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Glen 3, Dublin 20

Item Type	report
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Citation	Helen Thompson, Conan O'Hara, 'Glen 3, Dublin 20', [report], Health Information and Quality Authority, 2017-07-17, Disability Services Report, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-05-13 21:51:02
Link to Item	https://hdl.handle.net/20.500.14765/83725

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glen 3
Centre ID:	OSV-0003727
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Michael Stokes
Lead inspector:	Helen Thompson
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	16
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: 22 March 2017 09:20 To: 22 March 2017 20:15

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The required actions from the centre's registration inspection in June 2015 were also followed up as part of this inspection. This was HIQA's third inspection of this designated centre.

How we gathered our evidence

The inspectors met with a number of the staff team which included nursing staff, care assistants and household staff. The person in charge also met with and was available to the inspectors throughout the day. Additionally, the inspectors were afforded the opportunity to meet and speak with a clinical nurse specialist who was present in the centre that day.

In assessing the quality of care and support provided to residents, the inspectors spent time observing residents as they participated in their usual daily activities and observed staff members' engagement with, and interactions with residents. As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose,

residents' files, centre self-monitoring documentation, incident reports and a number of the centre's policy documents. The inspectors also completed a walk through the three bungalows that comprised the centre's premises.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The statement of purpose stated that the centre provided 24 hour residential care for residents who are supported and cared for in a person centred approach in all aspects of their activities of daily living. Residents' support needs included their intellectual disability, complex medical needs, epilepsy, and dual diagnosis. The centre was registered for 17 residents and on the day of inspection it was home to 16 female residents over 18 years of age.

Overall judgment of our findings

Eight outcomes were inspected against and two outcomes were found to be in major non-compliance with the regulations. The centre's staffing levels needed to be increased to ensure that residents' assessed needs were comprehensively supported. The action from outcome 16 in the previous inspection regarding staff resources was subsumed under workforce in this inspection. Residents' rights, dignity and consultation also required attention, particularly with regard to the specialised living environment and associated practices that were present for some residents. Three outcomes were found to be in moderate non-compliance as areas for improvement were identified in the core outcomes of safeguarding and safety, social care needs and governance and management.

The inspectors found that residents' healthcare needs were met in line with the regulations. Health and safety and risk management was found to be substantially compliant. Records and documentation was also found to be substantially compliant for the aspects assessed. Medication management in the centre was not assessed during this inspection.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Subsequent to their assessment of residents' safeguarding needs the inspectors observed that improvement was required in the upholding of some residents' rights and dignity. Some residents were not observed to be optimally supported to exercise choice and control in their daily lives. Also, their living space and associated practices were contrary to the consistent ensuring of their privacy and dignity needs.

These findings were primarily related to the implementation for some residents of their environmental restrictive practices which hindered them in exercising control in their daily lives. For example, a resident's option for alerting staff/engaging staff was not observed to an optimally person centred method. Also, the unique living environment and associated practices with a resident required review to seek a more private and dignified option. These particular regulatory non-compliances were discussed and outlined during feedback with the person in charge and provider nominee and are not repeated in this report to protect the dignity of those concerned. Also, the inspectors noted that some of the language utilised on a resident's personal records was undignified in nature.

It was noted that residents with complex situations and needs did not have access to an independent advocacy service. This had recently been identified by the person in charge and provider nominee, with the inspectors informed at the feedback meeting that an appointment was scheduled for late March 2017.

Judgment:

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plans. However, improvement was required with the systematic identification, assessment and planning of residents' social care needs. Some residents' opportunities and facilitation of meaningful and community orientated activities also required attention.

Residents were supported by members of the multidisciplinary (MDT) team who contributed to residents' reviews. Family members and the resident also participated in this process. Plans were available in accessible formats. Residents were supported at times of transition.

The inspectors observed that residents' assessment of need process did not incorporate a clear assessment of their social care requirements. Some residents' files did contain a quality of life section but it was not current in all, nor did it link to any clear systematic social goal planning process. Residents were observed to participate in some activities. However, these were mostly bungalow and campus based and were not outcome focused or clearly integrated into residents' wider support plans.

The inspectors did acknowledge that the centre management team was aware of this deficit for residents and had some plans to address this area of need.

The inspectors found that residents' requirement for additional individualised support during times of transition was recognised in the centre. This was evident from discussions with staff, observations and review of a resident's comprehensive transition plan. Accessible pictorial versions of the plan were made available to further support the resident with this change. The inspectors noted evidence of systematic planning which had involved the resident's family, staff and MDT members. A post transition review with the resident was also incorporated into the plan.

The inspectors also noted the manner in which the residents in the new location had

been informed and communicated with regarding their prospective new peer.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff.

The centre had a health and safety statement in place and completed weekly bungalow health and safety walkabouts. The centre had a policy in place relating to incidents where a resident goes missing. Inspectors reviewed a sample of incidents and found that incidents were recorded, reviewed and actioned appropriately.

There was a risk management policy in place which contained the four specified risks as per Regulation 26. The centre maintained a risk register which outlined a number of risks and the controls in place to control the risk. The risks outlined in the risk register included slips and falls, medication and behaviour. There was also individual risk assessments in place which included manual handling, behaviour and falls.

There were systems in place for the prevention and management of fire. There was certification to show that the fire alarms, emergency lighting and fire equipment were serviced on a regular basis. The procedures to be followed in the event of fire were displayed in a prominent place in the bungalows of the centre. The centre completed daily and weekly checks on the fire exits and alarm. The centre completed regular fire drills and inspectors reviewed the record of these drills. Staff spoken with were able to tell inspectors what to do in the event of a fire. However, inspectors observed a fire door wedged open in one of the units which negated the function of the fire door. This was discussed at the feedback meeting and the provider noted that the self closers were ordered and were in the process of being installed.

The centre had prevention, and control of infection procedures in place and employed household staff. Inspectors found the premises to be clean and hygienic. Inspectors observed personal protective equipment and hand gels located throughout the centre.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

In general, the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse with appropriate actions taken in response to allegations, disclosures and suspected abuse. There was a positive approach evident for residents that engaged in behaviour that was challenging. However, this required support was not observed to be currently present for some residents and additionally, some residents' restrictive practices required the full mechanisms of due process. Staff also required additional training to more comprehensively support residents' behavioural needs.

The inspectors found that residents were generally supported by a multidisciplinary (MDT) team which included psychiatry, psychology and a clinical nurse specialist. Psychotropic medication usage was reviewed and monitored. From a review of some files, interviews and observations the inspectors noted that some residents were in receipt of a good level of support. However, some other residents who were identified as requiring a high level of support and had a daily environmental restrictive practice in operation were not currently having their particular needs reviewed by a behaviour specialist.

Also, with regard to due process, there was no evidence that the implementation of the resident's environmental restrictive practice had been recently reviewed from a rights perspective. The inspectors also observed that some of the identified measures to lessen the restriction were not being facilitated as outlined in the recent MDT review of the resident's restriction.

Additionally, staff were not provided with training in positive behaviour support, autism, and in restrictive practices and rights. The inspectors were informed that training sessions on mental health in intellectual disability (MHID) were planned.

The inspectors observed that there were systems in operation for responding to allegations of abuse and noted evidence of these being utilised appropriately. There was

evidence of learning and follow up from investigations with the person in charge reporting that there was a culture of openness and awareness in the centre, particularly with regard to a non-acceptance of any poor practices.

The inspectors found that residents had plans and intimate care guidelines to support their needs. Staff were observed to interact with residents in a warm and respectful manner.

The policies as required by regulation were available to inform staff practices in the centre.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that residents were supported on an individual basis to achieve and enjoy best possible health.

Residents' healthcare needs were observed to be identified, assessed and supported through healthcare plans that were reviewed. A focus on encouraging residents to make healthy living choices was observed.

Residents had access to a general practitioner who was available twice a week in the centre. A centre physician also provided support to residents and their families. This included the completion of residents' annual medical reviews and facilitation of their annual multidisciplinary meetings.

There was good evidence of residents being supported by members of the service multidisciplinary team which included a physiotherapist, speech and language therapist, occupational therapist and psychiatrist. Residents were also noted to be facilitated with access to allied health professionals. This included chiropody, dental and ophthalmology services.

Residents' meals were primarily supplied from the campus' central kitchen. Residents' individual choices and preferences were observed to be facilitated through menu planning which utilised a pictorial system and on a daily basis when meals were served. Drinks and snacks were available to residents outside of the main mealtimes. The

mealtime observed by inspectors was a relaxed and positive occasion.

Additionally, inspectors observed that the individual diet and nutrition needs of residents were supported. This included the facilitation of residents' special dietary requirements, for example, diabetes and phenylketonuria. Guidelines were also present to support and inform staff practices for some residents that experience issues regarding their food and fluid intake. Residents' needs were supported and reviewed as required by a dietician.

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):

No actions were required from the previous inspection.

Findings:

In general, the inspectors found that the management systems in place in the centre ensured the delivery of safe and quality services. However, improvements were required to ensure that the service provided was effectively monitored in line with the regulatory requirements.

There was a defined management structure in the centre with clear lines of authority and accountability. Post a period of some changes, the person in charge (PIC) was in post since late 2016 and supported by a new provider nominee (PN). The PN also had had responsibility for the two other campus centres. There were two clinical nurse manager (CNM) 1 positions for the centre, though one post was currently vacant and was being actively recruited for.

The inspectors observed that there were management systems in operation to underpin service provision. This encompassed formal PIC and PN meetings, monthly campus manager meetings which were attended by the centre CNM1s and managers from ancillary areas of service provision, for example catering and day activation. Subsequent to this forum the PIC conducted monthly staff meetings in each bungalow.

The inspectors observed that there was an awareness of the need to complete audits and an audit schedule had been drafted for 2017 which included care planning, finances, mealtimes and medication. A hand hygiene audit was completed in early March

2017.

With regard to self-monitoring and assessment the provider had completed a number of six monthly unannounced visits since HIQA's previous inspection. The most recent was completed in April 2016 and the inspectors observed an action plan to support the implementation of identified areas for improvement.

However, the timeframes for completion of the visit process was not found to be in line with the regulatory requirements. Additionally, there was no 2016 annual review of the quality and safety of care in the centre available for the inspectors to review.

The PN informed the inspectors of the centre plan to incorporate identified actions from both internal and external monitoring activity into one overarching quality improvement system.

The PIC was clearly involved in the operational management and administration of the centre. She demonstrated knowledge of legislation and her statutory responsibilities and was committed to her professional development. The PIC was observed to be immediately recognised and engaged by residents during the inspection process.

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:

Overall, the inspectors found that at times there was insufficient staff to consistently meet all the assessed needs and support requirements of residents.

Inspectors found that staffing levels did not consistently meet all of the residents' needs. For example, residents' social care needs were not always being met due to staff shortages. Additionally, due to their complex support needs some residents required a significantly higher level of support which was not always available to them. This finding was endorsed from observation and interviews with a cross section of staff members.

This was also identified in the previous inspection.

The person in charge and provider nominee informed inspectors that they were

cognisant of the vacancies in the staff complement and that the centre was in the process of addressing this.

The centre maintained a planned and actual roster. Inspectors reviewed a three week sample of the roster and found that there was regular reliance on agency staff. However, the centre did have a regular panel in place to ensure consistency. The inspectors noted that there was an awareness of the need for residents to experience continuity of care as evidenced through staff moving with residents that transitioned within the centre.

Inspectors observed staff interacting and engaging with residents with dignity and respect. Residents were found to be comfortable in their home.

The inspectors observed that the supervision provided to staff was appropriate to their roles. This included annual appraisals, regular staff meetings, direct availability of the person in charge during staff shifts and a schedule of supervision was in place.

Inspectors reviewed staff training and found that not all mandatory training was up-to-date in manual handling and fire safety. The centre had identified this gap, had put in place a schedule of training and was in the process of addressing this issue.

Staff files were not reviewed as part of this inspection.

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):

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

Findings:

Not all aspects of this outcome were reviewed as part of this inspection. In line with an action from the previous inspection the communication policy had been finalised and was now in place.

However, during the course of the inspection, several documents which were reviewed were not dated or signed by the author.

Judgment:
Substantially Compliant

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:

Helen Thompson
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 Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003727
Date of Inspection:	22 March 2017
Date of response:	03 May 2017

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:

Some residents were not optimally supported to exercise choice and control in their daily lives.

1. Action Required:

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

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

The Registered Provider, with support from the PIC, will ensure that residents will be supported to exercise choice and control in their daily lives through the following actions:

- a) Referral for one resident to:
 - i) CNS Behaviour
 - ii) Speech and Language
 - iii) Independent Advocate
- b) Referral for another resident to:
 - i) Speech and Language
 - ii) Independent Advocate

Proposed Timescale:

- a) 04/04/17 - Completed
- b) 04/04/17 - Completed

Proposed Timescale: 03/05/2017

Theme: Individualised Supports and Care

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

Some residents' living space and associated practices were contrary to the consistent ensuring of their privacy and dignity needs.

2. Action Required:

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

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

The registered Provider will ensure that each resident's privacy and dignity is respected by the following actions:

- a) One resident referred to CNS in assistive technology who recommended a button/pager device for resident to alert staff to her. Awaiting delivery and implementation.
- b) The resident also referred to CNS Behaviour and reviews have commenced.
- c) Core review meeting held for resident and weekly timetable/objects of reference reviewed and updated.
- d) The resident also referred to Speech and Language Department, Psychology, Independent advocate.
- e) Independent Advocate visited designated centre and acknowledged status of resident on waiting list.
- f) Specialist glass makers in to review glass in bedroom windows, quote obtained and

stained glass to be purchased.

g) Another resident identified in the report referred to an independent advocate, who visited designated centre and acknowledged status of resident on waiting list.

Proposed Timescale:

- a) 30/05/17
- b) 24/03/17 - Completed
- c) 05/04/17 - Completed
- d) 04/04/17 - Completed
- e) 31/03/17 – Completed
- f) 10/06/17
- g) 31/03/17, 04/04/17 - Completed

Proposed Timescale: 10/06/2017

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:

Residents were not facilitated with a comprehensive assessment of their social care needs.

3. Action Required:

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

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

The PIC will ensure a full review of social care needs will be completed for residents through the following:

- a) The PIC with the Day Service Co-Ordinator will review the Quality of Life recording sheets establishing the current baseline for community presence and participation
- b) Schedule for care plan audits in place
- c) Commencement of staff training (The Good Life) with regards to Personal Directed Planning and Social Role Valorisation.
- d) The progress of plans will be monitored on a monthly basis through new monthly data reports.
- e) The PIC with the Day Service Co-ordinator will ensure that social care needs are assessed using a Quality of Life assessment tool. Goals to address social care needs will be developed based on assessment findings and in collaboration with residents these will be outcome focused in a SMART format.
- f) The PIC will ensure that the key worker, day service co-ordinator & resident representatives evaluate these goals on a periodic basis

Proposed Timescale:

- a) 10/04/17 – Completed
- b) 15/02/17 – Commenced
- c) 29/03/17, 05.04/17, 19/04/17 – Completed; next date – 22/05/17
- d) 28/02/17 – ongoing
- e) 09/09/17
- f) Ongoing

Proposed Timescale: 09/09/2017

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:

All measures were not in place to fully ensure containment of fire in one of the centre's bungalows.

4. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The fire door identified in the report has been fitted with a magnet release system to meet the regulatory requirement.

Proposed Timescale:

14/04/17 - Completed

Proposed Timescale: 03/05/2017

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 residents were not observed to be comprehensively supported with their complex behavioural needs.

5. 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:

The PIC will ensure that any resident with complex behavioural needs will be supported through the multidisciplinary team and comprehensive plans.

- a) One resident with complex behavioural needs has been referred to CNS behaviour who has commenced reviews.
- b) This resident has also been referred to psychology department and psychologist attended recent MDT to assess her status on waiting list.
- c) This resident has also been referred to Speech and Language Department.
- d) This resident will continue with regular psychiatric reviews.
- e) Another resident is on the waiting list for Speech and Language – the PIC will follow up the status of this referral.

Proposed Timescale:

- a) 23/03/17 - Completed
- b) 23/03/17, 26.4.17 – Completed
- c) 23/03/17 – Completed
- d) Ongoing 3 weekly or sooner– RV 21/3/17
- e) 27/04/17 - Completed

Proposed Timescale: 03/05/2017

Theme: Safe Services

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

Staff required training and up skilling to more comprehensively support residents' complex behavioural needs.

6. 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 PIC will ensure that A training Needs Analysis is carried out regularly. A Training Needs Analysis (2016) highlighted need for more training in managing challenging behaviour and autism.

- a) Currently 6 staff have completed 3 day Managing Challenging Behaviour Course (majority of staff working in bungalow with complex behavioural needs)
- b) 3 staff have completed 2 day Managing Challenging Behaviour Course
- c) The PIC has emailed names to the Education and Training Officer of staff prioritised for next upcoming Managing Challenging Behaviour Training.
- d) The CNS Behaviour and Psychologist are devising a training plan of short training sessions to be rolled out to staff based on current needs commencing September. The PIC has requested training in Autism and Positive Behaviour Support Plans.
- e) Training in Restrictive Practices carried out in 2016 – PIC will look at organising this training for new staff.

Proposed Timescale:

- a) 2016 – Completed
- b) April 2017 – Completed
- c) 10/02/17 – Completed
- d) Proposal of Training to Commence Sept 2017

Proposed Timescale: 30/09/2017

Theme: Safe Services

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

Documented and clear evidence of consent was not present for some residents' restrictive practices.

7. 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 Registered Provider will ensure that consent will be discussed and documented for all Restrictive Practices. For two residents highlighted in the inspection, the Register Provider will ensure:

- a) Referrals will be sent to the Independent Advocacy Service
- b) Families will be involved where possible
- c) Accessible information will be given to residents explaining restrictions
- d) Restrictive Practice Reviews Meetings will continue every 3 months.

Proposed Timescale:

- a) 04/04/17
- b) Ongoing with one family
- c) 01/06/17
- d) Ongoing – next date 06/06/17

Proposed Timescale: 06/06/2017

Theme: Safe Services

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

Best practice was not clearly applied in the implementation of some residents' restrictive procedures.

8. Action Required:

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

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

The registered provider will ensure that all restrictive Practices are used as a last resort, are fully reviewed and agreed by multiple Team Members; and are the least restrictive as possible. The following actions have been taken:

- a) Review of 2 service users restrictive practices at MDT meeting 26/04/17
- b) Plan put in place and least restrictive restriction agreed for one resident
- c) Agreed to refer this resident to rights committee
- d) Another residents restrictive environment for full review by team including CNS Behaviour to look at least possible restrictive environment
- e) Agreed to refer this resident to rights committee
- f) Both residents referred to Independent Advocate
- g) Rights review checklist to be completed for all service users

Proposed Timescale:

- a) 26/04/17 – Completed
- b) 26/04/17 – Completed
- c) 15/05/17
- d) Ongoing
- e) 15/05/17
- f) 04/04/17
- g) 15/05/17

Proposed Timescale: 15/05/2017

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 provider's unannounced visits to the centre were not completed within the required six monthly timeframe.

9. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The Registered Provider will ensure that at least 2 unannounced audits will be carried out each year of the designated centre.

The register Provider will develop a schedule to carry out visits for the coming year.

Proposed Timescale:

30/05/17 (1st unannounced Inspection of 2017)

01/05/17

Proposed Timescale: 30/05/2017

Theme: Leadership, Governance and Management

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

No annual review of the quality and safety of care and support provided to residents of the centre had been completed for 2016.

10. Action Required:

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

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

The Registered Provider will ensure that Annual Quality and Safety Review is carried out once a year.

- a) An Annual Quality and Safety Review for 2016 to be carried out.
- b) An Annual Quality and Safety Review will be carried out for 2017

Proposed Timescale:

- a) 14/04/17 – Completed
- b) 20/12/17

Proposed Timescale: 20/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

At times there were insufficient staff available to meet the assessed needs of the residents.

11. 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:

- a) The Provider Nominee together with the Human Resource Department are working together to ensure staff vacancies are filled, on-going recruitment for the centre is continuing; Interviews for care assistants took place 14/02/17, 24/03/17 & 27/03/17, CNM1 interviews 22/03/17, staff nurse interview 21/03/17. Recruitment drive for nurses

(intern student nurses) took place 22/03/17. Interviews of interns to take place 03/05/17.

- b) CNM1 interviewee successful – awaiting final stages of recruitment process
- c) Care staff interviews successful and all posts filled – awaiting final stages of recruitment process.
- d) Provider Nominee & PIC reviewed skill mix in Designated Centre and decided to change 2 nursing posts to social care working posts. Advertisement displayed and currently shortlisting applicants.
- e) New rosters currently being trialled in another designated centre with a view to establish in this designated Centre

Proposed Timescale:

- a) As above
- b) June 2017 dependent on references etc.
- c) July 2017 dependent on references etc.
- d) 06/04/17 – completed
- e) 17/05/17 – review rosters

Proposed Timescale: 31/07/2017

Theme: Responsive Workforce

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

Not all staff had up-to-date training in manual handling and fire safety.

12. Action Required:

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

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

The PIC will ensure that all staff have up to date training in mandatory training

- a) Staff who were out of date in Manual Handling and Fire completed same in April as was scheduled.
- b) Dates of training for those who are due to expire are scheduled and prioritised.
- c) The PIC will continue to Liaise with Education and Training Officer for staff who are due to expire.

Proposed Timescale:

- a) 12/04/17
- b) Ongoing
- c) Ongoing

Proposed Timescale:

Outcome 18: Records and documentation

Theme: Use of Information

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

As per the body of the report residents' records were not properly maintained.

13. Action Required:

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

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

The Register Provider will ensure that language used in all records and plans is dignified by the following:

a) Regular scheduled Care Plan Audits

Proposed Timescale:

a) 2 care plans will be audited monthly commencing May 2017 as per schedule ensuring all care plans audited by Dec 2017

Proposed Timescale: 31/12/2017