

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0002934
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Sharon Balmaine
Lead inspector:	Julie Pryce
Support inspector(s):	Sheila Doyle
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
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: 29 June 2015 10:30 To: 29 June 2015 19:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

HIQA became significantly concerned about the safety and the quality of life for residents in St Raphael's campus, a residential service operated by St John of God Kildare Services. St Raphael's residential campus contains seven designated centres providing residential services to 137 people with intellectual disabilities.

Following the initial inspections in 2015, inspectors undertook a series of ten planned inspections to assess the progress of the provider in addressing the issues of concern which were impacting on the lives of residents.

These unannounced inspections found evidence of institutional practices, poor outcomes for residents and areas of risk to residents relating to safeguarding and health and safety. Poor managerial oversight and governance arrangements were also a recurrent finding in these designated centres. Due to the seriousness of the concerns, HIQA issued a series of immediate actions and warning letters, and held regulatory and escalation meetings with the provider and members of senior management.

Due to a failure of the provider to implement effective improvements for residents, HIQA issued notices of proposal to cancel the registration of three of the centres on this campus. The provider subsequently issued HIQA with plans for the closure of one designated centre, and transitional plans to provide alternative living

arrangements for a number of other residents which addressed the residents' safety, welfare and quality of life.

The most recent inspections have confirmed that the provider has undertaken substantive changes in governance and management across this campus. There have been improvements in staffing, persons in charge and other management positions. While there continue to be non-compliances, and further improvements are required in relation to the quality of life for residents, the provider has demonstrated it is now taking effective action to achieve these improvements.

HIQA will continue to monitor these centres to ensure that the actions taken by the provider are sustained and result in continued improvements to the safety and quality of life of residents.

This inspection report specifically relates to the second inspection of one designated centre operated by St John of God Kildare Services, and was conducted as a follow up to an inspection conducted on 25 March 2015 in order to monitor ongoing compliance with the regulations and the Authority's Standards. As part of this inspection, inspectors met with residents and staff, observed practices and reviewed documentation such as care plans, person centred plans, risk assessments, fire safety records and documentation relating to governance and management

Twelve residents resided in this designated centre which was an old premises located on a campus based setting. The centre comprised of three chalet style bungalow buildings. One building accommodated eight residents, one building accommodated four residents and the nearby apartment was currently vacant.

Whilst minor improvements had been made in some areas, the inspectors again observed institutionalised practices that were continuing to have a direct negative impact on residents' quality of life. Residents were still not being supported sufficiently to participate in meaningful activities or being facilitated to make choices relating to their daily lives. Personal plans were still to be out of date, not reviewed and inadequate to guide staff in care delivery.

Areas of significant concern were fire safety, quality of life, healthcare and, in particular, governance and management. Management structures and processes were ineffective, did not result in improved outcomes for residents and appeared to be focussed on administration. Whilst meetings had been held in relation to deficits in the service, and documentation relating to quality improvement had been developed, inspectors did not find any evidence of appropriate actions to address the issues.

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 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:

Inspectors were concerned that very little progress had been made since the previous inspection in relation to providing a meaningful day for residents, or on the required improvement in personal plans to guide the staff on how to care for residents.

Whilst a new template had been developed on which to base personal plans for residents, this had not yet been introduced, and there had been no improvement in the existing personal plans. Personal plans still did not reflect the social care needs of residents, were not person centred and were of a poor quality. As a result the plans did not consistently guide staff on how to care for residents in a consistent and supportive way which maximised positive outcomes for residents. Therefore the personal plans did not maximise residents' personal development.

For example the personal plan in relation to the management of challenging behaviour for one resident, whilst providing some guidance for staff was undated and contained information which staff reported was no longer relevant. Care plans relating to health care needs were not informed by the recommendations of allied healthcare professionals, for example the recommendations from a speech and language therapist for one of the residents had not been incorporated into the care plan. Inspectors were concerned that this could lead to inconsistent care for this resident.

There was still no evidence of personal plans having been reviewed, and there was no evidence of improvement in goal setting for residents. Goals related to healthcare needs or everyday personal activities and were not aimed towards maximising the potential of residents as required by the regulations. For example, the goal for one resident was 'I

will get my hair cut'. In addition no progress had been made towards ensuring that personal plans were available in an accessible format for residents in accordance with the requirements of the regulations.

Inspectors were concerned that several staff engaged by the inspectors could not demonstrate knowledge or skills in relation to personal planning or assessment of the personal and social care needs of residents, and had not received any training in this area. A keyworker had been identified for each resident, but the choice of these keyworkers did not appear to be based on any criteria such as qualifications, skills or knowledge, so that there was no evidence that assessments had been conducted by an appropriate health care professional, and the inspectors were concerned that this was contributing to the poor standard of personal plans.

Whilst an audit of personal plans had been undertaken this audit did not include any assessment of the quality of the plans and had not led to any improvement in the guidance which personal plans gave to staff.

The staffing levels and skill mix were not sufficient to support residents' social care needs and ensure that residents had a meaningful day with interaction and activities suitable to their interests. It was apparent, from observation, discussions with staff and review of activities records, that the provision of activities and facilitating choice of activities was curtailed by staffing levels. No improvement had been made to the staffing numbers or skills mix since the last inspection, as further discussed under Outcome 18.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

Findings:
Sufficient arrangements were not in place to promote the health and safety of residents, staff and visitors.

Inspectors were particularly concerned that there continued to be inadequate precautions in place in relation to fire safety. Daily checks, for example, access to fire exits had been introduced and recorded since the previous inspection. However, the other agreed actions from the previous inspection in relation to fire safety had not been fully implemented. Not all staff had yet received fire safety training or been involved in a fire drill. Personal evacuation plans for residents had not been reviewed and some were still not accurate. For example, the plan for one resident was dated May 2013, and while

significant changes in needs and dependency for this resident had taken place in the intervening two years, the plan had not been updated to reflect this. Inspectors were very concerned that staff did not know how to appropriately respond in the event of a fire emergency. Staff engaged by the inspectors could not describe appropriate actions to be taken in the event of an emergency to ensure the safety of residents, in particular where evacuation of residents might be required. In addition a fire drill which had been held prior to the last inspection had identified the need for additional staff, but no changes had been made in staffing numbers.

Insufficient progress had been made in relation to the management of risk since the last inspection. A particular risk identified in the last inspection in relation to the number of staff required to deliver personal care to a particular resident had not been addressed, and there were frequently insufficient staff to deliver this care in accordance with their assessed needs. In addition this issue had been raised as a "red" rated risk, as per the centres procedures, at the previous two team meetings and had been escalated to management. There was no evidence of appropriate actions having been taken towards the management of this risk. In addition there was no risk register available.

Additional risks which had been identified since the last inspection had not been managed appropriately. For example, one resident had been identified as being at risk of injury from the headboard on his bed, and from the grab rail. The identified action from the risk assessment was that the headboard and rail should be padded. However the inspector found the padding to consist of a quilt thrown over the grab rail and a modified quilt covering the headboard. Neither was permanent or stable and did not ensure the safety of the resident.

Inspectors were also concerned to have identified two risks at the outset of the inspection which had not been managed appropriately. There was a broken chair at the kitchen table which would not support the weight of a person sitting on it. A sign had been attached to this chair to say that it was unsafe although none of the residents were able to read the sign. In addition a shed outside the back door in which household chemicals were stored was not locked, and again had a written warning sign on the door.

Accident and incident forms were reviewed by the inspectors and found to be vague and to include insufficient information to inform any learning or changes in practice that might be required to manage any further risk. For example, the form relating to a recent medication error did not describe the actual error. This lack of detail did not promote effective management of these risks and did not provide for learning and future prevention.

Infection control practices observed by the inspectors were not all in accordance with evidence based practice. For example, inspectors observed staff attending to an intimate care procedure for a resident while wearing long sleeves and without wearing appropriate protective clothing. Inspectors found that this practice was not protecting residents who may have been at risk of healthcare associated infection.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Some improvements had been made since the previous inspection in relation to the protection of vulnerable adults, however, a number of areas had not been addressed and did not provide for the protection of residents.

Staff training had been provided since the previous inspection and all staff engaged by the inspectors were able to identify types and sign of abuse and to outline appropriate actions to be taken if abuse was suspected.

Intimate care plans had been put in place since the last inspection in response to failings previously identified by inspectors. However, the plans were of a poor standard and did not provide sufficient and meaningful information as to guide staff. For example, under the heading 'Assistance required' for one resident the guidance was that 'He requires assistance with all aspects of life'.

There was a behaviour support plan in place for a resident who required support in this area, which provided guidance to staff. However, it was not implemented. It was not dated and there was no evidence of review of the plan. Staff reported that some of the information included in the plan was no longer relevant as the needs of the resident had changed. There was no recording of incidents of challenging behaviour, and no record of the implementation of any of the guidance in the plan. It was therefore unclear how the resident was being supported when exhibiting behaviours that challenge and the inspectors were concerned that this could lead to inconsistent care and poor outcomes for the resident.

There were some restrictive interventions in place for residents in the designated centre, for example, one resident required physical intervention (a physical hold by staff) in order to receive personal care on a daily basis. This has been prescribed in consultation with a multidisciplinary team. As further discussed under Outcome 18 there were not always sufficient staff to deliver this care safely in accordance with the resident's assessed needs. A record of this intervention was maintained which included the time, type of intervention and people involved, together with a record of the behaviour which

had taken place and the response of staff. However, the documentation available did not adequately guide staff and there was potential for inconsistent care practices. Further detail was required to include the level of intervention or physical hold implemented, and the identification of the responsibility of each member of staff during the intervention.

The procedure for another resident in relation to restrictive interventions during personal care was vague and insufficient to guide staff. It was not clear level of physical restraint had been prescribed in consultation with the multi-disciplinary team. For example, the instruction was for staff to 'support each arm', where, according to staff, the intervention that was actually required was the physical restriction of the movement of each arm. The inspectors were concerned that this would lead to inconsistent and unsafe practices and poor outcomes for the resident.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Inspectors were concerned that several of the issues identified during the last inspection remained unchanged.

For example, where residents were at risk of poor nutrition and had been assessed as requiring monthly monitoring of weight, this was still not consistently done or recorded. The explanation for this was that weights were routinely taken at the weekend, and that residents frequently went home for the weekend. No consideration had been given to changing this institutional practice.

The care plan for a resident in relation to catheter care was again reviewed by inspectors and again found to be inadequate in that it did not include specific direction. In addition the care plan referred to the importance of fluids, but the guidance again was vague, stating that fluids should be encouraged, but not specifying any amounts. A fluid balance recording chart was in place, but this was not consistently recorded or totalled in order to monitor intake and output.

Some improvements had been made since the last inspection in relation to access for residents to allied healthcare professionals such as the speech and language therapist

and the dietician. However, the inspectors were concerned that the recommendations from these professionals either did not inform the care plans or had been misinterpreted. For example one resident's care plan stated that he was on a low glycaemic diet while the staff discussed a low fat diet. Inspectors saw that the meal that was served stated low fat on the lid. Staff spoken with were unclear which was correct or if there was a difference and as a result the resident was not receiving the diet which had been recommended.

One of the residents currently had a skin lesion and required skin integrity care. Whilst a plan of care was in place inspectors found the pressure relieving mattress required as part of the care to be incorrectly set. Inspectors were concerned that inconsistent or incorrect care delivery may have contributed to the development of this healthcare issue. In addition inspectors saw that there were frequent gaps in the recording of the planned repositioning of the resident.

Inspectors were particularly concerned about the quality and safety of food served to residents. A hot lunch for one of the residents was delivered to the centre from a central kitchen on the campus mid-morning in a foil takeaway type carton. This remained at ambient temperature in the kitchen until lunch time at which time it had cooled to a lukewarm temperature. Inspectors tasted the cooked evening meal being served to residents and found that it was almost cold. A procedure for the chilling and reheating of meals was displayed in the kitchen, however, the instructions were not followed, and staff could not locate a temperature probe which would be required to check the temperature of the reheated meal.

There was insufficient evidence of choice of meals being offered to residents, particularly those on modified diets. A choice of two regular consistency dishes was offered for evening meals, but residents were required to make these choices several days in advance. In the event that somebody changed their mind when the meal was being served there was insufficient stock in the kitchen, which staff had access to, to offer a meaningful alternative. Inspectors did not see any choices available for residents on modified consistency diets.

In addition there was no facility for residents to buy, prepare or cook their own meals, or to be involved in any way in meal preparation.

Judgment:
Non Compliant - Major

Outcome 12. Medication Management

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:

Improvements had been made in the management of medications since the last inspection.

Inspectors were satisfied with the progress towards the introduction of a new medications administration recording sheet in accordance with one of the agreed actions from the last inspection. In addition improvements had been made in the ordering and receiving of medications.

The temperature of the medications fridge was now monitored and recorded on a daily basis. The temperatures recorded were within safe limits.

However, there were still some gaps in the required information for some of the prescriptions, in particular in the prescriptions for 'as required' PRN medications. This was also identified at the previous inspection. In a sample of prescription records reviewed inspectors noted that the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. In addition, the prescription sheet for one resident did not have sufficient space to include all the prescriptions.

Inspectors were also concerned about the administration and recording of controlled drugs. For example, the weekly controlled medication for one resident was given at different times on each occasion, varying from early morning until early evening. In addition, the times of administration, whilst recorded on the medications administration recording documents, were not recorded in the controlled drugs register. Previous action relating to the checking of these medications had been addressed.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a lack of governance and oversight by the provider and persons participating in the management of this centre as evidenced by the high number of non-compliances.

The level of non-compliance did not demonstrate that the provider has engaged in the regulatory process since commencement. Inspectors found continued deficits in the provision of safe and quality care for residents. The inspectors were not satisfied that the care provided to residents had adequately improved since the previous inspection. Action plans and undertakings given in response to the previous inspection were not being implemented to ensure regulatory compliance. This was contributing to negative outcomes and quality of life for residents.

At the time of inspection there was no person in charge in place. A deputising arrangement had been put in place since May 2015 and a new person in charge was being inducted at the time of this inspection. Inspectors were very concerned that the lack of person in charge with sufficient oversight of the service was leading to negative outcomes for residents. For example, there was still no effective system in place to ensure all aspects of care and support were being appropriately monitored and reviewed on a consistent basis. This did not ensure that all residents were receiving quality care as evidenced in the non-compliances in this and previous inspection reports.

The inspector found that while there was evidence of provider meetings and dialogue about the designated centre, the introduction of team meetings and a detailed quality enhancement plan dated 23/06/15, there was a lack of actual implementation and changes regarding care provision within the centre. The inspectors found that while meetings, reviews, plans and draft protocols were being completed, the actual experiences and outcomes for residents had not significantly changed since the previous inspection. The inspectors were concerned that basic changes had not been implemented in areas such as staffing levels, personal planning, healthcare and the facilitation of a meaningful day.

Judgment:
Non Compliant - Major

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

Findings:

The inspectors were concerned about the lack of improvement in the staffing numbers and skill mix since the previous inspection. Whilst staff reported that the planned number of staff was now always provided, there had been no increase in these planned numbers, which were still insufficient to provide any more than basic care to residents, and there were concerns that even this level of care was not always provided adequately to some residents due to staff numbers.

A resident who had been identified at the last inspection as being at risk because the number of staff required to safely deliver personal care were not always available was still at risk. On almost every alternate occasion of personal care being delivered there was at least one too few staff available to ensure the safety of both the staff and the resident, according to the assessed requirements. In addition to this issue being highlighted at the last inspection, the risk had been rated as a red risk, which was the highest rating, on at least two occasions and escalated to management. However there was no evidence of a satisfactory response to this risk as discussed under Outcome 7.

The practice of 'borrowing' staff from other units on the campus in order to deliver personal care to residents, as highlighted in the last inspection, continued, so that unfamiliar and sometimes inadequately trained staff were still frequently engaged in the delivery of personal care to a vulnerable resident.

Inspectors found that staff did not have sufficient knowledge or skills to complete all of the duties required of them. For example, as discussed under Outcome 5, the staff responsible for the writing of personal plans did not all have qualifications or training to equip them to complete this task, and could not demonstrate the ability to do so.

The inspectors remained concerned about the skills mix in the designated centre, as well as the staffing numbers. For example, there was evidence of the numbers being made up by a person on a work placement. On review of recent rosters, inspectors found that this person on work experience had filled the unexpected absence of a clinical nurse manager on a recent occasion. In addition staff reported that where a nurse was on leave they were replaced with non-nursing staff.

There were still significant gaps in the provision of training for staff since the last inspection, and a staff appraisal system had not yet been introduced.

Judgment:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Julie Pryce
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-0002934
Date of Inspection:	29 June 2015
Date of response:	17 July 2015

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personal plans were not developed through a personal centred approach

1. Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident

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

no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

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

- 1.All MPPs will be developed with active participation of the residents and their representatives and according to the residents' wishes.
- 2.All personal plans will be reviewed by the PIC on annual basis.

Proposed Timescale:

- 1.31.12.2015
- 2.31.12.2016

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

The designated centre was not meeting the assessed needs of each resident.

2. Action Required:

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

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

- 1.A review of all available data will be undertaken to ensure all residents' assessed needs are identified.
- 2.The PIC will meet with the CNM and the team on a fortnightly basis for regular reviews and updates on progress related to residents' assessed needs.
- 3.Staff rosters are under review to ensure consistency and effective utilisation of the current resources in the DC to meet the assessed social care needs of residents.

Proposed Timescale:

- 1.04.08.2015
- 2.17.07.2015
- 3.31.10.2015

Proposed Timescale: 31/10/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Personal plans had not been reviewed and sometimes contained erroneous information.

3. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

1. An accessible personal plans (MPPs) will be developed for residents that require same in consultation with Speech & Language Therapy department.
2. A schedule will be developed for keyworkers to complete the accessible MPP with all residents or/and their representatives.

Proposed Timescale:

1. 31.12.2015
2. 31.12.2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Personal plans did not outline supports required to maximise residents' personal development.

4. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

1. All personal plans will outline the supports required for each resident to maximise their personal development.
2. All plans will be reviewed on regular basis.

Proposed Timescale:

1. 31.12.2015
2. 31.12.2016

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

Personal plans were not available in an accessible format for residents.

5. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

1. An accessible personal plans (MPPs) will be developed for residents that require same in consultation with Speech & Language Therapy department.
2. A schedule will be developed for keyworkers to complete the accessible MPP with all residents or/and their representatives.

Proposed Timescale:

1.31.12.2015

2.31.12.2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Assessments and personal plans were not carried out by an appropriate healthcare professional.

6. 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:

1. All personal plans (MPPs) will be updated to reflect the assessed needs of residents by relevant health care professional.
2. To further support the residents' comprehensive assessments all staff will be scheduled to receive relevant training/support.

Proposed Timescale:

1.31.12.2015

2.30.09.2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

The registered provider had not ensured that arrangements were in place to meet the needs of each resident.

7. Action Required:

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

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

1.A review of all available data will be undertaken to ensure that all residents' assessed needs are identified

2.Staff roster will be reviewed in order to insure adequate staffing resources are in place to meet the needs of the residents.

Proposed Timescale:

1.04.08.2015

2.31.10.2015

Proposed Timescale: 31/10/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There were not adequate systems in place for the assessment, management and ongoing review of risk. The system for responding to emergencies was not adequate. The systems for responding to identified risks was not adequate. Unsafe furniture and unsafe storage of chemicals was found.

8. 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:

1.Each Personal Emergency Evacuation Plan (PEEP) will be reviewed and updated as required.

- 2.All risk assessments will be updated.
- 3.The Risk Register will be put in place.
- 4.Fire drills will be scheduled to ensure full staff participation in the designated centre.
- 5.All unsafe furniture has been removed.
- 6.Lock has been replaced on the storage of chemicals.

Proposed Timescale:

- 1.31.08.2015
- 2.31.10.2015
- 3.31.10.2015
- 4.31.12.2015
- 5.29.06.2015
- 6.29.06.2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Residents at risk of healthcare associated infection were not protected by appropriate procedures.

9. 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:

- 1.The prevention and control of healthcare associated infections will be re-enforced at the staff meeting.
- 2.Notices promoting prevention and control of healthcare associated infections will be displayed in relevant areas.

Proposed Timescale:

- 1.10.7.2015
- 2.31.08.2015

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

Staff had not all received fire training.

10. Action Required:

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

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

1.All staff will receive fire safety training.

Proposed Timescale:

1.30.09.2015

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Personal evacuation plans did not reflect the needs of the residents and staff did not demonstrate the ability to evacuate residents in the event of an emergency.

11. 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:

- 1.Each Personal Emergency Evacuation Plan (PEEP) will be reviewed and updated as required.
- 2.Fire drills will be scheduled to ensure full staff participation in the designated centre.

Proposed Timescale:

1.31.08.2015

2.31.12.2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

The registered provider had not ensured fire drills at suitable intervals.

12. Action Required:

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

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

1. A quarterly fire drill will take place in DC.
2. Fire drills will be carried out at suitable intervals

Proposed Timescale:

1. 31.07.2015
2. 31.07.2015

Proposed Timescale: 31/07/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Therapeutic interventions for the response to behaviours that challenge had not been reviewed, contained outdated information and did not provide for the safe care and support of residents.

13. 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:

1. Relevant Behaviour Support Plans (BSPs) will be reviewed and updated in line with Positive Behaviour Support Policy.
2. Following the reviews the therapeutic interventions will be implemented.

Proposed Timescale:

1. 31.10.2015
2. 31.12.2016

Proposed Timescale: 31/12/2016

Theme: Safe Services

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

Restrictive procedures were not applied in accordance with national policy and evidence based practice.

14. 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:

- 1.The restrictive procedure will be reviewed by MTD team to ensure that it is applied in accordance with national policy and evidence based practice.
- 2.The risk assessment regarding the procedure will be updated
- 3.The protocol regarding the restrictive procedure will be updated to ensure consistent care practices

Proposed Timescale:

1.29.06.2015

2.17.07.2015

3.31.07.2015

Proposed Timescale: 31/07/2015

Theme: Safe Services

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

Intimate care plans were inadequate to ensure safeguarding of residents

15. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

1. The relevant intimate care plans will reflect current needs of the residents and will be reviewed to ensure that sufficient and specific information is provided.

Proposed Timescale:

1.31.08.2015

Proposed Timescale: 31/08/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Appropriate healthcare was not provided to residents in all cases. Some healthcare interventions were incorrect and unmonitored.

16. Action Required:

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

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

- 1.The catheter care plan will be reviewed and updated and will include specific direction.
- 2.The fluid intake record will be completed appropriately and reviewed.
- 3.Specific directions will be given to staff in relation to recording fluid intakes, weight monitoring charts and other records and compliance will be monitored and supervised.

Proposed Timescale:

1.31.07.2015

2.10.07.2015

3.10.07.2015

Proposed Timescale: 31/07/2015

Theme: Health and Development

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

Residents' hot food, which was delivered from a central kitchen, was left at ambient temperature for a long period. Residents' hot food was allowed to become cold.

17. Action Required:

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

- 1.CNM will ensure that staff follows the procedure for heating and chilling food including checking the temperature of food.

Proposed Timescale: 10/07/2015

Theme: Health and Development

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

Food provided was not consistent with residents' dietary needs.

18. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

1. Residents' dietary needs will be reviewed to ensure that each resident is provided with appropriate diet.
2. Where specific dietary needs are identified staff will receive necessary information to ensure that those needs are met.

Proposed Timescale: 31/08/2015

Theme: Health and Development

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

Residents were not offered a meaningful choice of food and snacks.

19. Action Required:

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

1. A wider choice of food and drink to enhance mealtime opportunities and experiences will be provided in the Designated Centre.

Proposed Timescale:

1.31.07.2015

Proposed Timescale: 31/07/2015

Theme: Health and Development

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

There were no facilities for residents to be involved in preparation of meals and snacks.

20. Action Required:

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

- 1.The kitchen will be upgraded to improve the individual mealtime experience and choice, to facilitate specific diets, to improve quality and safety of food served.
- 2.Residents will be supported to be involved in the preparation of meals and snacks when they choose to.

Proposed Timescale:

1.30.09.2015

2.31.10.2015

Proposed Timescale: 31/10/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Controlled drugs were not managed in accordance with the relevant legislation.

21. Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

- 1.New administration record for controlled drugs will be developed and implemented.
- 2.All control drugs will be administered in line with the regulations

Proposed Timescale: 31/07/2015

Theme: Health and Development

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

Not all prescriptions were detailed enough to ensure administration as prescribed.

22. 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:

- 1.All PRN medications will be reviewed by GP to ensure the consistency of prescribing and administration
- 2.A revised record of medication administration will be implemented to insure that all medications are administered in line with a prescription.

Proposed Timescale: 31/07/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was no appointed person in charge

23. Action Required:

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

- 1.A Person in Charge will commence on July 20th 2015

Proposed Timescale:

1.20 July 2015

Proposed Timescale: 20/07/2015

Theme: Leadership, Governance and Management

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

Management systems were ineffective and did not ensure that the service provided was safe, appropriate or monitored effectively

24. Action Required:

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

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

- 1.A Person in Charge will commence on July 20th 2015
- 2.Person in Charge will oversee and monitor the implementation of the quality plan to ensure all aspects of care and support are implemented.
- 3.A review of the local organisational governance structure is currently underway.

4.All staff will be advised of lines of management, reporting systems, roles responsibility and accountability when completed.

Proposed Timescale:

1.20.07.2015

2.20.07.2015

3.31.07.2015

4.31.07.2015

Proposed Timescale: 31/07/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing numbers were insufficient to meet the needs of residents. Skill mix was inadequate to meet the needs of residents, and staff were allocated duties which they were not adequately trained to fulfil.

25. 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:

1.A recruitment campaign is underway in the service to fill all permanent staff vacancies.

2.Staff roster will be reviewed in order to insure adequate staffing resources are in place to meet the needs of the residents.

3.A review of each residents needs will be undertaken to validate necessary staffing.

Proposed Timescale:

1.31.10.2015

2.31.10.2015

3.31.12.2015

Proposed Timescale: 31/12/2015

Theme: Responsive Workforce

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

Staff training was not adequate.

26. 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:

- 1.All staff are scheduled to attend the mandatory training
- 2.Additional training needs are identified through PDR meetings
- 3.Training around meaningful day and the keyworker training will take place on 23rd of July

Proposed Timescale:

- 1.31.07.2015
- 2.31.12.2015
- 3.23.07.2015

Proposed Timescale: 31/12/2015

Theme: Responsive Workforce

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

There was no system of staff supervision

27. Action Required:

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

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

- 1.A Person in Charge will commence on July 20th
- 2.Local Procedure for staff supervision will be developed and implemented
- 3.PDRs will be completed with all staff.

Proposed Timescale:

- 1.20.07.2015
- 2.31.10.2015
- 3.31.12.2015

Proposed Timescale: 31/12/2015