

**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 Ltd
Centre ID:	ORG-0011528
Centre county:	Kerry
Email address:	catherine.oshea@sjog.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Ltd
Provider Nominee:	John Pepper
Person in charge:	Catherine O'Shea
Lead inspector:	Breeda Desmond
Support inspector(s):	John Greaney
Type of inspection	Announced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 11 March 2014 09:30 To: 11 March 2014 18:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was an announced monitoring inspection which took place on 11 March 2014. As part of the process, the inspectors met with residents, staff, Clinical Nurse Manager 3 (CNM3), the residential programme manager, the quality and operations manager, and St John of God director for their Kerry services. The inspectors observed practices and reviewed documentation such as care plans, medical notes, incident and accident logs, policies and procedures, medication management and staff files including staff training.

The action plan at the end of the report identifies improvements necessary to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities 2013. These areas include:

- 1) the Statement of Purpose
- 2) contracts of care
- 3) residents' personal support plans
- 4) staff training
- 5) staff files
- 6) aspects of medication management

7) premises

8) health and safety issues including fire safety, items listed in the Regulations regarding risk management, infection prevention and control.

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

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

Judgement:

Non Compliant - Major

Findings:

Agreed written contracts which deal with the support, care and welfare of the resident and include details of the services to be provided for that resident and the fees to be charged, as listed in the Regulations, were not in place.

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

Judgement:

Non Compliant - Moderate

Findings:

The inspectors reviewed personal care plans for residents. The care plans commenced with individual client profiles which were very informative. A daily activity record was maintained detailing the degree of participation in activities. Assessments for each resident were based on the activities of daily living framework which included communication, breathing, nutrition and preferences, mobility, dressing, personal hygiene, work/play/activities, and behaviour. Goals were documented in a follow-on section whereby goals to be achieved were recorded. While there was narrative documented for residents detailing person-centred information in some care plans, others were medically orientated; some had the required support and the key staff

member to enable their goals to be achieved but others did not have this detail. While some activities of daily living assessments contained person-specific information, others were written from a staff perspective. A number of care plans were reviewed in 2014, but others were not reviewed since 2012.

While there was consent obtained from the next-of-kin for interventions such as blood tests, it was not evident from care plans reviewed, whether the resident or their next-of-kin were involved in the care planning process in line with the Regulations.

A client evacuation plan was in place for all residents and this included photographic identification of residents. Each resident had individual assessments documenting the degree of assistance required to complete their activities of daily living with person-centred narrative to inform the carer. However, the information gleaned in the health check/medical history did not inform the activities of daily living care plan in one care plan reviewed where the resident had several significant health issues. Risk assessments to support evidence-based nursing care were not in place to inform best practice in care plans reviewed.

Private information relating to interventions necessary for personal care was displayed on vanity mirrors and wardrobes which significantly impeded on residents' dignity.

Inspectors were informed by staff that there were a number of options available for residents in relation to activities. Residents were observed participating in the sensory room, others joined in recreation and physical activity sessions, while other residents were observed enjoying baking with staff and enjoying a cup of tea afterwards. There was a swimming pool, gym and day centre on site which residents had access to and many residents were observed walking around the gardens accompanied by staff.

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Findings:

Campus 2 designated centre comprised six units. All units were bungalows with the exception of one, which was located on the ground floor to the rear of the main administration building. The expansive external grounds were safe and well maintained. Residents accommodation comprised of:

Unit 1 - one twin and five single bedrooms.

Unit 2 - two twin and four single bedrooms.

Unit 3 - one twin and six single bedrooms.

Unit 4 - five single and one twin bedroom and one apartment to accommodate one resident.

Unit 5 - six single bedrooms.

These units were very similar in size and layout with three assisted toilets, an assisted bath, shower wet area, toilet and wash-hand basin; communal space included a large sitting, dining room, relaxation rooms and a sensory room also in one unit. The premises in general were clean and homely with comfortably seating, suitable furniture, and appeared to meet the needs of residents. However, décor throughout required attention as paintwork and woodwork was chipped and the protective covering to the surrounds of vanity units in bedrooms was eroded, preventing effective cleaning. Some of the residents had personalized their bedrooms with photographs, soft furnishings and music centres.

Unit 5 comprised six single and one twin bedroom, a large dining room and two activation rooms. One single room could only accommodate a bed and the resident's wardrobe was in the twin bedroom some distance away. This single room was not fit for purpose and this was relayed to management. There were separate male and female communal toilet, shower and bath facilities, each within one large room. The layout of these facilities could not ensure residents' privacy and dignity and the bath and shower areas were therefore not fit for purpose.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Findings:

Staff spoken with demonstrated clear accounts of actions to be taken in the event of a fire. Fire drills and evacuation occurred regularly with participation of residents and records reviewed evidenced this. Fire alarm testing occurred every Monday. There were fire evacuation notices and floor plans displayed at the entrances to the bungalows. Inspectors reviewed the fire safety book and fire training records. Records were maintained on each unit of daily and weekly checks of emergency doors and fire equipment. Documentation for current quarterly servicing of the fire alarm system was evidenced, however, some quarterly service records were not evident. While some doors were fire retardant, many other were not. Emergency lighting was not in place. Fire safety was discussed with management who had had a comprehensive fire safety report completed in February 2014 which outlined fire safety requirements to comply with legislation. Furthermore, they outlined that they had sourced an external contractor to undertake remedial action but this had not yet been initiated.

There was a safety statement and health and safety and risk management policy in place. While there was hazard identification, assessment of risks with measures and actions to be taken described in this policy, all the items listed in Regulation 26 were not included in the health and safety and risk management policy.

Incidents and accidents were recorded on their 'Starsweb' system. This data was collated nationally and analysed, following which a report was sent to each service area in a league table format enabling easy trending. These reports were evaluated by the Quality and Safety committee which was a new quality initiative who meet every six weeks and comprises representatives from all departments. Management relayed to the inspectors that as this committee was only in its infancy, devolution of information from these reports to unit level to inform care and welfare, has not yet occurred.

While there were hand wash sinks available, advisory signage for best practice hand hygiene was not always displayed. There were very few hand hygiene foam dispensers available; the inspector observed that many opportunities for hand hygiene were not completed in accordance with best practice guidelines.

Boxes of disposable gloves were in place in each resident's bedroom, some were placed on the vanity units while others were attached to the mirrors of the vanity units. These were discussed with staff and the inspectors suggested that placement of these gloves should be reviewed cognisant of residents' dignity, and a risk assessment be undertaken regarding unrestricted access to these gloves.

There were designated cleaning staff for each unit. While centres were generally clean, some bathroom tiles, sinks, taps, splash backs required further attention. A lot of the bedrooms doors, wardrobe doors, mirrors and other furnishings had sticky residue apparent.

There was a sluicing area within the assisted bathroom area in each unit. In addition, there was a cleaning detergent dispenser and cleaning equipment with the bathroom in Unit 4. Cleaning chemicals were stored unsecured underneath the sluicing sink here, enabling unauthorized access. There was a large shelved unit in this bathroom which stored toiletries including razors and razor blades, disposable aprons, toothbrush holder with a resident's toothbrush and other such items. The protective coating of this shelved unit was eroded, preventing effective cleaning.

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

Judgement:

Non Compliant - Moderate

Findings:

There was a current policy in place for safeguarding vulnerable people. Inspectors observed respectful trusting interaction between residents and staff in a relaxed easy atmosphere. Staff spoken with demonstrated their knowledge regarding protection of residents in their care.

A multi elemental behaviour support plan (MEBS) had been introduced for residents. Unit managers had completed this comprehensive training which included recognising triggers of behaviours, how to design the support plan, assessment then functional assessment of the resident, analysis and implementation of the support plan. Those support plans viewed gave clear direction to staff on how best to prevent or appropriately respond to behaviours that challenge. This programme was discussed and management stated that it was hoped to train all relevant staff in MEBS to enable them to further protect residents in their care. While some staff had completed their education sessions on topics such as challenging behaviour, crises intervention for mutual protection and adult protection, all staff had not.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Non Compliant - Minor

Findings:

There were a number of policies and procedures in relation to care and welfare of residents including policies on health assessment and care management, for example, rights protection and promotion of rights, personal and intimate care planning and sexuality and intimate relationships to mention a few. Inspectors reviewed a sample of personal plans which included past medical history, vaccination records and noted that each resident had a 'Health Check' which comprised a comprehensive health screen including men/women health screening. The GP narrative was included here and regular reviews were noted in these records. However, as these were single pages filed independently, potential errors could occur as these pages did not contain any demographics identifying the resident.

Appropriate referrals to specialist services were evidenced and interventions and outcomes were recorded in residents' care plans. Residents had access to physiotherapy, occupational therapy, speech and language therapy, a psychologist, dentist and behavioural specialist on site. The psychiatrist attended the campus every

fortnight. The GP attended weekly and GP on-call services were provided also. Management outlined that GP services were under review as service users needs had increased and more appropriate GP cover was necessary.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Findings:

Nursing staff to whom inspectors spoke demonstrated a clear understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medication was stored securely in a designated cupboard in the kitchen in Unit 1, 2 and 3 and in the nurses' office in Unit 4 and another unit. Medication keys were held by the nursing staff on duty that had responsibility for administration and recording of medications.

There was a current medication management policy in place and was for review in October 2015. However, a signature sheet as described in An Bord Altranais agus Cnáimhseachais na hÉireann medication guidelines was not in place. Furthermore, a space to record comments on withholding medications or refusing of medications was not part of the medication administration record. While photographic identification was attached to individual medication containers it was not in place as part of the prescription sheet as described in professional guidelines. While the maximum dosage for PRN (as required) medication was documented for some medications, it was not stated for all medications, to mitigate potential medication errors.

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Findings:

A written Statement of Purpose was available. While it outlined many of the items listed in Schedule 1 of the Regulations, the following items were not present:

- 1) the management and staffing complements as required in Regulation 14 and 15
- 2) the arrangements made for consultation with, and participation of, residents in the operation of the centre
- 3) complaints procedure requires further attention in relation to documenting whether the complainant was satisfied with the outcome or not.

The complaints procedure formed part of the Statement of Purpose and a synopsis was displayed at the entrance of each unit, in narrative form.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge of Campus Area 2 was a full-time registered nurse with the necessary experience to ensure effective care and welfare of residents. However, the person in charge was not on duty on the day of inspection and the inspectors met with the CNM3 who is the person in charge for Campus Area 1 (and deputy person in charge for Campus 2). The CNM3 (deputy person in charge) is full-time registered nurse with the necessary experience and clinical knowledge to ensure effective care and welfare of residents. She demonstrated an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. She demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving quality of care.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Staff files were centrally located off-site and the human resources manager brought staff files to the centre for the inspectors to review. While most of the documents listed in Schedule 2 of the Regulations were in place for staff files reviewed, one staff file did not contain any of the information required in the Regulations except for name and address.

The inspectors noted that while some staff had up-to-date training, some staff training was current regarding fire safety, challenging behaviour, crisis prevention intervention, manual handling, medication management. Management gave assurances that relevant training would be completed for all staff.

Other education completed by staff included communication, food safety, Children First guidelines, personal and intimate care and fire safety.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Breeda Desmond
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Regulation Directorate
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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 Ltd
Centre ID:	ORG-0011528
Date of Inspection:	11 March 2014
Date of response:	18 April 2014

Requirements

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Agreed written contracts which deal with the support, care and welfare of the resident and include details of the services to be provided for that resident and the fees to be charged, as listed in the Regulations, were not in place.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

1. The registered provider is developing a revised admissions, discharge and transfers

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

policy and will be implemented into practice.

2. The process of agreeing and putting in place a contract of care for all residents will commence once the revised policy is completed and in place.

3. The Person in Charge will ensure that all staff will be provided with training in the application of the policy into practice.

4. The Person in Charge will ensure that the implementation of the revised policy and contracts of care into practice will be evaluated and audited.

Proposed Timescale: 31/12/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

While there was consent obtained from the next-of-kin for interventions such as blood tests, it was not evident from care plans reviewed, whether the resident or their next-of-kin were involved in the care planning process in line with the Regulations.

Action Required:

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

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

1. All personal plans are presently under review
2. Accessible review templates for personal plans will be introduced with all residents to ensure their maximum participation.
3. Personal Planning review templates will be introduced with residents' representatives.
4. All keyworkers will be provided with training in using the personal planning review template and personal planning
5. Annual personal planning meetings will be formally scheduled with / by residents and their representatives/support teams to enhance the personal planning review system.
6. Personal Plans will now be signed off by residents/next of kin / representatives at the annual planning meeting or more frequently dependent on the needs of the resident.
7. The impact of this training and the introduction of the personal planning review template and the quality of the personal plans for all residents will be evaluated through audit of personal plans.

Proposed Timescale: 02/02/2015

Theme: Effective Services

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

A number of care plans were reviewed in 2014, but others were not reviewed since

2012.

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:

The person in charge will ensure that:

1. Care Plans in each area will be reviewed by staff nurses to ensure all core sections of the plan are up to date and reviewed.
2. A schedule for completion of all outstanding sections will be complete for each resident and present at the front of the Care Plan.
3. A Care Plan Audit will be conducted in each area of the DC

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

While there was narrative documented for residents detailing person-centred information in some care plans, others were medically orientated; some had the required support and the key staff member to enable their goals to be achieved but others did not have this detail.

Action Required:

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

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

The person in charge will ensure:

1. A local operational procedure on personal planning will be completed.
2. This procedure will outline requirements for each section of the personal plan including the review process.
3. Staff training on personal planning will commence and will include a full induction into the personal planning operational procedure
4. The Person in charge will evaluate and audit the implementation of the operational procedure into practice
5. The person in charge will monitor the changes and improvement and quality of the personal plans through care plan audit

Proposed Timescale: 02/02/2015

Theme: Effective Services

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

Information gleaned in the health check/medical history did not inform the activities of daily living care plan in one care plan reviewed where the resident had several significant health issues.

Action Required:

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

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

The person in charge will ensure:

1. A local operational procedure on personal planning will be complete which will include guidelines relating to the comprehensive completion of the health assessment & health action plan.
2. Staff training on personal planning will commence and will include a full induction into the personal planning operational procedure
3. The Person in charge will evaluate and audit the implementation of the operational procedure into practice
4. The person in charge will monitor the changes and improvement and quality of the personal plans through care plan audit

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

Risk assessments to support evidence-based nursing care were not in place to inform best practice in care plans reviewed.

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. Care Plans in each area will be reviewed by staff nurse to ensure all core sections of the plan are up to date and reviewed.
2. Risk assessment training will be scheduled for staff teams in the DC
3. The person in charge will follow up with a care plan audit in each service unit of the designated centre.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

Private information relating to interventions necessary for personal care was inappropriately displayed on vanity mirrors and wardrobes which significantly impeded on residents' dignity.

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 information to be removed with immediate effect.

Proposed Timescale: 25/04/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Décor throughout required attention as paintwork and woodwork was chipped and the protective covering to the surrounds of vanity units in bedrooms was eroded, preventing effective cleaning.

Action Required:

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

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

1. Review of areas and development of schedule of works is being developed specifically focussing on at areas such as paint work/maintenance requirements/upgrade of existing furnishings
2. The implementation plan will be managed and overseen by the Operations Manager in conjunction with the Person in Charge

Proposed Timescale: 02/02/2015

Theme: Effective Services

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

One single room could only accommodate a bed and the resident's wardrobe was in the twin bedroom some distance away; as such this single room was not fit for purpose.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

1. Consultation with the resident and their family regarding the change in location of bedroom accommodation that is in compliance with the regulations
2. Alternative suitable bedroom location has been identified
3. Refurbishment works are being carried out ie. Painting/blinds
4. Clinical Psychologist advice sought to ensure resident is appropriately supported through the change in environment
5. Care plan reviewed to ensure all aspects of the transition are considered and managed in conjunction with the resident and family
6. Service user's welfare will be monitored during transition period

Proposed Timescale: 16/06/2014

Theme: Effective Services

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

There were separate male and female communal toilets, shower and bath facilities, each within one large room. The layout of these facilities could not ensure residents' privacy and dignity and the bath and shower areas were not fit for purpose.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

1. Occupational therapy assessment of needs of bathroom accommodation for residents will be completed
2. Consultation with residents, families and support staff regarding the proposed changes in bathroom facilities
3. Consultation with Unit Managers in relation to profile of residents needs
4. Observational assessment to be conducted by Snr Occupational Therapist
5. Appointment of Architect to develop/design plans
6. Costings to be obtained from Quantity Surveyor
7. On receipt of the necessary documentation from the Architect a plan will be devised for phasing the works.

Proposed Timescale: 28/02/2015

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:

While there was hazard identification, assessment of risks with measures and actions to

be taken described in the health and safety and risk policy, all the items listed in Regulation 26 were not included.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

1. A revised risk management policy and supporting operational procedures will be developed in accordance with all items listed under regulation 26
2. All staff will be inducted into the revised risk management policy and operational procedures and provided with training in its implementation into practice
3. The person in charge will evaluate the implementation of this policy into practice with a monitoring audit.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Boxes of disposable gloves were in place in each resident's bedroom, some were placed on the vanity units while others were attached to the mirrors of the vanity units enabling unrestricted access to these gloves.

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. Boxes of disposable gloves in each residents bedroom removed by the 30th of April 2014.
2. Risk Assessment to be completed on all service units regarding the safe storage of gloves completed by 18th July 2014
3. Recommendations to reduce the risk will be implemented into practice
4. A revised risk management policy and supporting operational procedures will be developed in accordance with regulation 26(2)
5. The revised risk management policy will include the system in the DC to respond to an emergency situation
6. All staff will be inducted into the revised risk management policy and operational procedures and provided with training in its implementation into practice
7. The person in charge will evaluate the implementation of this policy into practice with a monitoring audit.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Incidents and accidents were recorded on their 'Starsweb' system. This data is collated nationally and analysed, following which a report is sent to each service area in a league table format enabling easy trending. These reports were evaluated by the Quality and Safety committee, however, devolvement of the information from these reports to unit level to inform care and welfare, has not yet occurred.

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. A revised risk management policy and supporting operational procedures will be developed in accordance with regulation 26(2)
2. The revised risk management policy will include the system in the DC to respond to an emergency situation
3. The revised risk management policy will include an operational procedure on the devolution of the Starsweb report to each PIC and unit manager
4. A Starsweb report will be provided to each unit manager for analysis and review at unit meetings where actions agreed will be noted and minuted with persons responsible
5. All staff will be inducted into the revised risk management policy and operational procedures and provided with training in its implementation into practice
6. The person in charge will evaluate the implementation of this policy into practice with a monitoring audit.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Cleaning chemicals were stored unsecured underneath the sluicing sink here, enabling unauthorized access.

There was a large shelved unit in this bathroom which stored toiletries including razors and razor blades, disposable aprons and bags.

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. All cleaning chemicals have been stored securely and will only be accessible to authorised persons by the 14th of April 2014

2. All storage of razors, razor blades, disposable aprons and bags will only be accessible to authorised persons by the 30th April 2014
3. Improvements will be made to the storage of hazardous items identified via risk assessment conducted on the services units of the DC ensuring that hazardous items are stored securely and will be accessible only to authorised persons
4. A revised risk management policy and supporting operational procedures will be developed in accordance with regulation 26(2)
5. The revised risk management policy will include the system in the DC to respond to an emergency situation
6. Local operational procedures will be developed to support the secure storage of cleaning chemicals and other hazardous items identified in the risk assessments
7. All staff will be inducted into the revised risk management policy and operational procedures and provided with training in its implementation into practice
8. The person in charge will evaluate the implementation of this policy into practice with a monitoring audit.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

While there were hand wash sinks available, advisory signage for best practice hand hygiene was not always displayed.

There were very few hand hygiene foam dispensers available; the inspector observed that many opportunities for hand hygiene to be completed in accordance with best practice guidelines were not taken.

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. An audit will be completed to determine compliance with the Standards for the Prevention and Control of Healthcare Associated Infection
2. An action plan will be developed based on the audit findings and recommendations will be implemented into practice
3. Clear signage encouraging good hand washing will be displayed in all areas
4. Hand washing procedure to be developed and implemented into practice
5. Infection Control Guidelines to be developed and implemented into practice
6. Hand hygiene foam Dispensers will be purchased and put in place in all areas.
7. All staff will be provided with training in the good hand hygiene and the supporting operational procedure
8. All staff will be provided with training in infection control guidelines
9. The person in charge will ensure compliance with the new procedures through evaluation and audit

Proposed Timescale: 02/02/2015

Theme: Effective Services

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

There was a sluicing area within the assisted bathroom area in each unit. In addition, there was a cleaning detergent dispenser and cleaning equipment within one bathroom.

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. Assessment to be conducted by Snr Occupational Therapist
2. Appointment of Architect to develop/design plans
3. Costings to be obtained from Quantity Surveyor
4. On receipt of the necessary documentation from the Architect a plan will be devised for phasing the works.
5. The cleaning detergent dispenser and equipment have been moved and are now stored in more appropriate location
6. The risk management policy in accordance with regulation 26 will include the appropriate storage of cleaning detergent and equipment as they are a potential hazard

Proposed Timescale: 02/02/2015

Theme: Effective Services

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

Emergency lighting was not in place.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

1. Report on Emergency Lighting conducted to survey Emergency lighting for Campus Area 2 – completed in October 2013
2. Quantity Surveyor has furnished costings – February 2014
3. An Architect has been appointed as Project Manager for purposes of fire alarm and emergency lighting upgrade in line with the report on the 16th of April 2014.
4. A plan will be devised for phasing the works.

Proposed Timescale: 02/02/2015

Theme: Effective Services

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

Documentation for current quarterly servicing of the fire alarm system was evidenced, however, some quarterly service records were not evident.

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

1. Quarterly service records have been requested of the Fire Contractor service and are now available for the last 12 month period for all locations
2. A system of checking that all documentation to evidence fire alarm servicing is in place and in compliance with the regulations is presently under development with the health and safety co-ordinator
3. An annual audit will take place of fire servicing records by the Health and Safety co-ordinator

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

While some staff had up-to-date fire training completed, not all staff had completed this mandatory training.

Action Required:

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

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

1. All staff will 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.
2. A schedule of training for staff who have not yet received this training will be developed by the person in charge in conjunction with the human resources department.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

While some doors were fire retardant, many others were not.

Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

1. Fire Consultants engaged and have completed a survey on premises in February 2014
2. Architect meeting with Kerry Fire Officer prior to 18th of April 2014 to agree implementation of fire upgrading works
3. On receipt of all the necessary information from the Consulting Architect a meeting to be arranged for the 26th May 2014 with the Estates Management and Development on how we can plan and manage the works.

Proposed Timescale: 26/05/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

While some staff had completed training relating to positive behavioural support, not all staff had.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

1. Training in Multi Element Behaviour Support is planned for additional staff members in the DC. Training the unit supervisors was the first step so they could mentor and support staff as they develop competency in this area.
2. A schedule of training will be developed by the human resources department in consultation with the person in charge and implemented over a 12 month period and will include input on Multi-element behaviour support and non-violent crisis intervention techniques
3. The person in charge will arrange for follow up audit and evaluation of behaviour support plans and training.

Proposed Timescale: 30/03/2015

Theme: Safe Services

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

While some staff had completed their training in adult protection, not all staff were up-to-date with this mandatory training.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

1. A schedule of Safeguarding training has been developed for all staff in the DC by the person in charge in conjunction with the Human Resources Department.
2. The person in charge will follow up the implementation of the training and safeguarding policy into practice through audit and evaluation

Proposed Timescale: 31/12/2014

Outcome 12. Medication Management

Theme: Health and Development

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

While the maximum dosage for PRN (as required) medication was documented for some medications, it was not stated for all medications.

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. A new General Practitioner Practice is being appointed to provide a more comprehensive medical practitioner service to the resident on the Campus
2. Residents and families have been consulted and advised of this change to a more person centred GP service
3. A schedule of medical and medication reviews will be developed to ensure all residents medications are reviewed with the new GP service
4. The GP in consultation with Nursing Staff in Campus Area 2 will review all PRN medicines prescribed and will ensure that where PRN medicines are still required that they will detail the circumstances under which they are administered, the route, the frequency of administration and the maximum dosage in 24 hour period
5. The Consultant Psychiatrist in consultation with Nursing Staff in Campus Area 2 will review all PRN medicines prescribed for behavioural purposes and will ensure that where PRN medicines are still required that they will detail the circumstances under

which they are administered, the route, the frequency of administration and the maximum dosage in 24 hour period

Proposed Timescale: 31/12/2014

Theme: Health and Development

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

While photographic identification for each resident was attached to individual medication containers it was not in place as part of the prescription sheet as described in professional guidelines.

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. Each service user will have his/her photo attached to his/her prescription sheet.
2. A medication audit has been completed and an associated action plan with recommendations has been developed and are being implemented into practice by the person in charge
3. An annual audit of medication management practices will be undertaken to ensure compliance with medication management policy.

Proposed Timescale: 31/05/2014

Theme: Health and Development

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

A signature sheet as described in An Bord Altranais agus Cnáimhseachais na hÉireann medication guidelines was not in place.

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. Signature sheets of all staff administering medicines are in place in all services units in the designated centre
2. A medication audit has been completed and an associated action plan with recommendations has been developed and are being implemented into practice by the person in charge

3. An annual audit of medication management practices will be undertaken to ensure compliance with medication management policy.

Proposed Timescale: 31/05/2014

Outcome 13: Statement of Purpose

Theme: Leadership Governance and Management

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

All of the items listed in Schedule 1 of the Regulations were not in place in the Statement of Purpose.

Action Required:

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

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

1. The statement of purpose and function is being revised to ensure
 - a. compliance with Schedule 1
 - b. regulations 14 and 15
 - c. clearly stating arrangements for consultation and participation of residents in the operation of the centre
 - d. documentation associated with the satisfaction of the outcome of a complaint

Proposed Timescale: 30/07/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

While most of the documents listed in Schedule 2 of the Regulations were in place for staff files reviewed, one staff file did not contain any of the information required in the Regulations except for name and address.

Action Required:

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

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

1. The Human Resources Department have audited all HR files to identify gaps in the required documentation
2. Based on the findings of this audit all staff in Campus Area 2 have been written to individually regarding items which are not presently available in their HR files.

3. All unit managers have been also advised what information is sought from their staff members to support the prompt receipt of this information to the Human Resources Dept. ASAP
4. Once received all outstanding information will be placed in staff files.
5. The human resources officer will arrange for a further review of HR files to ensure compliance is maintained on an annual basis

Proposed Timescale: 30/09/2014

Theme: Responsive Workforce

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

Some staff training was not up-to-date regarding fire safety, challenging behaviour, crisis prevention intervention, manual handling, and medication management.

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. An annual training plan is being developed by the Human Resources Dept
2. The training plan will comprise mandatory elements for all staff members
3. the training plan will identify specific training required within the DC and service units
4. Training dates will be assigned, staff will attend and an appropriate record of their training including where appropriate competency assessment will be included as part of the training record
5. An annual audit of training will be completed.

Proposed Timescale: 30/11/2014