supervision.

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:

This issue will be addressed with the appointment to the designated centre of Person in Charge

Proposed Timescale: 05/01/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The medication management policy was not implemented in practice.

Action Required:

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

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

Medication management policy is currently being reviewed to reflect centre specific practises which on completion will provide guidance to all staff

Proposed Timescale: 28/11/2014

Theme: Use of Information

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

There was no record maintained of any occasion in which restrictive procedures were utilised. Prescription records were also inaccurate.

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:

Restrictive procedures log book in place

Proposed Timescale: 24/10/2014