Notes from Workshops on examples of good evidence for Regulations

1. HIQA Session – what is good governance?

- Evidence based
- First hand
- Meet the residents
- Residents involved
- Know where we need to improve
- Rights and responsibilities
- Knowledge of the governance structure
- Like home – likes/dislikes
- Clarity of role – shared information
- Manager accessible – meetings /audits review improvement
- Consultation
- Safe
- Satisfied
- Communication
- Rights
- Involved
- PCP
- Organisation
- Structures
- Goals
- Assurance
- Performance Management
- Satisfaction

Key elements – realisation and striving.

- Governance Structure
- Accountability
- Role Clarity
- Staff development
- "Fit" 1:1 team meetings
- Skill Mix
- Communication
- Evidence – assurance
- Observation
- Link between regulations and plan for service strategy.

- People will know what we are doing and who we are.

  - Monitoring

  - Culture - what can I do for you?

  - Outcome? Review capacity

  - Audit and Action plans

  - 6 month annual review

  - Atmosphere

  - Family

  - Inspection report

  - Observations and reviews

  - Up to date training

  - QOL for residents improved

  - Clear link between plans and action

  - Policies and procedures followed and working

  - Culture of QIP

  - Learning and sharing

  - Parallel learning

  - Validation

  - Clarity

  - Regs and standards

  - Robust systems

  - Visibility of management

What does good governance look like?
- Satisfaction

- Safe

- Performance management

- Presence

- Seeking assurances

- Attainable success

- Structure organisation

- Rights/forum

- Open communication – oral and written

- Communication two-way

Developing governance structure

Accountability – who does what?

- o Staff development (middle management)
- o Staff engagement
- o Appropriate skill mix

Assurances – evidence, observation

Operational Management system

Systems needed in effective good governance examples

- Involvement – residents/staff/family

- Evidence based

- First hand

- Meet residents and get them involved

- Know where we need to improve

- Rights and responsibilities

- Knowledge of government structure

- Like Home - likes/dislikes

- Clarity of role – shared info

- Manager accessible – meeting/audits

- If you do it, you will comply

- Review improvement

- Consultation

2. Capacity and Capability Regs

Regulations 3 and 22:

3 – Statement of Purpose

- very important document – must accurately reflect the services, supports and facilities provided
- must be in place and on public display
- updated yearly or as required when there is a change in service – live document
- copy in accessible format for residents
- available to families and inform of updates
- SOP in place, on display
- Copy of accessible format for residents
- Available to familiarise and inform families of update
- Updates to registration department HIQA

- Quality Assurance – evidence of review and consultation. Informed of updates and revisions.
- Display
- Responsibility of provider
- Feb 2018 – Guidance document HIQA
- Reviewed regularly
- Template
- Assessment and judgement Framework – September 2017
- Assessment though audit
- Accurate demonstration of services
- Communicate to residents, staff, families and stakeholders

22 – Insurance

- valid insurance cert in place
- service level agreement detail level of care
- personal contents list completed and updated regularly
- Evidence
- Contract indemnity, employer liability, public liability contents
- States claims agencies
- Schedule 4 residents guide
- Tenancy Agreement

Regulations 4 and 14:

4 – Written Policies and Procedures (Schedule V)

- policy development groups in place - reps from all levels of staff
- overarching policy available on all sites and to all staff and service users – then centre specific policies
- part of induction framework
- discussed at staff meetings – refreshers
- sign off for staff on each policy
- easy read versions for accessibility
- reviews, reviews , reviews and audits of policies – monthly quality meetings- procedure for review is timetables and recorded
- keep up best practice
- Working groups with reps from all the reviews

- Centre specific policies eg. "Resident missing document"

- SOP and guidelines for specific policy eg Care

- Renew and review – monthly quality meetings

- Procedure of review is timetabled and recorded

- Keep up best practice through National Federation

- Training of new policies

4

- Supervision

- Bring to staff attention

- Audit – review dates

- Local – to update printed versions to all D.C.

- Internal alert system to indicate when out of date

- Once reviewed up to date version distributed to D.C.

- Remove out of date version

14 – Person in Charge

- Is there a PIC???? Does everyone knows who that is?
- Organisational chart identifies the person and is each chart in each centre
- Evidence of PIC being present and knowing residents – team meeting minutes
- Identified in the Statement of Purpose
- Fulltime – management qualifications or module/experience
- Reducing numbers of centres per PIC to ensure PIC is familiar with all residents under his/her remit
- Staff files – qualification relevant to the role
- Full time hours as per service full time hours
- Management course – relevant to the role
- Relevant experience
- Ongoing personal professional development
- Job description – clear for role
- Schedule 2 requirements (pre appointment)
- Garda vetting - PIC 6 months in date (checked every 3 years)
- Supervision personal development plans
- Appraisals
- Governance support/structure
- Organisational chart identifies the person and is in each chart in each centre.
- Full time Yes reg quality – management qualifications or module
- In process of obtaining qualification
- Experience relevant to the role
- Recruitment
- Maintaining staff files
- Professional development – while in the role/vetting/reference checks
- As above: Now all PICS have required 2 years experience and qualification.
- No action plan: reducing the number of centres per PIC

Regulations 15 and 16

15 – Staffing

- Roster based on assessment of need of residents, layout of building – appropriate numbers and skill mix.
- Recruitment of appropriately qualified and motivated staff – role descriptions/induction.
- Communication with staff meetings, personal/professional development meetings with managers.
- Induction of agency staff (pack) – supervision – 1 pager of important things to know IMMEDIATELY
- Continuity of care (when resident hospitalised)
- Up to date personnel files
- Continuous review of all risks in order to promote individuals rights
- Policies and guidelines
- Individual care plans
- Advocacy services

16 – Training and Staff Development

- Recruitment policy and induction process
- SOP, risk assessment/dependency/needs assessment
- Rosters and type of skill/staff mix
- Accidents and incidents registers
- Cover for gaps/shortfalls/retired agency staff.

- System to cover/contingency arrangements
- Facilitating choice and proofs of this
- Proactive management/atmosphere
- Supervisions and staff meetings 1:1's
- Staff files and that they are renewed
- Schedule 2 documentation and files.
- Staff turnover levels are low/Exit interviews
- Handover documents
    - Training
    - Assessment of training needs

- List of mandatory training

- Training matrix

- Additional training - appropriate to residents and staff requirements

- Evidence of management supervision – written/ anecdotal

- Mandatory training matrix

- Professional development training

- Link to needs and risks

- Up to date, rolling and planning system

- Site specific and tailored to client profile

- System for advanced planning on training needs

- Links to supervisions

- Staff have job descriptions and know their responsibilities

- Accountability recorded in induction and staff meeting/staff files.

- Copies of regs in service and staff policies and staff know them

- Staff information and education folder

- Team meetings, and shared learning and action plans

- Briefing and support to staff records

- No blame but learning culture

Regulations 19 and 21

19 – Directory of Residents

Evidence
- Present/exists

- Maintained

- Available

- Audited

- Protocol for upkeep (live)

- Indication of where all other relevant information is stored

- Evidence of repairs/review

- Date/who signed off

- Fully completed and updated, dated and timed

- That it includes the necessary information

- Assigned staff to update

- Know what their responsibility is
- Admitting to hospital and discharge noted
- GP details
- NOK
- Date admitted to centre
- Details of where they were admitted from

21 – Records

Ensure good recruitment processes

- Schedule 2 – All individuals onsite
- People as per recruitment policy do not commence till schedule 2 requirements
- Evidence changes in ICP
- Recent photos – to be recent. Evidence date.
- Retention policy – (GDPR)
- Training
- Ensure all documentation in relation to schedules is up to date and kept for a minimum of 7 years post employment.
- Audit of files to ensure all documentation is in date.
- Schedule 3: - records – residents securely maintained
- Audits - 6 monthly

Regulation 23 - Governance and Management

Governance and Management – registered provider

- Evidence to support judgement
- Resources – ensure effective delivery
  - Staff analysis
  - Staff plan
  - Staff rostering
  - Recruitment/retention/oversight
  - Staff qualifications
  - Skill mix/match staff
  - ** needs assessment individuals**
  -

- R.P role and responsibility. Oversight accountability assurances.
- Linked to statement of purpose – no residents' names
- Monitoring evaluation – sick leave absenteeism. Incidents/complaints/tasks
- Action plans/Improvement and plans in place – closing actions – improvements
- Review HIQA process.

Defined management structure

Outcomes residents – safe secure based on needs, robust effectively monitored

Management structure in place, residents/staff

Updated – vacancies arise

Monthly QPS meeting

Terms of reference. Agenda. Minutes

Feedback incidents/risk/compliments/complaints S6

Implement Action plans – updated

Lead by GM

Dissemination shared learning

Identify registered provider Quality and Risks – Red flags
- Family, staff
- Recruitment gaps
- Agency staff use
- Absenteeism $\downarrow$ 4%
- Risk escalation
- Incidents/SG incidents
- Complaints
- Emergencies
- Escalation governance
- Risk to Head of Social Care
- Flexibility system reactive
- Section 39's – compliance S.L.A.
- Need to review care outcomes residents
- What is data/feedback telling registered provider?
- ? Current over reporting – incidents – skew
- Quality and patient incident profile
- Records need to be reviewed at a minimum of 12 monthly intervals.
- Schedule 4 – Fire Safety records
- Annual reviews – individual service agreements.

- COPE record/core document.

- Statement of purpose

- Resident guide (handbook)

Regulations 24 and 30

24 – Admissions and contract of the provision of services

- Admission policy criteria

- Assessment of need/compatibility assessment

- MDT meeting prior to move with service user and family

- Contract of care

- Residents guide/SOP

- Care plan to be implemented within 28 days. (Easy read)

- Risk assessment and review

- Home for now v home for life

- Update directory of residents

Contract of Care/Individualised Service Agreement

- Includes criteria under regulation 24

- Description

- Service provided

- Charges – individual, service

- Family contact, visits

- Consultation

- Personal outcomes/PCP/Assessment of need/annual review

- Agreement – transfers/transition/termination

- Easy to read accessible

- Signed by both parties

- Review annually or if there is a change provided to resident and sent to families

- SOP includes admission process/criteria and policy in place. Referral committee/prioritisation committee.

- Reg. Certificate/conditions – capacity

- Compatibility assessment/MDT

- Transition process and plan to include consultation with people already living in the house.

10

- Provision of information – accessible/DVD etc. – Safe guarding, advocacy service,

- Admissions pathway, complaints process

- PPPG's – visitors/safeguarding

Regulation 30 – Volunteers
- Policy

- Vetting

- Volunteer agreement

- Clear role and responsibility

- Database of volunteers

- Application process

– Personnel file
- Garda clearance

- References

- Policy

- Agreement – agreed locally where file is

- Supervision meetings

- Roster – visual

- Schedule 2

Regulation 31   -   Notification of Incidents

- Risk Policy – overall policy

- Risk Management processes

- risk registers

- training

- audit risk management

- Identity

- Assess

- Action

- Implementation

- Documentation on NIMS – reflective practice from the incident to improve outcomes.

- Recorded on quarterly reports, 3 day/20 day Notifiable.

- Follow up reports

- Follow up reflective practices

- A trend analysis of all incidents to be recorded.

- Individual risk assessments/review if required.

- Review risk register

- Review individual personal plans to instigate changes

- Eg. Revisit PEEPs/SLT recommendations

- Reflected in annual review/6 monthly

- All records of above are maintained onsite

- If situation arises, an audit may have to be carried out. Actioned in training.

- Reflect in annual staff meetings/safety meetings

  - Notification of incidents

  - Risk Management processes

  - Risk registers

  - Training

  - Audit risk management

  - Framework

  - Identity

  - Assess

  - Action

  - Implementation

Policy to manage risks and incidents

- Infection control

- Safety statement

- Health & Safety

- Safe guarding

- ABS corrosion

- Misconduct

- Restrictive interventions * PIC policy will be explicit who is responsible for reporting to HIQA

- Abuse

- Trust in care protected disclosures

- Complaints

- Fire emergency plan

Incident management policy

- Identify, report, review and learning (staff, clients, complaints)

- Incidents

- Near miss

- Serious incident

- Tracking and trending

- Flow charts – governance of reporting and management of incidents

- Roles and responsibilities - PIC quarterly reporting, 6 monthly reports

- Notification to HIQA death notice quarterly, SCA, Health and Safety

- Reporting requirements

- Serious incidents, safeguarding, complaints

- HSE Framework for management of incidents – internal process 39

Regulations 32 and 33

32 – Notifications of periods when PIC is absent

- Who is in charge?

- If absent for longer than 28 days i.e. long term sick leave of maternity HIQA to be notified

- If notified who will be replacing HIQA to be notified along with requesting documentation i.e. references x 2 and educational details.

- HIQA to be notified within 3 days of the return of the PIC

- NB Ensure Governance arrangements are in place to ensure compliance

- HIQA notified & who will cover when PIC is absent (send in with registered documentation)

- Lines of authority are cleared defined

- Induction x 2 weeks

- Team/staff meetings

- House meeting with residents

- Reflected in the statement of purpose

- Governance structure/organisational chart

- Residents guide

- PIC management meetings

- Picture of PIC is clearly accessible to residents, family and staff

- Submit Provider nominee notification on form NF30

- Who is responsible for inputting – information should be clearly stated on Statement of Purpose if absent who is next in line.

- Evidence on signed off duty roster this person if off and person identified who is taking responsibility now identified on duty roster.

- Form NF30 completed fully – with dates etc. Either hard copy of portal evidence.

- Unplanned – evidence of notification. Dates when available. Evidence that person off – name on off duty new staff on roster.

- Evidence new person attending meeting etc.

- Submit form NF30, within 3 days. Clearly identified on rosters etc, person has returned to role.

- Notified to HIQA if longer than 28 days

- Governance arrangements are in place to ensure compliance

- The Chief Inspector is notified within 3 days of the return of the PIC

- PPIM or other staff to act up.

- More than 28 days – recruiting/notify within 3 days, after either

- Communication to staff

- Handover – invite by email to meetings/operations

- Notifications of procedures and arrangements for periods when PIC absent

- Induction - lines of authority are clearly defined

- Statement of purpose – governance structure

- Residents guide

- Organisational staff in staff office

- PIC is accessible to residents, family and staff

- House meetings with residents

- PIC management meeting

- Staff meetings

33 – Notifications of procedures and arrangements for periods when PIC is absent

- In Statement of purpose – who is responsible (internal)

- Provide evidence that person nominated is able for role.

- Quality patient safety committee

- Agenda – risk registers –working document

- Tracking and trending incidents

- Timely – SLA, HIQA, HSE, H&S, Health & Safety Authority

- QIP Plans

- Staff surveys

- Serious incidents

- Resident surveys

- Complaints

- Restrictive interventions

- Near misses

- Training schedules

- Section 39 – Quarterly reporting to HSE (incorporated into SLA_

- NIM's serious incidents

- SRE are escalated to HSE

- Report to senior manager and report to HSE

- Meet with HSE formerly – agenda items risk and incident

- Reg 23 inspection – pick up on what incidents are reported

1. Annual review – Quality and safety - completed for each centre
   Review quarter 1 to 4, action plan developed and monitored
   Copy annual …. Available to residents and representatives

2. Unannounced visits by R.P/designated person within 6 month or more frequently.
   Done every 6 months written report – standard HIQA template, action plan.
   Shown at family forums.

3. RP ensure effective arrangements are in place. Commitment by managers.
   Performance management workplace – staff supervision, staff training needs,
   staff accountability, shared learning of incidents, risks, complaints and safeguarding.

4. Facilitate staff/raise concerns about Q&S of care and support residents. Attend Q&S H&S
   meetings. Open door policy management, via management structure.
   Safety incident management teams/reviews.
   Communicate risks, - observable.

34 – Complaints procedure

- Easy read version
- Complaints procedure – risk assess
- Advocacy (independent)
- Key worker system
- Demonstrates leadership from complaints
    - Quality Improvement Plan
    - Annual review report
    - Annual satisfaction surveys
    - Family/staff residents
- Staff induction – training and refresher training
- Residents and families complaints discussed
- Meeting include complaints review
- Complaints log (active)
- Record formal and informal complaints
- Nominated complaints officer and poster
- Good response time/Escalation Signposts/checklists for frontline staff
- Communication to complainant
- Evidence of actions/investigation
- Evidence that complaint has been resolved
- Appeals process
- Communication evidence to explore resolution
- Confidentially of complaints
- Auditing complaints, - improvement plan

3. Quality and Safety Regs

Regulations 5 and 6

5 – Individualised assessment and Personal plan

Does everyone have a plan?

How assessing needs:

- Annual MDT – actions and review

- PCP - Actions and review

- Health needs assessment

- MDT Assessment – recommended incorporate into plan

- Individual plan to address assessed needs

- Externals inputs

- Easy read plus resident input with input from family

- Staff who how resident well.

- Plans can/should be updated "live" as needs change i.e. accident – communication, daily records, handovers, trans disciplinary sheets

- Training in developing plans – induction

- Prior to admission – plans

- Assessment and transitional planning - up to date MDT or relevant assessments.

6 - Healthcare

- Personal assessment prior to admission
- Comprehensive plan within 28 days
- Personal profile
- Assessments carried out annually – or as need arises
- Review after 3 months
- Involve resident, family, MDT – meetings
- Continue to review and evaluate care plan.
- Incidents, safe guarding/BSP
- Focus on individual care and support
- Standard person questionnaire – are you happy with supports?
- Person centred plans – meeting with person to identify goals – key worker, family

- Document attendance at review meetings
- Audits (annual review MDT)
- Follow up referrals as identified and include recommendations in care plan/intervention
- Named nurse/key worker
- Daily care records
- Easy read personal plan
- Evaluations of plans to ensure effectiveness Choice of GP offered
- Facilitate and support person and treatment that is identified
- Person's right to refuse is accepted and ensured documented and report to GP/MDT
- Access to Allied Health professionals and Health care information. National screening programmes.
- Support provided through illness respecting person's wishes – end of life care plan – MHID/specialist care
- Timely access to services – alternative routes – private appointment
- Use accessible information and communication

- Health Assessments

- Multi D reviews

- Implementation of multi D recommendations

- Annual care planning and review

Regulations 7 and 8

7 – Positive Behaviour Support

- Appropriate staff training in positive behaviour supports i.e. triggers

- Involvement of service user in development of plan and their family where appropriate

- MDT input, review

- Policy on positive behaviour support

- Monitor, review and evaluate and update BSP plans

- Evidence every effort is made to identity, evaluate case of challenging behaviour and alternative measures is considered before restrictive practice is used.

- All restrictive practice needs to be risk assessed. Least restrictive practice for shorter duration.

- Assessment and review

- MDT input

- Clinical oversight

- Induction

- Staff knowledge and training – MAPA etc

- Consent and resident involvement

8 – Protection

- Staff training and supervision

- Notifications and incident reports

- Safeguarding plans, review and assessments

- Risk assessments and register

- Local and national policy

- Support plans (eg intimate and personal care)

- Impact assessments (suitability/compatibility)

- Designated Officers and forums

- Strive for zero tolerance

- Provide info through residents guide and contract of care
- Skills teaching for residents
- Incident investigation. Easy read documents
- National Policy evidence based best practice
- Implementation of safe guarding policy
- Staff training notification reporting
- Service users training
- Regular meeting with service users/staff agenda
- Regular review, monitoring, care notes,
- Incidents, accidents behaviour incident
- Complaints - satisfactory, monitor, reviewed actioned
- Trust in care: Investigate/action
- Audit and safeguarding plan
- Childrens first training
- Investigation is put in place, any incident or allegation or suspicion of abuse.

Regulations 9 and 10

9 – Residents' Rights

- Promoting rights through participation in all care planning for the individual
- Access to services
- Identify services required: Advocacy services, confidential recipient Leith Gath
- Service/tenancy agreements in easy read format
- Appropriate to their ability
- Capacity for consent, facilitating the residents wishes for sharing of info
- Human rights, advocacy info continuously made available to the person
- Service is not risk averse, must balance risk against persons rights and wishes (Positive risk enablement)
- Care plans to support individuals to travel, participate in activities/services outside of their designated centre.
- Participation in and knowledge of own care plan (advocates/family involvement)
    - Residents acknowledge they have choice: likes and dislikes are known.
    - Access to voting, joining political parties, groups etc
    - Advocacy services present in centre (MCU)
    - Resident's right charter

- Respect of personal space – belongings

- Policy on provision of intimate personal care

- Respect residents decisions

- Information only shared with permission of resident

10 – Communication

- Documented communication plan/communication passport
- Communication/transports for staff

  - Visible

  - Planned and visible

  - Planned and visible

- Care plan readily available to the person in a form that they require/understand.
- Meet the every changing cultural needs to those we support
- Staff style of communication
- Training needs: Report writing, LAMH, assistive technology, PEC's
- Residents Forum's covering all relevant and up to date information around all aspects of care.   "Nothing about us without us"
- Staff awareness to pick up on non-verbal cues

Regulations 11 and 12

11 – Visits

- Ensure visits can happen choice/risk
- Appropriate facilities – inviting environment. Communal – private (not bedroom)
- Staff awareness – people behaviour before/aware

  o Duty of care
  o Accountability
  o Training

- Awareness of any agreed restrictions – court order?

12 – Personal Possessions

- List of personal possessions: furniture, large goods, clothes- control retained by person
- Ensure maintained; nominated person

- Financial policy and personal property – records, receipts numbers, audit - internal and external

- Finance capability management assessment

- Issue: sharing of washing clothes together

- Launder regularly and returned to owner – not shared

- Adequate/individual storage

- Individual accounts and consent used re money

Regulation 13

13 – General Welfare and Development

1. Model of care – social model

   Evidence based assessment tools

   Education and training assessment

   MDT input where relevant

   Personal centred plan (easy read format)

   - Goal setting in consultation with residents

   - Assess plan implement evaluation

2. Evidence of community integration – use social facilities/training courses/work placements.

   o Linked to residents care plan.

   o Recorded resident's choice – plan of care/value plan.

   o Wider thinking on relationships and sexuality – CNS role – PPG development

   o Visitors policy – dedicated visitors room/canteen

   o Promoting home visits – visits to community homes as part of transition plan (community network plan)

3. Assessment/assessment outcomes supported

   Transitional plan will include opportunities, resident in new environment.

   Attendance (sheets) at training/work/education/activation/community activities

   Evidenced in daily report books, timetable

   Staffing

   Transport

   Money plans

   Family contact document

Regulations 17 and 20

17 - Premises

- Suitability - assessments of needs of residents
- OT input
- Physio - in premises matching clients needs
- Playground
- Secure garden
- Encouraged to bring preferred items access to age appropriate toys
- Own bedroom
- Sensory room
- Individual external activity
  - Maintenance records – maintenance team
  - Floor plans in SOP
  - Environmental audits
  - Suitable and accessible – level access showers, ramps
  - Forward planning/risk assessments, - learning from power cut – medical needs
  - Contingency plan – notification to HIQA
  - SOP shared care – adult 1 week, child alternative
  - Maintenance Department – weekly, daily checks, contractors list, H&S management system.
  - Residents have access to service for adoptive assistance appliances, - relevant referral forms are in the centre, OT, SALT
  - 6 monthly audits and walk around
  - Ensure in line with matters in sch 6
  - Statement of purpose – eg. Floors plans
  - Safety statement
  - Health & safety legislation ie. Fire
  - Building regs
  - Maintenance records
  - Servicing reports eg hoists
  - Contracts
  - Residents meetings – input of décor
  - Walk around audit/checks
  - Adhere to schedule 6

22

20 – Information for Residents

- Residents guide is easy to read – audiology
- Residents meetings template attached to each individual – meaningful
- Information displayed in centre is easy to read
- Information provided is reviewed and updated.
- Visitor policy – open door
- Assistive technology
- Residents meetings
- Visual eg. D.O Photo/complaints
- IT Systems
- Staff photos

Regulation 18 and 25

18 – Food and Nutrition

- Protected meal times - ambience to support an enjoyable experience/noise levels/lightening.
- Mealtime audits
- Procedure on what a good mealtime experience should be the resident – in consultation with resident's choices and standards
- Tables are set appropriately
- Rationale if residents want to eat alone/another room – tailored to residents needs.
- Resident's forum meal choices discussed.
- PCP meting mealtimes discussed
- Resident engaging in preparing and cooking own meals
- Residents are supported to buy ingredients for their own meals
- Sufficient food and drinks available for snacks
- Residents will discuss healthy eating plans and education is provided around healthy eating
- Special dietary needs documented in support plan and accessible to staff who are in preparation area.
- SLT recommendations are current for resident

23

- Menus available

- MDT involvement - annual review

- Assessments (Food & hydration)

- Policy on nutrition & hydration

- Food and fluid intake records are completed

- Staff training in HACCP

- Hand washing for staff and residents

- General maintenance and hygiene protocols

- Food and nutrition policy – hygiene regulations

- Professional options

- What the needs are –

- compromised swallow

- needs assessment

- Model of care, planning and support

- People choice

- Support and care plan

- Menu plan

- Shopping lists

- Shopping receipts

- Evidence that people went shopping for their own food

- Modified diet

- Supervision process that diet requirements are followed

- Health care professional

- Speech and language

- Dietician if required

- Choice accessible

- 3 monthly reviews evaluated

- Individual care plan

- Food safety and hygiene

- HASAP training, audit, temp charts

- Environmental facilities – fridges

- Accessible environmental facilities

- Training and supervision for staff

- Training and supervision with clients – storage of food, stock rotation etc.
- Ratio of staff to support clients to cook or help with feeding

25 – Temporary absence, transition and discharge of residents

Policy: Training for clients re life skills

Directory of residence: reflects change, home

Transfers checklist: Medication, needs, supports required,

Hospital password:

- Medical information,
- GP
- Diagnosis
- meds
- communication needs
- Transition plans, trial plan
- Compatibility, suitability family engagement, carer engagement
- Contract – charged/service will provide
- Client – guardian/parent Service advocate
- Tenancy agreement – rights, notice etc
- Provision of training for clients in respect of life skills needed for new living environment

Discharge
- Transfer information – all information re client
- Rationale for discharge
- Nursing home/hospice
- Needs on admission become different therefore find a different service?
- Children to adult service
- All transfers of information is compliance with GDPR regulation
- Temporary discharge
- Hospital passport
- Care plan
- Discharge plan on return from hospital containing all relevant information
- Transition plan
- Choices in relation to transition

- Compatibility

- Risk assessments

- Training to support transition

- Discharge plan is in line with SOP

- Planned in safe manner

- Resident & representative i.e. family advocate

- In accordance with their contract of care

- MDT consultation

Regulations 26, 27 and 29

26 – Risk Management procedures

- Risk management policy and procedure in place in date and reviewed – risk register – individual risk assessments.
- All risk assessments, collect data through MIMS.
- Local site specific register multi element B/S/P
- How risk are escalated and the procedure of same
- Monthly risk forum with MDT, management
- Positive/acceptable risk taking, management of restrictive intervention.

  Risk Management Policy in place – Schedule 5

  Includes criteria as set out in regulations

  (may require local policy in some areas)

  In date, signed, reviewed, all staff following (reg 4)

  Identification, investigation and learning from.

  Control measures, escalation if applicable identified date of review (not ongoing!)

  System responding to emergencies

  - Lone working

  - Necessary skills in place

  - Vulnerability by location

  - Transport and vehicles

  Policy to manage risks and incidents
  - Infection control

  - Safety statement

  - Health & Safety

- Safe guarding

- ABS corrosion

- Misconduct

- Restrictive interventions * PIC policy will be explicit who is responsible for reporting to HIQA

- Abuse, trust in care protected disclosures

- Etc – Sch 5

- Complaints

- Fire emergency plan

27 – Protection against Infection

- Notifiable if outbreak of infectious diseases

- HIQA guidelines/new standards published

- Staff training, PPE/infections control/hand hygiene/auditing

- Local protocols re hygiene, mop heads, clinical waste disposal, food safety, staff immunisation

- Policy and procedure is included in register

- Supports for resident, easy to read, skills , teaching

- Procedures in place - management of outbreaks   PPPE's

- New guidelines/standards in place

- How you are adhering to these, auditing, storage of devices, disposable NB not reused

- Training of staff – Visitors/contractors – raise awareness/procedures in place

- Cleaning schedule – inc deep cleans

- Sharps policy re storage/transport of same

- Stock control – out of date NB

28 - Fire Precautions

- Finance/resources available

- Risk register and risk escalation eg changing need = premises not suitable

- Review of unapproved controls

- Protocols – need v's promises layout (adapt premises)

- Pre planning NB transition

- Residents meeting

- Family/advocates

- Admission plan

- Safe /suitable environment – fire compliance/certification

- H&S walkabouts – audits H&S

- Evacuation Plan – layout, mobility (day and night in date), PEEPs (location), drills (learning)

- Fire fighting equipment & servicing – ski sheets

- Fire register and signage – evacuation, procedure prominent place

- Fire orders/policy/procedure

- Site familiarisation – fire department

- Emergency/contingency folder

- Mandatory annual fire training – site specific/staff and residents.

- Risk register - smoking/residents

- Fire induction - new/agency staff

29 – Medicines
- Evidence of choice around pharmacy

- Local pharmacy in own community

- Evidence of good documentation (Audit?)

- Regarding ordering, receipt, monitoring etc, stock control

- Safe storage

- Adherence, errors, consent, refusal of meds

- Audit

- Daily/daily weekly equipment check

- Capacity around self administration, everyone should be assessed.

- Management of controlled drugs

- Training of staff

- Medication management standards

- Choice of service pharmacy/prescribing GP for the resident/ Residents guide book include here.

- Medication management P&P

- Safe administration of medication training

- Oversight from Pharmacy

- Self Administration of Medication for the resident

- Monitoring of PRN medication that is sedative in nature take data and monitor usage. PRN protocols.

- Account of medication list for each resident.

- Reporting structure for medication errors

- Risk assessment

- Audits

- Pharmacy arrangements

- Support plan for each service user on how they take their medication and staffs role in same.

- Medication review and follow up re medical tests needed eg: blood test (Lithium)