

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adults Services Palmerstown Designated Centre 1
Centre ID:	OSV-0003897
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Lead inspector:	Caroline Vahey
Support inspector(s):	Conor Brady
Type of inspection	Unannounced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 October 2017 07:00 To: 19 October 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection.

This was the sixth inspection of the designated centre the purpose of which was to inform a registration decision. The centre had previously been inspected in July 2017 and poor level of compliance were identified across all outcomes inspected against on that inspection. In August 2017 the provider was issued with a notice of proposal to cancel the registration of this centre and a notice of proposal to refuse the registration renewal of this centre. The provider made representation to the Health Information and Quality Authority, outlining the actions they were taking to respond to regulatory non-compliances in the centre. The measures outlined in the provider's representation were considered and inspected against as part of this inspection under nine outcomes.

Description of the service.

The centre provided residential service for up to 20 adults on a campus-based setting. There were 19 residents living in the centre on the day of inspection and both males and females could be accommodated.

How the inspector gathered evidence.

The inspectors spoke with three residents over the course of the inspection and

visited four of the five units which comprised this centre. Practice was observed in the four units visited. The inspectors met with the person in charge, the director of care and support and with the programme manager. The inspectors spoke with nine staff members regarding residents' needs and support plans in place to meet identified needs of residents. The inspectors also discussed practices in the centres such as infection control precautions, medication management practices, the use of restrictive practices and safeguarding procedures. Documentation pertaining to care and support of residents, and policies and procedures in the centre were also reviewed.

Overall judgement of findings.

Major non-compliances were identified in all nine outcomes inspected against. The provider had failed to take sufficient measures since the last inspection in order to ensure a safe and reliable service for residents. Residents continued to be exposed to incidents of abuse and were at risk due to poor practices in the centre including infection control practices, a lack of staff knowledge of residents' needs and supports, medication management practices, and a lack of response to environmental risks.

These findings are discussed in the body of the report along with the accompanying action plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents' rights, dignity and consultation needs had not improved in the period since the last inspection. Institutional practices based on the collective management of people were observed.

A resident was observed being locked in an apartment. When questioned, staff said this was the practice and management also stated this to the inspector when asked. In an assessment of need, it was highlighted that the person needed an environment free from restriction. In an audit conducted by the provider on 25 August 2017 this resident was recorded as stating that they wanted to live in a community house. Members of management informed inspectors this resident would be moving out of their current arrangement the week following inspection.

The inspectors found residents' privacy and dignity was not consistently maintained. The inspectors observed a resident in a state of undress on a number of occasions, in the presence of other residents in the centre.

Some staff members did not speak about residents with dignity and respect when discussing the provision of care and describing the residents and their behaviours.

The inspectors observed practice at change of shift on the morning of inspection and found personal information pertaining to a number of residents discussed at a handover meeting in the presence of another resident.

Viewing windows into residents' bedrooms had been covered since the previous inspection. However, residents' rights were not found to be appropriately upheld or promoted in this centre based on inspection findings.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspectors found residents were not supported with appropriate and meaningful social care in accordance with their needs.

The inspectors reviewed activity plans for a group of eight residents for a period of one week. There were three activities outlined in these planners for residents per day, however, the inspectors found these were mainly campus based such as a walk, relaxation, watch television, household chores, gym, or listening to music. One resident was supported to attend day services five days a week. Nine activities outside of the campus were documented as planned for the week for seven residents and no activity in the community was planned for one resident.

The inspectors spoke to a staff member regarding the plan for activities for the day, however, the staff outlined they were not sure of the plan. The inspectors also noted this did not form part of a handover meeting in the morning.

In a second unit, a bus trip was planned for residents mid morning and all residents on the unit were being supported to go on this trip. However, on discussion with staff, it was evident that the trip was not discussed with the residents and staff told the inspectors the bus driver would decide where the residents would be going. In addition, residents would not be supported to get off the bus during the trip and staff outlined residents would return to the unit for their lunch.

One resident had recently transitioned to another centre in the week preceding the

inspection and there was a plan in place for another resident to move out of the centre in the weeks following this inspection.

One resident in the centre had commenced meetings with a transition co-ordinator regarding moving into the community.

Inspectors reviewed some residents' plans whereby good personal planning had occurred in 2015 and 2016 but had completely ceased by the date of inspection with no further goals, planning or work developed or completed. When questioned as to why this happened, management highlighted staffing changes and a lack of appropriate oversight.

Judgment:

Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspectors found the premises was not suitable for its stated purpose.

One house visited was not fit for purpose nor did it suit residents' assessed needs. Residents were locked in apartments, staff had to go through residents' apartments to get to other residents, and the premises was not homely or suitable. The management team indicated the house would be closing as part of their proposed reconfiguration plan and all residents transitioning out.

In one unit, the main living space for residents was found to be dark, unhomely with little or no personalisation of the environment. The inspectors acknowledged one picture and one wall decoration had been put on a wall in this room since the last inspection. There was a lack of window coverings also in this area and residents were visible from the public road, lights remained off in the unit during the day. The seating was found not to be in a hygienic state and food debris was evident on a number of chairs in the sitting room. Toilet seats were not fitted in one toilet area which staff outlined residents most frequently used. This had been an action from the previous inspection, however, the action the provider outlined in their response was not implemented.

While arrangements had been made since the last inspection, to ensure a resident could access their living environment, a device for holding the door had broken a numbers of weeks preceding the inspection and remained outstanding on the day of inspection. Blinds were also observed to be broken in the dining room.

Adequate ventilation was not found in one bathroom and the inspectors found a malodour was evident in this bathroom.

In a third unit inspectors observed a relaxation room to be in poor state of tidiness and significant risks were identified. In addition, the covering of a chair was observed to be badly damaged. Chairs and a table in the main living area were observed not to be clean. Handles on a resident's wardrobes had been removed and a number of screws were therefore exposed.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspectors found the health and safety of residents, visitors and staff was not promoted. There were poor infection control precautions in the centre. Adequate measures had not been taken in order to safely evacuate residents from the centre and adequate arrangements were not in place for the containment of fire. Risks in the environment had not been attended to in order to ensure vulnerable residents were safe from harm.

Adequate arrangements were not in place for the containment of fire and fire doors were observed to be wedged open in two units. Emergency lighting was not available in the final exit route in one unit. Some staff were not aware of the support requirements to evacuate residents and keep them safe. A resident had not been assessed as to the support they required in the event the centre required to be evacuated. Staff did not know how they would evacuate this resident in a fire and stated they did not know if this resident could in fact be evacuated. The inspectors reviewed records of staff training. Eight staff had not been provided with training in fire safety and twenty one staff had not completed fire drill training.

Fire evacuation records in one part of the centre identified that the centre could be evacuated in a very reasonable timeframe (under 2 minutes) with five staff at night. However, there were only two staff actually rostered on duty at night in this part of the centre and as identified earlier in this report it took the inspector 15 minutes to gain entry to this building at 07.00 hrs despite two waking staff being on duty. This was queried with the person in charge who accepted the evacuation time identified on the form was not realistic in the context of the inspection findings.

The inspectors identified an environmental risk in one unit in the centre. One room of a unit, used by residents, was found to be in a state of untidiness, there were numerous items such as flexes and a blankets on the floor. In addition, a curtain railing with five exposed nails was propped against the wall. Staff were not aware this risk was in the centre and given the profile of the residents living in the unit, the inspectors were not assured that residents were protected from physical harm. The inspectors requested the item presenting the risk be removed from the immediate environment. In addition, floor signs were observed to be inappropriately stored and a trailing flex presented a potential for a trip hazard.

The inspectors observed there were inadequate provisions in three units for handwashing and poor handwashing practices. Staff members were observed not to wash their hands with handsoap after intimate care interventions. In three units handsoap and handtowels were not provided for residents in toilet facilities or for staff who identified some residents require assistance with intimate care in these areas. A handtowel dispenser and a personal care item were also observed to be soiled. From the records reviewed, five staff had not completed training in hand hygiene.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspectors found the measures in place did not ensure residents were safeguarded.

Restrictive practices were not applied in accordance with needs of residents or best practice. Staff were not clear on the rationale for use of some practices, and the use of practices were not consistently monitored. The use of restrictive practices for some residents had not considered the impact on peers living in the same environment. There was inadequate support for residents to support them with their emotional needs and to ensure staff were guided in the response to behaviours of concern.

The inspectors reviewed notifications made to the Health Information and Quality Authority (HIQA) prior to the inspection in relation to allegations or incidents of abuse, and reviewed the measures put in place in response to these safeguarding concerns. Despite measures being implemented these were found not to be sufficient in order to protect residents and there was evidence of repeated peer to peer incidents.

Staff were not aware of some of the types of abuse and a knowledge deficit was identified in the procedure to follow in the event of an allegation, disclosure of suspicion of abuse. The provider had initiated revised training in safeguarding in order to ensure this training was in line with national policy, however, the inspectors found to date only eight percent of staff had completed this training. In addition, two staff had not been provided with any training in safeguarding.

The inspectors found restrictive practices were not applied in accordance with the needs of residents and the use of these practices did not consistently consider the impact on other residents living in the environment. The inspectors found there was an overuse of these practices. For example, residents observed being locked in their apartments by staff as a routine practice. In addition, in one unit, seven presses in a resident's bedroom were locked, however, the risk identified, was only evident in one of these presses. In addition, this risk was in relation to the resident's peer and the inspectors were not assured that the use of this practice had considered the impact on the resident, whose access to their own personal possessions was limited in this regard. Staff members gave conflicting accounts of the rationale for use of this practice. In addition, the inspectors found water restrictions remained in place in one unit despite the provider outlining in notifications and in representation made to HIQA, that these water restrictions were no longer in use. The inspectors found the restriction applied to lighting in one unit in response to behaviours of concern impacting on other residents living in this unit.

The inspectors found guidance was not consistently in place to support residents with their behavioural needs, and in one case staff stated a behaviour support plan was in place for a resident, while another staff confirmed comprehensive behaviour support planning had not been completed for this resident. The inspectors acknowledged in this case a reactive strategy was developed to respond to escalated behaviours, however, there was no guidance on proactive or preventative strategies.

The inspectors reviewed training records submitted to HIQA post inspection and found not all staff had not been provided with training in the management of behaviours including de-escalation and intervention techniques.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspectors found residents were not provided with appropriate healthcare and there was a lack of knowledge of residents' healthcare needs. The inspectors also found a lack of intervention to attend to a resident requiring attention in relation to an injury sustained.

The inspectors found those responsible for ensuring the healthcare needs of residents were met, were not knowledgeable on those needs and on the supports and interventions required to meet those needs. The inspectors spoke to a number of staff with responsibility on the day of inspection for monitoring of and caring for residents with regards to identified needs. The inspectors found in most cases staff did not know their healthcare needs of residents as identified and were unable to outline the support as per residents' personal plans to meet those needs. In one case staff had not received induction as to the needs of residents and their support plans which was contrary to the measures outlined in representation made by the provider to the Health Information and Quality Authority (HIQA).

On the morning of the inspection, a resident was observed to sustain a minor injury, which required attention, however, staff did not attend to this resident despite being present in the room. After 25 minutes the inspector requested staff to attend to the resident.

Improvement was noted in the provision of food and nutrition and in a mealtime experience observed by inspectors. Fluid records had been maintained for a resident with specific hydration requirements and staff informed inspectors of this hydration plan. Nutritional supplements had been provided as required. It was observed that a resident was supported to serve their own hot drinks and the drink was prepared consistent with the preference the resident stated.

Judgment:

Non Compliant - Major

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspectors found medications administration practices in the centre were not in line with best practice and did not protect residents.

The inspectors reviewed medication management practices in two units. In one unit the inspectors found medication management practices for the storing, prescribing, and administration of medication were in line with national guidelines. Medication management audits had been completed on a monthly basis in this unit and changes in practice as a result of audits were evident.

In the second unit, the inspectors found medication was not administered within the required timeframe and due to the type of medication, this had the potential to impact on the resident's wellbeing. In addition, medication was signed as administered prior to the resident receiving their prescribed medication.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

While the provider had submitted plans regarding the reconfiguration of the designated centre, a significant amount of the undertakings were only at implementation stage at the time of this inspection. The levels of non compliance remained the same as found on the previous inspection. The management team had implemented some plans and accepted they were still attempting to curb service disimprovement and highlighted to inspectors that actual change and improvement will take more time.

Inspectors were concerned that practices that HIQA had been previously informed had ceased were still found operating on inspection. For example, restricted access to running water for residents.

The new person in charge was a qualified nurse and stated they were only in post number of weeks. This person has worked with the provider for 17 years and while they satisfied the regulatory requirements in terms of qualifications and experience, was very much part of a wider transition stage of proposed change. For example, the person in charge indicated under the new reconfiguration they would be responsible for the care and support of nine residents as opposed to 30 residents. While the benefits of plans were discussed they could not be evidenced at the point of inspection. The inspectors were informed that one resident had been re-located since the last inspection. The reconfiguration plan was to make several further resident transitions on the provider's campus.

Lines of accountability were not found to be clear and some staff were not sure of the reporting structure or who was in charge in the absence of unit manager.

Inspectors reviewed minutes of register provider board meeting from June, July and September 2017 which highlighted that the board were aware of the seriousness of the situation in this designated centre. Inspectors were informed that the chairperson of the board had recently resigned.

Inspectors found there had been three unannounced provider visits since the last inspection. The provider unannounced visit reviewed dated 25 August 2017 highlighted several poor findings of non compliance. A number of actions were identified but evidence on this inspection as highlighted throughout this report indicated that levels of improvement and regulatory compliance remained the same as on the previous inspection. For example, poorly implemented risk management and safeguarding systems, poor social and health care outcomes for residents, the institutional and collective management of residents, seriously negative practices around the physical restriction of residents and residents access to running water. All of these issues were highlighted on the previous inspection of this centre.

Management systems had not ensured a safe service appropriate to residents' needs. On discussing these findings at preliminary feedback the provider's new management team indicated they were still very much identifying problems and developing plans and strategies to attempt to address regulatory failings as opposed to being in a position to evidence improvements.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspectors found that sufficient numbers of staff were not deployed in the centre, and in addition, staff were not knowledgeable of the support and care need of residents, which resulted in poor outcomes for residents and exposing residents to potential risks. A family member commented in a provider audit that the service to their family member has worsened citing unfamiliar staff as having a very negative impact on quality of life.

On arrival to one unit at 07.00hrs whereby there were two staff members on waking night duty, the inspector knocked, rang the door bell six times and finally had to telephone the unit before a staff member presented at the front door. Staff could not explain why it took over 15 minutes to come to the door. Staff members did not demonstrate appropriate knowledge of residents' assessed needs.

The inspectors found staffing levels were inadequate and not consistently provided in accordance with the needs of the residents. In addition, the stated requirement with regards to skill mix was not consistently met.

Staff were not consistently knowledgeable of the residents' needs and the support plans. While some staff members knew residents needs others did not and could not provide inspectors with basic information about residents in their care.

The inspectors reviewed a sample of staff files and found that a satisfactory history of gaps in employment was not evident in these files.

From a review of staff training records, it was identified that five staff had not attended training in hand hygiene.

Judgment:

Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Caroline Vahey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003897
Date of Inspection:	19 October 2017
Date of response:	17 January 2018

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents were not provided with a service based on their rights and needs.

1. Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability,

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

family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

- a) A review of residents needs is currently underway to ensure that their needs are met. This includes Multi-Disciplinary Input. Where needs are identified, the needs will be met.
- b) Resident's rights are respected and consultation sought through the various forums including the Service User Council, keyworking meetings, Complaints process, Service User Satisfaction Surveys.
- c) The terms of reference of the Restraints and Restrictive Practice Committee are under review to ensure that restraints are sanctioned and implemented in line with best practice.
- d) The terms of reference of the Human Rights Committee is currently being developed to include a referral mechanism of review where restrictive practice within a living area is impacting other individuals.
- e) There is an awareness campaign for staff through discussion at meetings and workshops about respecting individual's rights and needs.

Proposed Timescale:

- a) 30/03/18
- b) 17/01/18
- c) 28/02/18
- d) 26/01/18
- e) 17/01/18

Proposed Timescale: 30/03/2018

Theme: Individualised Supports and Care

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

The inspectors found residents' rights to privacy was not maintained in respect of personal information and intimate care.

2. Action Required:

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

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

- 1. The Director of Nursing is addressing the morning handover format which aims to reduce the open information discussed at handover.
- 2. A template is being developed which will provide staff with the information required on a daily basis to provide the supports necessary for each individuals
- 3. There is an organisation-wide campaign undergoing which aims to raise awareness on protecting the dignity and respect of residents.

Proposed Timescale:
23/1/17
23/1/17
30/8/17

Proposed Timescale: 30/08/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Arrangements were not in place to ensure the social care needs of residents were met.

3. Action Required:

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

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

A review of residents needs is currently underway to ensure that their needs are met. This includes Multi-Disciplinary Input. Where needs are identified, the needs will be met.

Proposed Timescale: 30/03/2018

Theme: Effective Services

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

Comprehensive assessments were not in place for residents.

4. Action Required:

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

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

The policy for admission to the residential service is currently under review. Criteria for accepting a new admission to the designated centre will include submission of an assessment of need.

Proposed Timescale: 28/02/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A device used to assist a resident to access their living environment was broken for a number of weeks.

Blinds in one dining room were found to be broken.

Toilet seats were not fitted to a number of toilets in a bathroom area used by residents.

Damage was noted to seating in a relaxation room used by residents.

Handless on a resident's wardrobe were removed and there were exposed screws evident.

5. Action Required:

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

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

The maintenance issues have been addressed.

Proposed Timescale: 30/01/2018

Theme: Effective Services

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

Appropriate lighting was not provided in one unit and the living area for residents was dark.

Appropriate ventilation was not provided in one bathroom in the centre and the bathroom was found to be malodorous on the day of inspection.

6. 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:

- a) There has been a review of cleaning schedules and the bathrooms are now cleaned on a daily basis by members of the household team.
- b) A response to address new instances of mould has been implemented.
- c) Where lighting is insufficient, technical services has been requested to resolve this with regard to the resident's needs and preferences.

Proposed Timescale:

- a) 10/01/18
- b) 10/01/18
- c) 31/01/18

Proposed Timescale: 31/01/2018

Theme: Effective Services

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

One unit was found to be unhomely, and lacked personalisation. There was limited soft furnishing or decoration in this unit. Appropriate window coverings were not provided in this unit.

A number of chairs used by residents were not maintained in a hygienic state.

A relaxation room was found to be poor state of tidiness.

7. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The residents have been consulted regarding homely soft furnishings and window coverings and these will be supplied and fitted.
The maintenance issues have been addressed.

Proposed Timescale: 30/01/2018

Theme: Effective Services

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

The design and layout of one unit in the centre was not fit for purpose.

8. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

One resident has moved out of the apartment and this has been refurbished. There are plans in place for the full refurbishment of the house.

Proposed Timescale: 31/10/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Environmental risks in the centre were not appropriately managed and residents were at risk of injury.

9. 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:

In addition to Unannounced visits by the registered provider, the Programme Manager will be carrying out regular announced visits which will include a walk around of the area to identify any environmental risk within the area and the management of same.

Proposed Timescale: 15/01/2018

Theme: Effective Services

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

Poor infection control procedures were observed in practice.

10. 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:

- a) Infection control audits are now carried out at regular intervals. Where there is additional handtowels and hand soap dispensers required these will be provided.
- b) Observations are now carried out on a regular basis by the Person In Charge and Programme Manager to ensure best practice and compliance with policy.

Proposed Timescale:

- a) 10/03/18
- b) 31/01/18

Proposed Timescale: 10/03/2018

Theme: Effective Services

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

Arrangements had not been put in place to ensure a resident could be evacuated from the centre.

11. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The fire evacuation procedure has been updated. The staffing complement has been increased to 3 and there are an additional minimum 2 staff available to respond to emergency evacuation. The night sister is also available to respond.

Proposed Timescale: 10/01/2018

Theme: Effective Services

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

Emergency lighting was not provided in a final exit route in one unit.

12. 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:

This house is currently closed and is being refurbished. Emergency lighting will be provided in all areas where required as part of the refurbishment.

Proposed Timescale: 14/02/2018

Theme: Effective Services

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

Training in fire safety and in fire drills remained had not been provided for a number of staff.

Some staff were not aware of the support requirements to evacuate residents in the event of a fire.

13. 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:

- a) A training schedule has been put in place for all staff to complete centre based fire safety training.
- b) Competency assessments will be carried out for all staff to ensure there awareness and understanding of same.

Proposed Timescale:

- a) 31/01/18
- b) 30/6/18

Proposed Timescale: 30/06/2018

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:

A comprehensive behaviour support plan was not in place for a resident to guide staff in preventative and proactive strategies.

14. Action Required:

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

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

This resident was identified and has been referred to the CNS Behaviour for a support plan to be developed.

Proposed Timescale: 28/02/2018

Theme: Safe Services

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

Not all staff had received training in behaviours that challenge including de-escalation and interventions.

15. 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:

An audit has taken place to identify training gaps for all staff and they have been scheduled to attend.

Proposed Timescale: 31/03/2018

Theme: Safe Services

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

The least restrictive measure for the shortest duration was not evident in the use of restrictive practices.

16. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

- a) An audit has been carried out to quantify all restrictive measures.
- b) Where chemical restraint is prescribed, this will be reviewed on a monthly basis by the prescriber and the person in charge.
- c) A review of residents needs is currently underway to ensure that their needs are met. This includes Multi-Disciplinary and transitions input. Where needs are identified, the needs will be met.
- d) The terms of reference of the Restraints and Restrictive Practice Committee are under review to ensure that restraints are sanctioned and implemented in line with best practice.

Proposed Timescale:

- a) 05/01/18
- b) 28/02/18
- c) 30/03/18
- d) 17/01/18

Proposed Timescale: 30/03/2018

Theme: Safe Services

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

Restrictive practices were found to be overused and not applied in accordance with the needs of residents.

The use of restrictive practices had not considered the impact of other residents living in the centre.

17. Action Required:

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

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

- a) An audit has been carried out to quantify all restrictive measures.
- b) Where chemical restraint is prescribed, this will be reviewed on a monthly basis by the prescriber and the person in charge.
- c) A review of residents needs is currently underway to ensure that their needs are met. This includes Multi-Disciplinary Input. Where needs are identified, the needs will be met.
- d) The terms of reference of the Restraints and Restrictive Practice Committee are under review to ensure that restraints are sanctioned and implemented in line with best practice.
- e) The terms of reference of the Human Rights Committee is currently being developed to include a referral mechanism of review where restrictive practice within a living area is impacting other individuals.

Proposed Timescale:

- a) 05/01/18
- b) 28/02/18
- c) 30/03/18
- d) 28/02/18
- e) 26/01/18

Proposed Timescale: 30/03/2018

Theme: Safe Services

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

Staff had not been provided with up-to-date training in safeguarding. Two staff had not received any training in safeguarding.

18. 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:

- a) An audit was carried out to identify which staff have no evidence of receiving safeguarding training.
- b) These staff have been scheduled to attend the training to ensure that all staff have received training in safeguarding.
- c) There is a service wide campaign put in place to ensure all staff are trained in the HSE Raising Safeguarding Awareness for Vulnerable Persons. Weekly training sessions have been scheduled accommodating 30 staff members. All staff have been scheduled

to attend over the coming months.

Proposed Timescale:

- a) 17/01/18
- b) 31/1/18
- c) 30/06/18

Proposed Timescale: 30/06/2018

Theme: Safe Services

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

Residents were not protected from peer to peer abuse.

19. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- a) The residents identified within the report have been supported to move to more appropriate homes .
- b) The service now responds to allegations of abuse in line with the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policies and Procedures.
- c) All areas have an identified Designated Officer for reporting incidents or allegations of abuse.
- d) All allegations of abuse are now reported to Designated Officer.
- e) Incidents are now screened and reported to the HSE in line with Policy.
- f) All incidents will result in a safeguarding plan with a review date. Where additional resources are identified within a safeguarding plan, these will be provided.
- g) Weekly NIMs Report by PIC to PM, to assess effectiveness of Safeguarding Plans. Evidence to CEO

Proposed Timescale:

- a) 13/01/18
- b) 13/01/18
- c) 13/01/18
- d) 13/01/18
- e) 13/01/18
- f) 13/01/18
- g) 31/01/18

Proposed Timescale: 31/01/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Staff were not knowledgeable on the health care needs of residents and the support required to meet those needs.

A staff member was not provided with induction training as to the healthcare needs of a resident, as had been outlined as a measure in representation submitted to the Health Information and Quality Authority. The staff member was therefore unaware of the healthcare needs of residents under their care.

20. Action Required:

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

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

- a) An audit will take place to identify what staff have not received induction within the area they are working.
- b) Where there is no evidence of induction, this will be repeated.
- c) All staff will be assessed as to their competency and their understanding of the information they have received during induction.
- d) Staff will not be moved to areas that they have not been fully inducted in.
- e) Persons in charge will be based within the designated centre to provide support and supervision.

- a) 25/01/18
- b) 31/01/18
- c) 30/06/18
- d) 22/01/18
- e) 28/02/18

Proposed Timescale: 30/06/2018

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:

Medication was not administered within the required timeframe.

Medication was signed as administered prior to a resident receiving their medication.

21. 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:

All nurses are being assessed as to their competency in administering medication. Kardexes are being reviewed and updated to reflect person centred times for the administration of medication.

Proposed Timescale: 30/03/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The lines of authority and accountability were not clear.

22. Action Required:

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

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

- a) There is now a clear management Structure within the designated centre. Care staff report to nurses within the house who report to the Person in Charge. Persons in Charge report to the Programme Manager who reports to the Director of Care. In the absence of the person in charge/ nurse, a shift leader is appointed. The shift leader reports to the Programme Manager.
- b) This has now been communicated to the staff

Proposed Timescale:

- a) 05/01/18
- b) 23/01/18

Proposed Timescale: 23/01/2018

Theme: Leadership, Governance and Management

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

The management systems had not ensured a safe and effective service for residents.

23. Action Required:

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

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

- a) The structure of the designated centre has been reconfigured to increase the number of Persons in Charge from 1 to 4. There is a recruitment drive underway to recruit the remaining vacancy.
- b) All PICs are required to appoint shift leaders in the absence of the Person in Charge. The Shift Leader reports to the Programme Manager.
- c) A schedule of audits have been implemented to provide oversight to ensure the effective monitoring of services.
- d) Weekly reports to the Programme Manager provide oversight to the management of the centre.
- e) Regular visits from the Programme Managers to carry out announced audits

Proposed Timescale:

- a) 28/02/18
- b) 05/01/18
- c) 16/01/18
- d) 15/01/18
- e) 31/01/18

Proposed Timescale: 28/02/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Continuity of care was not maintained for residents due to unfamiliar staff working in the centre and some staff were not knowledgeable on residents' basic needs.

24. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

- a) The staffing requirements have been identified and there is a recruitment drive underway to recruit additional staff. Where deficits are identified, agency staff are utilised on an interim basis until permanent staff are recruited.
- b) All agency staff are inducted by the person in charge or shift leader.
- c) Persons in charge are currently undergoing training to manage their own rosters.
- d) The Director of Care has issued a directive that commencing 22/01/17 no staff may be moved from their designated centre without approval from the Programme Manager.
- e) Agency booking is being managed through the Workforce Planning Office to ensure agency staff are assigned to familiar areas.

Proposed Timescale:

- a) 30/03/18
- b) 05/01/17

- c) 30/03/17
- d) 22/01/17
- e) 15/01/17

Proposed Timescale: 30/03/2018

Theme: Responsive Workforce

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

Documentary evidence was not available outlining a satisfactory history of gaps in employment for some staff.

25. 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:

An audit will take place to ensure that all requirements under schedule 2 are in place. Where deficits are identified, the required documentation will be obtained.

Proposed Timescale: 31/01/2018

Theme: Responsive Workforce

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

The staffing levels and skill mix were not consistently maintained in accordance with the stated requirements.

26. Action Required:

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

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

The staffing requirement has been identified based on assessment of needs including safeguarding and reduction of restrictive measures. There is a recruitment drive underway to recruit. Where deficits are identified, agency staff are utilised on an interim basis.

Proposed Timescale: 30/03/2018

Theme: Responsive Workforce

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

in the following respect:

Some staff had not been provided with training in hand hygiene.

27. 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:

Training needs analysis is completed and where is a training gap identified, this will be addressed.

Proposed Timescale: 31/01/2018