

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adults Services Lucan Designated Centre 11
Centre ID:	OSV-0003908
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):	Thomas Hogan
Type of inspection	Unannounced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 26 September 2017 07:50 To: 26 September 2017 21:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection.

This was the third inspection of the designated centre, the purpose of which was to monitor ongoing regulatory compliance and to follow up the actions arising from the previous inspection. The centre had previously been inspected in April 2017. Ten outcomes were inspected against on this inspection.

Description of the service.

The centre comprised of five units, all located in community based settings. The centre provided residential accommodation to adults. All units were located close to local amenities and residents availed of facilities and services in the community including public transport, social clubs, sports clubs and shopping and dining amenities. The centre could accommodate both males and females and there were 18 residents living in the centre on the day of inspection.

How the inspector gathered evidence.

The inspection was facilitated by a person in charge from another centre. The inspectors met with staff members in each unit comprising the centre. The inspectors spoke with nine residents regarding their care and support in the centre.

Documentation such as complaints log, personal plans, risk assessments, staff rosters, medication records and audits were reviewed as part of this inspection.

Overall judgement of findings.

The inspectors found that the service provided had not ensured a safe and appropriate service for residents and major non compliances were identified in Outcome 6, Safe and Suitable premises, Outcome 8 Safeguarding and Safety, and Outcome 14, Governance and Management. Incidents involving residents had not been appropriately identified, reported or investigated as safeguarding concerns and some environmental restrictive practices were applied in the absence of a need or clear rationale. Staff knowledge of safeguarding also required improvements as well as aspects of behaviour support planning. The provider had failed to implement most of the actions regarding premises following an inspection by the Health Information and Quality in April 2017. The arrangements for the person in charge to manage three designated centres was not appropriate and the provider had failed to implement the action outlined following the last inspection. There was an absence of management support at unit level in order to ensure care and support was adequately supervised, concerns were appropriately dealt with, and management functions were appropriately delegated. Satisfactory management arrangements were not in place in the event the person in charge was not on duty.

Moderate non compliances were also identified in the following outcomes;

- Outcome 7, Health and Safety and Risk Management, relating to fire arrangements, incident management and risk management,
- Outcome 11 - relating to healthcare review and healthcare planning,
- Outcome 12 - relating to medication administration practices, disposal of medication and assessment of residents regarding self medicating,
- Outcome 17 - relating to staff knowledge, supervision arrangements and induction of new staff.

These findings are discussed in the main report and the regulations which are not been met in the 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:

The inspectors found improvements had been made in relation to maintaining the privacy and dignity of residents and with the progression of a complaints investigation. However, improvement was required to ensure residents could freely access their own finances.

On the day of inspection residents' personal information was found to be securely stored. In addition, suitable bathroom facilities were provided to residents to ensure their privacy and dignity was maintained.

The provider submitted information regarding the progress of an investigation into a complaint. It was evident the provider had acknowledged the complaint since the last inspection and measures were taken to investigate this complaint.

The arrangements for residents to freely access their own finances required improvement. Since the last inspection, for some residents, access to their own finances had improved with the implementation of additional measures. However, staff told the inspectors that barriers remained for some residents in that resident could only access their money by request through a centralised account service managed by the Provider. This service was available on weekdays only.

Judgment:

Substantially Compliant

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Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
The inspector found one action from the previous inspection had not been completed in relation to charges for transport services.

The inspector spoke to a resident and a staff member in one unit in relation to charges for transport services. While transport charges were not set out in the written contract of care, the resident confirmed a significant reduction in charges for private transport, with the use of public transport facilities promoted for most social outings. The resident confirmed they were satisfied with the new arrangements and with the increased use of public transport to promote independence.

Judgment:
Substantially Compliant

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

Findings:
The inspectors found that improvements had been made since the last inspection in the

details in personal plans and overall residents were supported with their needs. Improvement was required to ensure personal goals were progressed in accordance with residents' wishes.

The inspectors reviewed samples from eight personal plans and found plans were developed for most identified needs with the exception of some healthcare plans. Overall the plans set out the supports required to meet identified needs such as social and some healthcare needs. Plans were developed in an accessible format for residents and two residents showed the inspectors their personal plan and personal goals. It was evident the residents had been involved in the development of their personal plan and goals and that support had been provided to meet these identified needs.

Residents had been supported to develop personal goals in line with their wishes and interests. One resident told the inspectors of the progress of goals however, another resident told the inspector that a personal goal had not been supported. There was no evidence in the personal plan as to the decision making process as to why this goal was not being pursued.

The inspectors spoke to five residents in relation to the provision of social care and residents stated they were supported to attend activities outside of the centre in line with their wishes. Residents were supported to attend local sporting and social clubs and to use local amenities. Most residents attended a day service during the week and for those residents who did not avail of a day service, individualised support was provided through resources in the centre.

Judgment:
Substantially Compliant

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 units comprising the centre were not maintained to a satisfactory standard and maintenance, decorative and cleaning was required throughout the centre.

There was no heating supply in one bathroom of one unit. Painting was required in all units of the centre and damage to ceilings and walls was identified in three units of the centre. Mould was observed in one bedroom. The inspectors identified that an issue with mould in one bathroom had been rectified.

Three of the five units were found to be overall clean on the day of inspection however, two units required further attention to ensure a build up of cobwebs was removed from some rooms.

Suitable flooring was not provided in the downstairs area of one unit, and this flooring was significantly stained and required replacement. In addition the flooring in an upstairs, of one unit, was found to be bulging.

Suitable arrangements were not in place for the disposal of waste in one unit with refuse bins observed to be overflowing and metal waste inappropriately disposed of in the garden.

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:

Since the last inspection, inspectors found that there had been some improvement noted in the impact of risks and as such risk management however, further improvement was required in risk management measures. Incidents were found not to be recorded and reported. Adequate arrangements were not in place for the containment of fire, and staff knowledge on evacuation procedures and the detail in personal emergency evacuation plans required improvement.

There was a policy in place on risk management however, this policy was out of date. Risk assessments had been completed for most individual and environmental risks however, the inspectors found a number of risk assessments not completed for identified risks such as self injurious behaviours, challenging behaviour and an environmental risk in one unit. The inspectors found a control measure regarding additional staff training, outlined in a risk assessment for choking had not been implemented however, it was noted that a control measure for referral to an allied health care professional had been completed.

The inspectors reviewed incident records in the centre, as well as records of behaviour recorded in personal plans. In some cases in adverse incidents involving residents were not recorded or reported through incident management procedures. In addition, from a review of the incident records completed, it was evident that some had not been progressed as safeguarding concerns.

There was an up-to-date health and safety statement. A policy was in place which outlined the procedure in the event a resident went missing however, this policy was out of date. An emergency plan was also in place outlining the support and response to emergency critical incidents. This emergency plan was also out of date.

There were satisfactory arrangements in place with regards to infection prevention and control. The inspectors reviewed hygiene audits completed for three of the five units in May 2017. Actions were developed or identified issues however, for two of these audits it was not clear who was responsible to implement actions. It was evident that some of these actions had been completed however, a number of actions remained outstanding. These issues are actioned in Outcome 6.

The inspectors found fire arrangements required improvement. Adequate arrangements were not in place for the containment of fire and a number of fire doors were wedged open on the day of inspection. There were adequate means of escape however, some staff were not clear on the escape routes in one unit. The inspectors reviewed personal emergency evacuation plans developed for residents. While some plans guided practice, other plans did not take adequately take into account the support requirements for some residents in the event the centre required to be evacuated. The inspectors reviewed a sample of records of fire drills and found drills had been completed within a satisfactory timeframe.

Suitable fire equipment was provided in the centre including fire alarms, fire extinguishers and blanket and emergency lighting.

Judgment:

Non Compliant - Moderate

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 inspector found some peer to peer incidents had not been appropriately identified, reported or investigated as safeguarding concerns. Residents were supported with their emotional needs however, improvement was required in some behaviour support plans. The system for identifying and review of environmental restrictive practices required improvement to ensure restrictive practices were applied in accordance with best practice.

The inspectors reviewed incident records for the centre and identified a number of safeguarding issues. The inspectors found some of these incidents had not been identified, reported or investigated as safeguarding concerns.

The inspectors spoke with four residents who stated they felt safe in the centre. The inspectors spoke with four staff members regarding safeguarding however, some staff were not knowledgeable on the types of abuse, the actions to take in response to safeguarding concerns and some staff could not identify the designated liaison officer.

The inspectors found residents were supported with their emotional needs and there was evidence that the measures outlined in behaviour support plans were implemented in practice. Plans outlined proactive and reactive strategies to support residents with their emotional needs. One behaviour support plan was found not to guide the practice and there was no information available in the support plan to outline the response when incidents of challenging behaviour occurred. In addition this plan had not been reviewed by a relevant multidisciplinary team member since 2014. The inspectors spoke with two staff members who were knowledgeable of residents' emotional support needs and on the strategies outlined in behaviour support plans.

Referrals had been made for psychology support in June 2017 for three residents however, this support remained outstanding.

There were some environmental restrictive practices such as locking doors identified on inspection however, in two cases the rationale for use of these practices was not clear. Staff told the inspectors that these practices had always been in use however, were unclear as to why practices were implemented. In addition, the use of these restrictive practices had not been reviewed by the service committee in line with the centre policy, and did not form part of residents' support plans or corresponding risk assessments. There was no plan in place to reduce these practices and the inspector found as these practices were used at all times, the least restrictive measure for the shortest duration had not been implemented in practice.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspectors found residents were satisfactorily supported to maintain and achieve good health. Improvement was required in healthcare planning to ensure an identified healthcare need was reviewed as part of an annual review and to ensure there were plans in place to guide practice. The inspectors found the provision of food and nutrition to be of a high standard.

The inspectors reviewed assessments and plans relating to the provision of healthcare and spoke with two staff members. Residents had been assessed as to most healthcare needs however, it was not apparent that a medical presentation for one resident formed part of their annual healthcare review. In addition there was no plan of care to guide the practice in supporting the resident with this healthcare presentation.

While most residents' identified healthcare needs had corresponding plans, there were a number of identified needs for which plans of care had not been developed including mental health needs, haematology and pain management.

Residents accessed a general practitioner and there were annual medical reviews completed. Where required residents were supported with their emotional needs by a psychiatrist. Additional support was also provided from multidisciplinary team members and external allied healthcare professional where required.

The inspectors observed meals being served in two units during the course of the inspection. It was evident that residents were supported with a good choice and the food offered was varied and nutritious and residents were supported to prepare their own food if they so wished. The mealtime experience was relaxed promoting positive interactions between residents and with staff. The advice of a speech and language therapist formed part of feeding, eating, drinking and swallowing plans where required.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspectors found overall residents were potentially put at risk by some medication management practices in the centre. Improvement was required in some aspects of administration practices and also in PRN (medicines only given the need arises) medication prescriptions. Deficits were identified in staff knowledge of some regular prescribed medication and the arrangements for disposal of unused or out of date medications required improvement. Residents had not been assessed as to their suitability to self medicate.

There was a policy in place on medication management. The inspectors found suitable secure storage was provided in the centre for medication. The inspectors reviewed three prescription and administration records. In some instances the staff administering the medication had not entered their signature. PRN (medicines only given as the need arises) prescriptions stated the circumstances under which medications should be given however, the inspectors found some staff did not have a clear understanding of these clinical presentations as outlined in the corresponding PRN protocol. Some PRN (medicines given only as the need arises) prescriptions did not consistently have the maximum dosage in 24 hours stated. In addition, some staff were not knowledgeable on regular medications and the reason these medications were prescribed.

The inspectors observed staff administering medication to a resident however, it was noted that appropriate handwashing practices were not used prior to administration.

The procedure for the return of medication to the dispensing pharmacy was not clear in one unit of the centre.

The inspectors reviewed two medication management plans which outlined the support residents required to manage their medication. The inspectors found residents had not been assessed as to their suitability to self medicate.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspectors found the management arrangements did not ensure the service delivered was appropriate and effectively monitored, with appropriate action taken to issues identified. The scope of the person in charge to manage this and two other designated centres was not appropriate. The management structure was not clearly defined at unit level and management and administrative functions were not appropriately delegated. There was inadequate supervision of staff and inadequate management arrangements in place in the event the person in charge was on leave.

There had been one unannounced visit carried in one unit of the centre in July 2017, since the last inspection in April 2017. This visit had highlighted some issues consistent with inspection findings however, it was not evident that corrective actions had been taken to mitigate risks. For example, the audit report highlighted that incident records were not completed for some incidents in the unit and the inspectors found this remained an issue on the day of inspection. In addition, the audit highlighted that exit signs were not required in the unit once staff were aware of the exit routes however, the inspectors found some staff did not know the fire exit routes on the day of inspection. The inspectors acknowledged that some identified actions arising from the unannounced visit were completed or in progress as planned, on the day of inspection.

On the day of inspection a significant number of issues relating to safe and suitable premises remained outstanding since the last inspection. Some practices in relation to restrictive practices were not found to be consistent with residents' needs however, this had not been identified as an issue up to the day of inspection.

The inspectors found the scope of the person in charge to manage three designated centres, consisting of twelve units was not appropriate. The action plan the provider outlined following the last inspection in April 2017 was not implemented in full and a person participating in management, to support the person in charge and to deputise when the person in charge was not on duty, had not been appointed. The inspectors acknowledged the provider had initiated plans to reduce the scope of the person in charge in order to manage less units. On the day of inspection, the inspectors found the arrangement for a person in charge from another designated centre to provide emergency cover only, for a number of weeks, in the absence of the person in charge was not appropriate and could not ensure the effective governance and operational management of the centre.

The inspectors found the management structure was not clearly defined at unit level and the person responsible for the day to day running of the units were not clearly set out. From discussion with staff in units it was evident that this responsibility for

managing each unit was delegated to the staff member on duty at any one time however, the inspectors were not assured that staff were appropriately experienced or supported to carry out administrative and management functions. This had been brought to the attention of the chief executive officer a number of months ago, in so far as staff were working beyond their scope of responsibility.

The inspectors found staff were not consistently supported in their role and issues raised by staff through the line management system were not always acted on.

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 there was a lack of appropriate supervision of staff in the centre. Formal supervision was provided to staff on a quarterly basis however, due to the scope of the person in charge direct supervision of staff was not provided on a consistent basis. The inspectors found there were sufficient staffing levels in the centre given the identified needs of residents however, deficit in staff knowledge in particular relating to the prescribed regular medication and the healthcare presentation as to why these medications were prescribed. Two of the actions from the previous inspection remained outstanding including inadequate direct supervision of staff and the process for induction of some new staff members required improvement.

The inspectors found there were sufficient staffing levels in the centre given the needs of the residents. The inspectors reviewed rosters in the centre and planned and actual rosters were maintained in most units of the centre. However in one unit, a current roster was not available and staff outlined they were unsure of the arrangements for the week for additional staff, impacting on the ability to definitively plan support for residents. The provider outlined this roster would be made available in the unit without delay.

Overall the inspectors found staff were knowledgeable on residents' needs and the

support required to meet those needs however, some deficits were identified. Improvement was required to ensure staff were clear on some healthcare presentations and the reason why some medications were prescribed. It was clear however, that support was in place to meet these needs, for example, reviews with a general practitioner, blood monitoring and dietary advice and planning.

The inspectors found there was a lack of appropriate supervision of staff in the centre. Formal supervision was provided to staff on a quarterly basis however, due to the scope of the person in charge direct supervision of staff was not provided on a consistent basis.

The inspector reviewed documentation pertaining to induction of new staff into one unit of the centre. Three staff were identified as new to the unit since the last inspection and while two staff had received induction training, there was not records to confirm one staff had received this training.

Judgment:

Non Compliant - Moderate

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-0003908
Date of Inspection:	26 September 2017
Date of response:	21 November 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The arrangement for some residents to freely access their own finances required improvement.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The policy on Service user Finance is currently being updated. Legal input has been sought to provide support around appropriate charges and management of Service user finance. The process for application for individual bank card and bank accounts is in progress. Keyworkers will completed financial capacity assessments and be supporting Service users to make informed choices with improved access to their own finances.

Proposed Timescale: 28/02/2018

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Fees for transport services were not clearly set out in residents' written agreements.

2. Action Required:

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

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

Contracts of care will be updated in line with the new Service user finance policy. All fees charged to service users for transport have been ceased until a transport review has taken place.

Proposed Timescale: 28/02/2018

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 had not been put in place to support a resident in achieving their personal goals.

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:

Key workers will be provided with Key worker training which is available in education and training.. This training will reinforce the need for Keyworkers at monthly meetings with services to ensure Goals are supported to be achieved.PIC will oversee the review of goals to ensure Service users are achieving their chosen goals. PIC will have responsibility for no more than 3 units so this will allow closer supervision of areas and a daily presence as per roster

Proposed Timescale: 15/12/2017

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:

Damage to ceilings and walls was identified in three units of the centre.

Mould was observed on one bedroom.

Flooring in one unit was significantly stained. In addition, the flooring in another unit was found to be bulging on the day of inspection.

4. 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:

Technical services have being notified of unsafe and unsuitable premises. This is highlighted on monthly health and safety audits as well as a daily reporting systems of any maintenance issues .The issues highlighted will be resolved.

Proposed Timescale: 31/01/2018

Theme: Effective Services

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

A number of areas in the centre were not satisfactorily decorated.

Two of the five units were not kept to an acceptably clean standard.

5. 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:

Hygiene audits are undertaken by infection control. PIC oversees the completion of

action plans generated by the audit. There are regular audits of the daily cleaning schedule undertaken by the PIC or a staff member nominated by her. PIC will have responsibility for no more than 3 units so this will allow closer supervision of areas and a daily presence as per roster.

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

Heating was not available in one bathroom in the centre.

Suitable arrangements were not in place for the disposal of waste in one unit.

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:

Tech services will be consulted with a view to ensuring that heating is provided in this bathroom.

Suitable arrangements are in place for disposal of waste.

Proposed Timescale: 30/11/2017

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:

Some risks in the centre had not been assessed such as challenging behaviour, self injurious behaviour and an environmental risk.

7. Action Required:

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

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

All risks in the centre will be identified by a thorough review by the risk manager and the PIC at house. All risk identified will be supported by risk assessments. Staff will be asked to book on available dates to complete accident/Incident/Near Miss report training. PIC will have responsibility for no more than 3 units so this will allow closer supervision of areas and a daily presence as per roster .A CNS in behaviour has being recruited and will support staff where referral are made.

Proposed Timescale: 30/12/2017

Theme: Effective Services

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

A control measure in a risk management plan relating to additional staff training had not been implemented in practice.

8. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

All Training needs identified at supervision will be implemented on an going basis . PIC will have responsibility for no more than 3 units so this will allow closer supervision of areas and a daily presence as per roster.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

Adverse incidents involving residents were not appropriately reported through incident management systems.

9. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

A new incident/safeguarding pathway has been created to support all staff in identifying /reporting and managing all risk. This pathway provides guidance on ensuing that learning is undertaken following each incident. Laminated copy of the pathway is available in each house. Staff will be asked to book on available dates to complete accident/Incident/Near Miss report training Incidents are reviewed at staff meeting. PIC will have responsibility for no more than 3 units so this will allow closer supervision of areas and a daily presence as per roster

Proposed Timescale: 18/11/2017

Theme: Effective Services

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

A number of fire doors were found to be wedged open on the day of inspection.

10. Action Required:

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

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

New fire safety training has been implemented locally. This local training has been created by the technical services manager and is passed on to staff by the PIC. A record of the training is maintained. PIC will have responsibility for no more than 3 units so this will allow for direct supervision of staff and a daily presence as per roster. Doors that require magnetic release have being identified and reported to technical services

Proposed Timescale: 31/01/2018

Theme: Effective Services

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

Some staff were not aware of the evacuation routes in the event of a fire in one unit.

Personal emergency evacuation plans required improvement to ensure the support residents required to evacuate the centre were clearly set out.

11. Action Required:

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

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

New fire safety training has been implemented locally. This local training has been created by the technical services manager and is passed on to staff by the PIC. Each new member of staff is trained before they begin working in the house. A record of the training is maintained. All Personal emergency evacuation plans will be developed to ensure the support residents required to evacuate the centre is clearly set out.

Proposed Timescale: 18/11/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no information in a behaviour support plan to guide the practice in the response to behaviours of concern.

12. 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:

A referral has been made to update the individual's Positive behaviour support plan through psychology.

A CNS in behaviour has being recruited and will support staff where referral are made.

Proposed Timescale: 15/12/2017

Theme: Safe Services

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

A behaviour support plan had not been reviewed in a number of years.

13. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

A referral has been made to update the individual's Positive behaviour support plan through psychology. A CNS in behaviour has being recruited and will support staff where referral are made

PIC will have responsibility for no more than 3 units so this will allow closer supervision of areas and a daily presence as per roster

Proposed Timescale: 15/12/2017

Theme: Safe Services

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

The rationale for the use of two environmental restrictive practices was not clear and these practices had not been applied or reviewed in accordance with the service policy.

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

Three reviews for psychology support remained outstanding.

14. 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 referral has been made to the restrictive practice committee (04/12/2017) to ensure support is provided to the Service user and the staff on the least restrictive measure for the shortest duration.

A rights committee is currently being established to ensure we are meeting each person's rights.

PIC spoke with psychology dept. to ensure the three reviews were highlighted as a priority. A CNS in behaviour has being recruited and will support staff where referrals are made

Proposed Timescale: 15/12/2017

Theme: Safe Services

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

Incidents of safeguarding concerns were not appropriately identified, reported or investigated.

15. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

Stewarts care have adopted the HSE Safe guarding vulnerable adults at risk of abuse national policy and procedures while we update our own internal policy. A HSE Awareness of abuse training has been commenced for all staff with Safeguarding officers

The training supports staff in identifying and responding to allegations of abuse in an appropriate way. Each DC now has their own identified Designated Officer. All staff are aware of this person and a pathway has been implemented to guide staff. PIC will have responsibility for no more than 3 units so this will allow for direct supervision of staff

Proposed Timescale: 18/11/2017

Theme: Safe Services

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

Staff were not knowledgeable on the types of abuse, the action to take in response to safeguarding concerns and some staff could not identify the designated liaison officer.

16. 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:

Stewarts care have adopted the HSE Safe guarding vulnerable adults at risk of abuse national policy and procedures while we update our own internal policy. A HSE Awareness of abuse training has been commenced for all staff... The training supports staff in identifying and responding to allegations of abuse in an appropriate way. Each DC now has their own identified Designated officer. All staff are aware of this person and a pathway has been implemented to guide staff.

PIC discusses safeguarding /abuse and responding to abuse with staff and also at individual staff supervision. PIC will have responsibility for no more than 3 units. This will allow for direct supervision of staff

Proposed Timescale: 18/11/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A medical presentation did not form part of annual review of healthcare needs for a resident.

Healthcare plans were not developed for a number of identified healthcare needs of residents in order to guide the practice in the provision of care.

17. 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:

PIC will ensure RN's working in the areas of the DC complete the mandatory care planning training currently being implemented. PIC has sent a request to Director of nursing to include care staff in mandatory care plan training. Health care plans will be created for the identified health care needs.

Proposed Timescale: 15/12/2017

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:

Improvement was required to ensure staff were clear on the rationale for the administration of PRN (medicines only given as the need arises) medication.

Administration practices relating to hand hygiene required improvement.

Some medications were not signed by the person administering the medication.

18. 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 staff will be re-inducted in the 10 rights of medication management. The 10 rights of medication management will be highlighted in an area to guide staff on appropriate medication management. Ongoing refresher training in medication continues for each staff member. PIC will have responsibility for no more than 3 units. This will allow for direct supervision of staff

Proposed Timescale: 15/12/2017

Theme: Health and Development

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

The arrangements for the appropriate disposal of medications required improvement.

19. Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The policy on medication management has been reviewed and updated, the policy is currently being ratified. Staff will be asked to read the new policy and the policy will be discussed at the next staff meeting. The policy guides staff on the appropriate disposal of medication.

Proposed Timescale: 15/12/2017

Theme: Health and Development

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

Residents had not been assessed as to their suitability to self medicate.

20. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

Following a risk assessment and assessment of capacity, all residents will be assessed as to their ability to manage their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Proposed Timescale: 31/01/2018

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 arrangement for the person in charge to manage three designated centres comprising twelve units was not appropriate.

21. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The DC is being reduced in line with Stewarts Care improvement plan. PIC's are currently being identified. PIC will have responsibility for no more than 3 units so this will allow for direct supervision of staff

Proposed Timescale: 31/01/2018

Theme: Leadership, Governance and Management

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

The management system was not clearly defined at individual unit level.

Lines of accountability at unit level were not appropriate. The arrangement for staff at unit level to manage units on a day to day basis was not appropriate given their level of experience and scope of responsibilities.

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:

The DC is being reduced in line with Stewarts Care improvement plan. PIC's are currently being identified. PIC will have responsibility for no more than 3 units so this will allow for direct supervision of staff

Proposed Timescale: 31/01/2018

Theme: Leadership, Governance and Management

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

The management systems in place had not ensured the service was appropriate to residents' needs and consistently monitored, with actions implemented to identified issues.

The arrangement for a person in charge to provide emergency cover in the event the person in charge was on leave did not ensure the effective governance and operational management of the centre.

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:

The DC is being reduced in line with Stewarts Care improvement plan. PIC's are currently being identified. The PIC will have management of a small area and will be based locally in one of the areas being managed. PIC will have responsibility for no more than 3 units. New arrangements for emergency cover is currently being identified and will be in place over coming weeks.

Proposed Timescale: 31/01/2018

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory

requirement in the following respect:

Concerns raised by staff in relation to the provision of care and support were not consistently acted upon.

24. Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

The DC is being reduced in line with Stewarts Care improvement plan. PIC's are currently being identified. The PIC will have management of a small area and will be based locally in one of the areas being managed. PIC will have responsibility for no more than 3 units. This will allow for direct supervision of staff.

Proposed Timescale: 31/01/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Deficits in staff knowledge were identified in one area of care provision relating to prescribed medications.

25. Action Required:

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

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

The policy on medication management has been reviewed and updated, the policy is currently being ratified. Staff will be asked to read the new policy and the policy will be discussed at the next staff meeting. The policy guides staff ensuring all prescribed medications are appropriately managed.

Proposed Timescale: 15/12/2017

Theme: Responsive Workforce

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

Evidence was not available to confirm one staff member had received induction training.

26. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to

appropriate training, including refresher training, as part of a continuous professional development programme.

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

All staff receive induction training .there is a revised induction package recently created. This will be implemented from the 20/11/2017.

Proposed Timescale: 30/11/2017

Theme: Responsive Workforce

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

Staff were not appropriately supervised on a consistent basis.

27. Action Required:

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

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

The DC is being reduced in line with Stewarts Care improvement plan. PIC's are currently being identified. The PIC will have management of a small area and will be based locally in one of the areas being managed. PIC will have responsibility for no more than 3 units. New arrangements for emergency cover is currently being identified and will be in place over coming weeks

Proposed Timescale: 31/01/2018