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Arranmore

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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:	Arranmore
Centre ID:	OSV-0003591
Centre county:	Dublin 8
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Philomena Gray
Lead inspector:	Anna Doyle
Support inspector(s):	Caroline Vahey
Type of inspection	Unannounced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 November 2016 09:30	08 November 2016 19:30
09 November 2016 10:00	09 November 2016 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 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

Summary of findings from this inspection

This was the fifth inspection of the centre. The purpose of this inspection was to inform a registration decision and to follow up on actions from the last inspection carried out in the centre in May 2016 where significant non compliances were found. Subsequent to this inspection the CEO of the organisation and a senior manager attended Smithfield offices to discuss these failings and offer assurances to HIQA that remedial actions would be taken to address these. The provider had originally applied to register this centre for 17 residents. However, in response to the findings from the last inspection the provider applied to reduce the application to fourteen and close one unit in the centre.

Description of the Service:

This centre is operated by St John of God services and is situated on a campus based setting in South Dublin. It comprises of two units: one is a large residential unit that accommodates 13 residents, and the other is a one bedroom apartment. The centre provides care to both male and female residents with varying degrees of intellectual

disabilities, some with complex support requirements.

How we gathered evidence:

Over the course of this inspection one resident spoke with inspectors and a number of residents were met. Some residents were unable to express their views verbally on the quality of services in the centre. As a result interactions with staff and residents were observed, staff members were met and documentation was reviewed.

Overall judgment of our findings:

Overall improvements were found under all of the outcomes inspected against with the exception of one which still remained as a major non compliance. There had been improvements made to the overall governance and management systems in the centre. A new person in charge had been appointed and there were clear lines of accountability in one unit of the centre.

However, the person in charge had no oversight over the quality of services being provided in the other unit. In response to this finding, the provider was asked to confirm the management structures in place prior to the feedback meeting to conclude the inspection. Inspectors were assured that the person in charge would have overall responsibility for this unit.

In addition, inspectors found improvements under social care needs, premises, safeguarding, health and safety and workforce. However, while inspectors found that residents' healthcare needs were being met in the centre, there were still improvements required in personal plans in order to guide practice and reflect residents changing needs in the centre.

The actions from the previous inspection were followed up and inspectors found that some of the actions had not been implemented to a satisfactory level and one was still in progress. One major non-compliance was found under medication management. Moderate non compliances were found in seven of the outcomes under social care needs, safe and suitable premises, health and safety, safeguarding, workforce and governance and management. Four of the outcomes were found to be compliant.

Inspectors acknowledge that some of the significant failings at this inspection were attributed to one unit in the centre. These failings were found under outcome 12, 6, 7, 14 and 17. The provider had intended to close this part of the centre when one resident transitioned to another part of the service. This had been scheduled to take place earlier in the year, but had been postponed in line with residents' wishes and other factors. Subsequent to the inspection the provider informed inspectors that the transition was to take place in early December 2016 at which point this unit would close. Inspectors acknowledge that this may change in line with the residents' wishes.

At the feedback meeting the provider and person in charge were asked to submit documents to HIQA that were not available on the day of the inspection, however, one documents remained outstanding.

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:

The inspectors found that the actions from the last inspection had been completed. However, significant improvements were required to ensure that resident's dignity was maintained in the centre.

Staff members were observed to treat residents in a respectful manner on the day of the inspection. However, inspectors found a number of instances where residents' rights were not being upheld in terms of confidentiality and dignity and respect. For example, information relating to some residents care was displayed in communal areas and some personal intimate care details was displayed on their bedroom walls.

In addition one clinical intervention that involved picture images of a resident that had been requested by the residents GP as part of their care was stored on a computer tablet that some visitors to the centre had access to. Inspectors asked for this to be removed immediately, which the person in charge completed. This was discussed with the person in charge, who confirmed that there was no policy in the service relating to picture images and their use in order to guide practice and ensure resident's dignity was protected at all times.

There was a complaints policy in place in the centre, which included the nominated person who ensures that all complaints are dealt with. The policy was displayed in a user friendly format. Information pertaining to advocacy services was also on display.

A sample of complaints was viewed by inspectors and it was found that complaints were dealt with in a timely manner. The complaints log had a record of actions taken to

address complaints and there was a record to indicate whether the complainant was satisfied with the outcome of their complaint. Since the last inspection one complaint remained open, however inspectors did see records to indicate that follow up actions were still in progress and that the complainant had been met to discuss on going issues.

The inspectors were also shown records of meetings with family members to discuss complaints that inspectors found had not been addressed at the last inspection. One family member who met with inspectors felt that this area had improved since the last inspection to the centre.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspectors found that the actions from the last inspection had been completed. No other aspects of this outcome were inspected.

Since the last inspection the provider had undertaken to ensure that each resident had a contract of care in place and that records of transition plans were available on two residents' personal plans.

Inspectors found that residents had a contract of care in place and the provider was in the process of ensuring that the contracts were signed by a representative of the resident where appropriate.

The two transition plans were now available on residents' personal plans. One plan was viewed by inspectors and was found to contain details of the transition.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-

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

Theme:

Effective Services

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

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

Findings:

The inspectors found that residents had a personal plan in place and that improvements had been made in a number of areas since the last inspection. However, further improvements were required in the assessment of need for a resident to ensure it reflected current circumstances. In addition, some healthcare plans did not comprehensively guide practice and there was an absence of some plans for identified healthcare needs.

Each resident had an assessment of need completed and most assessment of need documents were up-to-date and subject to annual review. However, the inspectors identified one resident, in which aspects of their assessment of need had not been updated to reflect current circumstances. Residents' healthcare assessments had been completed by a registered nurse since the last inspection reflecting residents' current healthcare needs.

Personal plans were developed in areas such as social care, personal development and healthcare. Most residents attended a day service on a daily basis and where residents were supported in the centre; plans were in place and implemented to promote social opportunities and individual therapies. Individual goals had also been developed for residents to promote an increase in social activities and in skills development. These plans outlined the support required to achieve these goals and were reviewed on a monthly basis.

Improvements were required in healthcare plans. Some healthcare plans developed following healthcare assessments were comprehensive and guided practice. Some healthcare plans were basic and did not guide practice. For example, the care required to respond to identified healthcare issues was not documented in these plans, in other plans, corresponding procedural guides were not referenced in these health care plans. There were a number of plans not developed for identified healthcare needs. The inspectors discussed healthcare needs with a number of staff and found staff were knowledgeable on the care required to meet identified needs.

Since the last inspection a sensory plan had been reviewed and discontinued as recommended. Medication plans had also been developed since the last inspection.

<p>Judgment: Non Compliant - Moderate</p>

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:
The inspectors found that the location, design and layout of one unit of the centre were suitable for its stated purpose and that most of the actions from the last inspection had been implemented. However, one unit still required improvements and the actions pertaining to this area had not been fully implemented.

Since the last inspection the provider had undertaken to ensure that two units in the centre were updated, with one of them requiring major renovation works. The inspectors found that this unit was now closed and the provider did not intend to use it for its original stated purpose.

Some minor works had been completed in the other unit, however the stated actions had not been completed. Inspectors acknowledge that the provider intends to close this area of the centre, once a transition for one resident has been completed and does not intend to include this unit for the provision of services for residents in the future.

In addition the provider had undertaken to ensure that residents had access to laundry facilities in one area of the centre, that access to a visitor’s room would be improved and that appropriate records would be available to show that equipment was maintained in the centre. The inspectors found that all of these actions had been completed.

<p>Judgment: Non Compliant - Moderate</p>
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Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

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Theme:

Effective Services

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

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

Findings:

The inspectors found that there were systems in place to ensure that the health and safety of residents, staff and families were protected and promoted in the centre. The actions from the last inspection had been implemented with the exception of two that had not been implemented to a satisfactory level. These related to risk management and fire safety in the centre.

Since the last inspection the provider had undertaken to ensure that appropriate arrangements were in place to ensure that incidents occurring in the centre were reported and reviewed, and that risk assessments were in place for all identified risks in the centre.

The inspectors found that incidents were now being reported to senior personnel. The person in charge had also implemented a new system to review incidents in the centre. All risk assessments in the centre were currently being reviewed, this included individual risk assessments for residents. However, one risk that had been raised by staff members on a number of occasions had not been appropriately assessed to include all control measures in order to minimise risks in the centre. This was discussed at the feedback meeting.

In addition the provider had undertaken to ensure that appropriate fire management systems were in place in the centre. The inspectors found that adequate arrangements were not in place for one unit in the centre. This was discussed at feedback meeting and additional information was submitted post inspection. While the records indicated that some measures had been taken to address this, in that individual fire drills had been completed, it was not clear who would support this resident in the event of a full evacuation of the centre when there was no staff present in this unit.

Residents had personal evacuation procedures in place; however, some of them did not reflect the practice. For example, some residents would have to remain in their bedroom in the event of an evacuation and this had not been clearly documented. A fire drill had been completed in the centre, however not all residents had participated in this drill and there was no records to indicate that a simulation of the actual evacuation of the resident had occurred so as to ensure a timely evacuation of the resident. At the feedback meeting inspectors were informed that a fire consultant had visited the centre since the last inspection to advise on evacuation procedures. A copy of the recommendations was requested to be submitted to HIQA. At the time of writing this report, this information was still outstanding.

A healthcare risk was also identified during the inspection however, the inspectors found staff had not been updated on this risk. The inspectors found standard precautions were

in place to minimise the risks associated with this.

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:

The inspectors found that some of the actions from the last inspection had not been fully implemented in relation to behaviour support plans.

Behaviour support plans had been developed for residents as required and some were subject to regular review however, this was not consistently applied. One resident's plan had not been reviewed for approximately 20 months and while a multidisciplinary team review meeting had been completed, it had not considered this plan as part of the review. In addition, behaviours identified on a risk assessment did not form part of the behaviour support plan. There were some interventions in place to minimise the impact of this behaviour and an assessment by the allied health professional had recently been initiated. In addition, the procedure outlined for the use of a physical restraint for another resident was not consistent with the practice, and the plan had not been reviewed to reflect a reduction in the use of this restrictive practice. The use of medication as a therapeutic response to behaviour did not form part of a behaviour support plan for a resident.

Since the previous inspection, the use of a restrictive practice had been subject to regular review by the service committee and the protocol had been signed by the multidisciplinary team. Risk assessments were in place for the use of restrictive procedures in the centre. Since the last inspection, a therapeutic intervention had been reviewed and discontinued. This had been an action from the last inspection.

Judgment:

Non Compliant - Moderate

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Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Services
Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: The inspectors found that the actions from the last inspection had been implemented and that the person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents.
Judgment: Compliant

Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: Overall the inspectors found residents' healthcare needs were met in the centre and that the actions from the last inspection had been implemented. Improvements were identified since the last inspection in healthcare assessments and in the development of plans. While deficits remained in the development of comprehensive plans for some identified needs, the inspectors were assured that overall residents' healthcare needs were met. For example, staff were knowledgeable on the care provided to comprehensively meet residents needs and there was documentary evidence of implementation of care. Records were kept of care practices implemented such as daily clinical observations, prescribed medications administered, follow up monitoring screening completed and residents were supported to attend the relevant healthcare practitioner as advised. The inspectors also observed care was provided consistent with the details described by staff.

Complete fluid intake records were maintained for residents as required.

Judgment:

Compliant

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:

The inspectors found that some residents were not protected by the medication procedures in the centre and improvement was required in the administration, disposal and auditing practices in this area of the centre. In addition, improvements were required in prescriptions and in the use of PRN (as required) medications.

The inspectors reviewed medications management practices in both units of this centre. Significant practice issues were identified in one unit. Medications were not securely stored in line with the assessed medication supports required for the resident. Appropriate arrangements were not in place for the disposal of unused medications and the inspectors identified a number of medications currently not prescribed, stored in the medication press. In addition, a significant discrepancy in the number of medication dispensed and the number of medication administered was identified. In addition, no account was maintained of the number of medication received into the unit. The provider nominee and the person in charge put measures in place on the first day of inspection, to minimise the risk in relation to storage of medication.

Maximum dosages were documented on PRN (as required) prescriptions. The inspector reviewed medication and prescription records and found most records were complete. However, the criteria for the administration of a PRN (as required) medication used for epilepsy was not documented. In addition, staff were not clear on the circumstances under which this medication should be administered. Some prescriptions for regular medications did not have the time of administration stated on the prescription.

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):

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

Findings:

The inspectors found that the actions from the last inspection had been completed and the statement of purpose in place reflected the care being provided in the centre.

Since the last inspection the provider had undertaken to ensure that the changes made to the centre's management structures and the provision of services provided in the centre were reflected in the statement of purpose. The inspectors found that the actions had been implemented.

Judgment:

Compliant

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:

Inspectors found that there were effective governance and management systems in place in one unit in the centre and that all of the actions from the last inspection had been implemented, with the exception of one. This related to the governance and management structures in place for one unit in this designated centre.

Since the last inspection the provider had undertaken to ensure that effective governance and management systems were in place in the centre to ensure effective

governance and accountability in the centre. The inspectors found that a new person in charge had been appointed who was supernumerary in their role. They were interviewed by HIQA after their appointment as the person in charge in Smithfield offices. They were fulltime in their role, suitably qualified and had a very good knowledge of the regulations.

The person in charge was also supported by a clinical nurse manager two in the centre. They were available on both days of the inspection and were found to have a good knowledge of the regulations. They were a person participating in the management of the centre and were aware of their responsibilities under the regulations should the person in charge be absent from the centre for more than 28 days.

The provider had also appointed a new programme manager, who the person in charge reported to. The inspectors were informed that the programme manager visited the centre on a weekly basis and records indicated that they attended staff meetings and met with the person in charge on a regular basis.

However, it was not clear how the person in charge was involved in the governance of one unit in the centre. For example, staff in this centre reported to another service manager and not to the person in charge. The person in charge did not have oversight of personal planning, medication management, health and safety or safeguarding for this unit and yet was required to support residents when there was no staff present.

Inspectors were not satisfied with this arrangement and spoke to the provider over the phone on the second day of the inspection. The provider was requested to ensure that appropriate arrangements were in place by the end of the inspection. The provider agreed that this would be completed and inspectors were informed at feedback of the new governance arrangements in place.

An announced quality and safety review had been completed for the centre. The actions from this had been incorporated into a quality and enhancement plan for the centre.

An annual review had been completed for the centre for 2015 and included the views of residents' representatives. Inspectors were also shown a new system that had been introduced for residents in the centre that reflected their views and wishes. This information would form part of the annual review for 2016.

Judgment:

Non Compliant - Moderate

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:

The inspectors found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents in one unit of the centre. However, improvements were required in the other unit. In addition, some of the actions from the last inspection had not been fully implemented. The actions related to the levels of support being provided in one unit in the centre, the staff rota and refresher training from staff.

There was a planned and actual rota in place in the centre, however it did not fully detail who was on duty every day. In addition, it did not include the arrangements in place for one unit in the centre. For example, it was not clear how one resident was being supported in the centre when rostered staff were on leave.

It was recorded in this residents plan that they received support from 9.30 - 16.30 every day but this was not evident on the day of the inspection or from the rosters viewed. Inspectors were informed that the person in charge and other staff members were supporting the resident; however, this was not clear from the rosters in place and supports were provided on an ad hoc basis when staff leave was not replaced.

Staff interviewed felt supported in their role and supervision had commenced for staff. Supervision was being facilitated by the clinical nurse manager two in the centre.

Since the last inspection two new staff had been employed in the centre and there was currently 1.5 whole time equivalent vacancies in the centre. Vacancies were being filled by regular agency staff or permanent staff. Staff spoken with confirmed this.

Staff had completed a range of training since the last inspection and some of this training was still in progress. Records indicated that training had been provided in tracheostomy care, personal planning and sensory processing. However, only some staff had completed training on the use of restrictive practices in the centre.

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:

Anna Doyle
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 St John of God Community Services Limited
Centre ID:	OSV-0003591
Date of Inspection:	08 and 09 November 2016
Date of response:	22 December 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no policy in place to guide practice on the use of picture imaging as part of a residents care in the centre.

Personal information about residents was displayed in communal areas and on their

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

bedroom walls.

All residents' daily reports were recorded in one diary in the centre.

1. Action Required:

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

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

1. The Person in Charge will liaise with the assistive technology specialist to draft a procedure in relation to image storage on residents' ipads.
2. Individual icloud accounts have been set up for each ipad to ensure the safe storage of the residents images.
3. All personal information has been removed from communal areas.

Proposed Timescale:

1. 19th March 2017
2. Complete
3. Complete

Proposed Timescale:

Outcome 05: Social Care Needs

Theme: Effective Services

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

An assessment of need had not been updated to reflect a change in circumstance.

2. Action Required:

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

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

This assessment has been updated to reflect all changes in the resident's circumstances.

Proposed Timescale: 23/12/2016

Theme: Effective Services

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

Healthcare plans were not identified for a number of identified needs.

Some healthcare plans were basic and did not comprehensively guide practice.

3. Action Required:

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

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

A schedule for update and review of residents' healthcare needs has been put in place. All needs identified will have a corresponding care plan to guide practice.

Proposed Timescale: 28/02/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One unit in the centre required renovations in order for it to be suitable for its stated purpose.

4. Action Required:

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

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

The resident residing in the unit has moved to alternative accommodation. This premises will be removed from the Statement of Purpose and the designated centre.

Proposed Timescale: 23/12/2016

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:

One risk that had been raised by staff members on a number of occasions had not been appropriately assessed to include all control measures in order to minimise risks in the centre.

5. Action Required:

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

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

The risk identifies has been reassessed and will be disseminated at the next team meeting.

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

Staff were not aware of an identified healthcare risk.

6. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

All staff will be made aware of the healthcare risk referred to.

The clinical nurse specialist will review all local infection control procedures in the designated centre.

Proposed Timescale:

20th January 2017

30th March 2017

Proposed Timescale: 30/03/2017

Theme: Effective Services

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

Adequate fire evacuation procedures were not in place for one unit in the centre.

7. 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:

The resident residing in the unit has moved to alternative accommodation. This premises will be removed from the Statement of Purpose and the designated centre.

Proposed Timescale: 23/12/2016

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:

Some identified behaviours of concern did not form part of a behaviour support plan.

The use of medication as a therapeutic response to behaviour did not form part of a behaviour support plan for a resident.

A behaviour support plan had not been reviewed to reflect a change of practice with the reduction in the use of a restrictive procedure.

8. Action Required:

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

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

The Clinical Nurse Specialist in behaviours of concern will review the Positive behaviour Support Plan to include the changes required.

The therapeutic use of medication for this resident is monitored through the Positive Behaviour Support Committee (PBSC) on a monthly basis.

All use of this medication have been reported to the Authority through quarterly notifications.

Proposed Timescale: 20/01/2017

Theme: Safe Services

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

A behaviour support plan had not been subject to an annual review.

9. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The Clinical Nurse Specialist in behaviours of concern will review the Positive behaviour Support Plan in conjunction with his support staff.

Proposed Timescale: 20/01/2017

Outcome 12. Medication Management

Theme: Health and Development

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

Appropriate arrangements were not in place for the disposal of unused medications.

10. 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 resident residing in the unit has moved to alternative accommodation. This premises will be removed from the Statement of Purpose and the designated centre.

Proposed Timescale: 23/12/2016

Theme: Health and Development

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

Medications were not securely stored in one unit of the centre, in accordance with the assessed needs of the resident.

11. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The resident residing in the unit has moved to alternative accommodation. This premises will be removed from the Statement of Purpose and the designated centre.

Proposed Timescale: 23/12/2016

Theme: Health and Development

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

Significant discrepancies were identified in one unit in the number of medications dispensed in comparison to the number of medications administered.

An account of medications received into one area of the centre was not maintained.

Some prescriptions for regular medications did not have the time of administration stated on the prescription.

The criteria for the administration of a PRN (as required) medication used for epilepsy was not documented.

12. Action Required:

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

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

The resident residing in the unit has moved to alternative accommodation. This premises will be removed from the Statement of Purpose and the designated centre.

All prescribing physicians have been requested to ensure the time of administration is included on the prescription.

The PRN protocol will be reviewed and the correct information inputted in consultation with his family and Physician.

Proposed Timescale:

Complete

Complete

20th January 2017

Proposed Timescale:

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge was not involved in the governance and management of one unit in the centre.

13. Action Required:

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

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

The resident residing in the unit has moved to alternative accommodation. This premises will be removed from the Statement of Purpose and the designated centre.

Proposed Timescale: 23/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

It was not clear who was responsible for supporting one resident in the centre.

14. Action Required:

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

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

The resident residing in the unit has moved to alternative accommodation. This premises will be removed from the Statement of Purpose and the designated centre.

Proposed Timescale: 23/12/2016

Theme: Responsive Workforce

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

The actual rota in place in the centre, did not fully detail who was on duty every day.

15. Action Required:

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

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

The planned rota now contains all annual leave and the actual rota now reflects any sick leave and the names of all staff covering the relevant shifts

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

Some staff had not completed training on the use of restrictive practices in the centre

16. 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:

A schedule of training on the specific restrictive practice has been put in place to ensure to all staff will be trained.

Proposed Timescale: 28/02/2017