

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adult Services Palmerstown Designated Centre 8
Centre ID:	OSV-0004103
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Brendan O'Connor
Lead inspector:	Thomas Hogan
Support inspector(s):	Conan O'Hara
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 October 2017 09:10	05 October 2017 18:45
06 October 2017 08:40	06 October 2017 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an announced inspection to assess the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's assessment of application to renew the registration of this designated centre. It was the Health Information and Quality Authority's (HIQA) third inspection of this designated centre and it was completed over two days.

Description of the service:

The service provider had produced a statement of purpose which outlined the service provided within this designated centre. The centre comprised of four separate units based in community settings in West County Dublin. The centre provided residential services and supports to six persons and at the time of inspection there were two vacancies.

How we gathered our evidence:

The inspectors met with all six of the residents availing of the services of the designated centre and spoke in detail with five residents. The inspectors also spoke with staff members, the person in charge, the programme manager, and the director of care. Various sources of documentation, which included the statement of purpose, residents' files, centre self-monitoring records, policies and procedures, risk assessments etc., were reviewed as part of this inspection. A full walkthrough of the designated centre was completed by inspectors in the company of the person in charge.

Additionally, in assessing the quality of care and support provided to residents, the inspectors spent time observing staff engagement and interactions with residents. Six questionnaires completed by residents, relatives or friends were reviewed by the inspectors and found that themes emerged relating to both positive and negative experiences in the designated centre. Suggestions for areas of improvement in service delivery were outlined by the respondents which included the importance of regular and consistent staffing. All respondents stated that they felt well cared for in the designated centre.

Overall judgment of our findings:

18 outcomes were inspected against as part of this inspection and the inspectors observed a high level of non-compliance with the Regulations. Five of the outcomes inspected against were found to be in major non-compliance with the Regulations. Some issues which contributed to high levels of non-compliance included the absence of appropriate follow up on incidents of potential abuse, the absence of notification of incidents of potential abuse to HIQA as required, staff knowledge of healthcare needs of residents was found not to be satisfactory, and governance and management systems failed to identify concerns found. These findings, along with further details, can be found in the body of the report and accompanying action plan.

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):

No actions were required from the previous inspection.

Findings:

Overall, inspectors found that residents were consulted on the running of the centre. However, areas of non-compliance with the Regulations were identified relating to residents' finances and the recording of complaints.

Inspectors found that residents were consulted about how the centre was run. For example, monthly meetings were held. A review of the minutes of these meetings and discussions with residents demonstrated that a range of topics were discussed including weekly menus, activities and residents' rights.

There was a complaints policy in place in the designated centre (dated January 2013). The procedures to be taken when making complaints were on display in an easy read version on the walls in the units of the designated centre. The inspectors reviewed the complaints log and it was not evident that all complaints were effectively managed. This was discussed at the feedback meeting and the organisation was in the process of reviewing the practice in relation to complaints. Residents spoken with were clear on who they would complain to if they had a concern.

Inspectors observed staff treating residents with dignity and respect. Intimate care plans were in place for residents who required them. Inspectors reviewed a sample of these plans and found that they guided staff to support the resident in line with their needs and preferences.

There were policies in place for residents' personal possessions. Inspectors found that residents' finances were managed at unit level and organisational accounts were in place

for each individual. Staff members supported residents to access funds from these accounts for recreational use. Samples of residents' financial records were viewed and inspectors found that appropriate systems were not in place for ensuring that expenditure relating to residents' finances took place in accordance with the written agreements. For example, inspectors identified that a residents had paid for a prescribed medical support. Assurances were provided to inspectors by the person in charge that the resident in question would be refunded for the cost of the prescribed medical support.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found that overall; residents were supported through effective interventions to ensure that communication needs were met.

A policy on communication with residents (dated June 2014) was in place and available in the designated centre at the time of inspection, however, this had not been reviewed as required and updated as required on at least a three yearly basis. This matter will be addressed under Outcome 18 later in the report.

Inspectors viewed a sample of communication plans and found that they appropriately outlined the supports required to meet the communication needs of residents, including how residents communicated likes and dislikes, however, not all communication passports were found to have been reviewed on at least an annual basis as part of assessment or planning processes.

One resident spoken with by inspectors outlined that literacy classes were provided on a one to one basis and that their participation was contributing positively to an improvement in their confidence levels and achieving a longer term personal goal of securing paid employment.

Staff, spoken with by inspectors, were aware of residents' different communication needs and outlined supports in place to ensure identified communication needs were appropriately met.

Residents were observed to have access to televisions, news papers and radios at the time of inspection. Some residents spoken with had their own mobile phones. However, residents did not have access to the internet in the centre. The representative of the registered provider highlighted that providing access to internet for residents did not form part of short term plans in the organisation and instead stated that residents had to arrange access individually and through private contracts.

Judgment:

Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Overall, inspectors found that the positive relationships between residents and families were supported and families were kept informed of residents' wellbeing.

Residents spoken with by inspectors outlined that families were involved in the personal planning processes and reviews. Inspectors found that residents were facilitated to receive visitors in the designated centre and to meet with friends and family in private.

A visitors policy in place (dated February 2014) was found to be in place in the designated centre.

Evidence was available of involvement in community activities with residents undertaking social roles in a variety of contexts including part time paid employment, involvement in a service user council, participating in local community voluntary groups, and sporting groups.

Judgment:

Compliant

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):

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

Findings:

Inspectors found that there were substantial misunderstandings amongst the senior management team of the designated centre, and wider organisation, regarding additional charges which were to be incurred by residents. In addition, inspectors found that contracts of care in place for residents did not reflect practices in place in the designated centre at the time of inspection.

A review of contracts of care in place for residents found that Section 5.2 'Other Charges' did not specify that residents could incur additional charges in the form of transportation fees. This section stated that the organisation would "...facilitate social programmes" and that residents may be "...asked for a contribution towards these programmes". The criteria for incurring contributions, or for what specific circumstances contributions would relate to, was found not to have been listed in the written agreement.

Inspectors found that long stay charges in place at the time of inspection were not reflective of charges agreed in the contract of care. Contracts of care found to be in place with residents had not been updated or reviewed since 2014 and as a result did not reflect the most recent long stay charges being incurred. This was confirmed by the person in charge at the time of inspection. A member of the finance department confirmed that residents were charged as per the 'residential support services maintenance and accommodation contributions' guidelines (March 2017).

The person in charge outlined that the practice of residents paying for transportation costs was agreed with senior management and was standard practice, however, the criteria for applying charges was not found outlined in any organisational policy. When the director of care was spoken with regarding this matter they stated that no residents were incurring any charges associated with transportation.

A review of taxi charges incurred by residents found that a total of €366.30 was paid for 26 taxi fares by residents in a one month period in the designated centre. The criteria for charging residents for the fares, or the organisation paying for same, was not clear and fares which were incurred by residents included going to a local church, to a local shopping centre, and to the campus services of the provider. Inspectors found that fares were incurred both during and after day service times.

A policy relating to admissions, including transfers, discharge and the temporary absence of residents (reviewed June 2016) was found to be in place in the designated centre at the time of inspection.

Judgment:

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall, inspectors found that residents had opportunities to participate in meaningful activities in line with their interests and preferences. However, opportunities were not set out in a framework of assessments of need and personal plans. Areas which required improvement were identified which included assessment and planning arrangements, the achievement of goals, and the supports provided to maximise residents' personal development, and transition planning.

Assessments of needs on residents' files were found not to have been completed annually. The focus of assessments of need was on four main areas: self-care, risk, independence, and health. There was no assessments completed in the areas of personal and social care needs of residents. In one instance, an assessment of need on file was not fully completed. Assessments were not signed by person(s) completing them and as a result inspectors were unable to ascertain what staff members were involved in the process and if members of the allied health professional team had input.

A range of plans were in place for residents, however, inspectors found that these did not guide staff practice and there was no evidence available of appropriate reviews of plans. Records of reviews did not indicate the staff grade of the person(s) completing the review, and did not outline if there was allied health professional inputs involved in this process. Reviews focused on health of residents and acted instead as an update forum on health related issues. In the case of one resident, inspectors found that no inputs or notes have been made regarding 'safety and security' and 'safety in the house' goals in a period of over five months. In the case of another resident, no entry was found to have been made to 'providing a safe environment' plan since December 2016.

Since the time of the last inspection one resident was found to have been discharged and had moved to another centre within the wider organisation. This was found to have had adequately addressed concerns relating to compatibility of residents identified at the

time of the last inspection. In time since this discharge another resident had been identified for admission to the designated centre, and on the day of inspection was found to have spent the previous night in the new setting as part of a phased transition. Inspectors reviewed the transition plan in place for this resident and found that it was partially completed and had not been made available to staff prior to the resident being present in the designated centre.

A sample of residents' files relating to activity levels were reviewed by inspectors and it was found that one resident had 44 entries for a one month period, while another resident had 71 entries for a two month period. Activities included visiting families, painting, music, attending day services, horticulture, watching television, swimming, shopping, relaxing, attending church, going to the hairdresser, day outings and 'cleaning up'. Residents spoken with by inspectors indicated that they were satisfied with and enjoyed the activities undertaken while availing of the services of the designated centre.

The inspectors found that weekly group meetings were being held with residents to discuss issues such as the service user council, activity planning, residents' rights, special funding requests, staff on duty on the upcoming week, and menu planning. In addition, it was found that monthly key worker sessions were being completed.

Judgment:

Non Compliant - Moderate

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:

Overall, inspectors found that the location, design and layout of the designated centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely manner. However, actions from the previous inspection were found not to have been satisfactorily implemented and areas of improvement were identified in two areas of the designated centre.

In one building of the designated centre all areas required remedial painting and decorating works. Paint was found to be chipping off walls, plaster board was found to

be damaged, and there were extensive markings on walls in three areas. Windows required cleaning throughout this building and carpets in some areas were found to be unkempt. In another unit of the designated centre a floor in a bedroom area was found to be damaged and a wall in a second bedroom required painting. All other areas of the designated centre were found to be well maintained on the day of inspection.

Suitable equipment, aids and appliances were found to be in place to support and promote full capabilities of residents. Adequate facilities for residents to launder their own clothes, if they so wished, were in place in all areas of the designated centre.

Suitable arrangements for the safe disposal of general waste were in place. There was no clinical waste in use in the designated centre at the time of inspection.

Judgment:

Non Compliant - Moderate

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:

Inspectors found that while improvements had been made in the area of health and safety and risk management since the time of the last inspection, further improvements were identified and these were brought to the attention of the person in charge, persons participating in management, and the representative of the registered provider.

There was a risk management and emergency planning policy (reviewed in June 2014) in place in the designated centre, however, this had not been reviewed and updated on at least a three yearly basis. Similarly, a policy in place for incidents where residents go missing (dated June 2013) was not reviewed and updated in the required three yearly timeframe. A local site specific health and safety statement (dated September 2017) was found to be in place in the designated centre.

While inspectors found that improvements were made in the area of risk management since the time of the last inspection, the area of incident management was identified as requiring further improvement. Incidents which had occurred in the designated centre did not have corresponding incident records available in all cases. In one area of the designated centre, a review of one resident's file indicated that at least eight incidents had occurred in a one month period since the time of the last inspection. A staff member spoken with by inspectors, who was leading the shift at the time, stated that

only two incidents had occurred in total in the designated centre in the previous four months. In the case of the eight incidents, inspectors found that no follow up had taken place in response to ensure that appropriate control measures were in place to reduce the likelihood of reoccurring.

Inspectors found that suitable fire equipment was provided in the designated centre and these were serviced as required at regular intervals. All emergency fire exits were found to be unobstructed at the time of inspections, however, one exit led to a completely enclosed garden area and staff members who identified this as an emergency fire exit were unable to outline how residents, staff, and visitors could assemble at the official fire point in the event of an emergency if this exit was used.

The procedure for the evacuation of residents, staff, and visitors was prominently displayed in the designated centre. A review of 'personal emergency evacuation plans' (PEEP) found that the mobility and cognitive understanding of residents was adequately accounted for. All staff members employed in the designated centre were found to have had completed fire training in the previous 12 months. However, a staff member spoken with by inspectors, who was leading a shift in one area of the designated centre at the time, stated that despite having never had never completed a fire drill in the designated centre they were somewhat confident that everyone could be evacuated safely in the event of a fire. A review of records highlighted that 41.7 percent of staff had never completed a fire drill in the designated centre.

A resident identified as being a high risk of falls in a risk assessment for evacuating the designated centre in the event of a fire, was found not to have had a specific risk assessment in place for falls, to have had additional control measures in place, or appropriate follow up with appropriate members of the multidisciplinary team.

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:

Inspectors found that appropriate measures were not in place in the designated centre to protect residents from being harmed or experiencing abuse. Appropriate action was not taken in response to allegations or suspicions of abuse in the designated centre.

Ten incidents of potential abuse towards residents were found in the designated centre by inspectors through reviewing a sample of residents' files. Nine of these incidents were found to not have had any follow up as per the safeguarding vulnerable persons at risk of abuse national policy and procedures (Health Service Executive, 2014) document. One incident which had been notified to HIQA, and which had been brought to the attention of the Health Service Executive (HSE) regional safeguarding and protection team as per the national policy, was found not to have a corresponding safeguarding plan in place in the designated centre.

The representative of the registered provider outlined that there were ongoing concerns within the centre relating to the identification and reporting of allegations of abuse. Terms of reference for an internal committee which was established to review these concerns, and concerns relating to other designated centre in operation by the organisation, was provided to inspectors.

A review of staff training records found that 41.7 percent of staff members employed in the designated centre had not completed mandatory training in the area of 'safeguarding vulnerable persons awareness programme'. Staff knowledge was found to be mixed regarding identifying the types of abuse and the appropriate actions to take in response to witnessing or suspecting abuse.

An adult protection policy (reviewed September 2016) was found to be in place in the designated centre. A policy on responding to behaviours of concern - proactive and reactive strategies (dated June 2016) was also found to be in place. While there was a policy on intimate and personal care in place, this was found not to have been reviewed in May 2016 as listed as being required.

A resident identified as having behavioural support needs by staff members was found not to have an up-to-date positive behavioural support plan in place. The support plan (dated April 2008) in place at the time of inspection had not been reviewed or updated in accordance with the required stated dates of the document. Evidence of referrals to the appropriate members of the multidisciplinary team were available to inspectors.

No restrictive practices were found to be in place in the designated centre on the day of inspection.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Inspectors found that records of all incidents occurring in the designated centre were not maintained, and where required, notified to the chief inspector. Nine incidents of potential abuse towards residents were found not to have been notified as required to the Chief Inspector of Social Services. The representative of the registered provider acknowledged the concerns of inspectors in this regard and confirmed that an internal committee had been established to review this matter.

Judgment:

Non Compliant - Major

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors found that residents had some opportunities for new experiences, social participation, education, training and employment. However, at the time of inspection it was found that no policy was in place relating to access to education, training and development for residents.

Three residents availing of the services of the designated centre were found to have had paid part time employment. In addition, one resident was engaging in literacy classes which were arranged and supported by the designated centre. Despite these examples, inspectors found that overall there was an absence of systems and processes in place to establish residents' individual educational, employment and training needs.

Judgment:

Non Compliant - Moderate

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, inspectors found that residents were not appropriately supported to achieve and enjoy the best possible health.

Inspectors found that while residents' health care needs were met through timely access to health care services, individual residents' health needs were not appropriately assessed or met by the care provided in the designated centre. Assessments were found not to have been completed on at least an annual basis for all residents. In addition, no resident in the designated centre was found to have had an annual medical check up completed in the previous 12 month period. Some identified health care needs were found not to have health care plans in place. These needs included skin conditions and mental health conditions. Where health care plans were in place in the designated centre, these were found not to sufficiently guide staff practice. In addition, inspectors found that plans were not reviewed on at least an annual basis with multidisciplinary inputs.

Inspectors spoke with two staff members in one area of the designated centre regarding the health care needs of residents. One staff member was acting as shift leader on the day of inspection and the second staff member was working in the centre for the first time. There were no other staff members employed in this area on the day of inspection. Inspectors were not assured that either staff member were satisfactorily knowledgeable of the healthcare needs of residents.

Two residents were spoken with regarding healthcare needs and inspectors found that overall residents did not have access to a medical practitioner of their choice or one that was acceptable to them. One resident outlined to inspectors that they were unhappy with the manner in which medical practitioners were allocated to residents and stated that no choice was offered despite raising this issue with a social worker and with the person in charge previously.

A mealtime was observed by inspectors in one area of the designated centre and it was found to be a pleasant experience for all involved. Food served was found to be prepared in house, nutritious, appetizing and available in sufficient quantities. Residents were encouraged to participate in the preparation of meals in the designated centre and snacks and drinks were available between mealtimes.

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:

Overall, inspectors found that residents were not adequately protected by the designated centre's policies, procedures and practices relating to medication management.

The inspectors viewed the storage arrangements for medications in the designated centre and observed that medication contained in a drug cabinet relating to one resident had expired.

A sample of PRN (medication taken as the need arises) protocols were reviewed by the inspector. It was found that while all PRN medications prescribed had corresponding PRN protocols in place, the language used did not make explicitly clear the criteria for administration of these medications. A staff member spoken with by inspectors, with responsibility for administering medications to residents, was unable to explain the language used on a PRN protocol regarding the criteria for administering a medication. The staff member confirmed that they would not administer this medication as a result of the lack of clarity provided.

The inspectors found that a capacity and risk assessment was completed for one resident relating to the self-administration of medications. The person in charge confirmed that similar assessments were not completed for the remaining residents. One resident for whom the capacity and risk assessments had not been completed, informed inspectors that they wished to self-administer medications.

Staff knowledge relating to medication management was found not to be satisfactory at the time of inspection. One staff member spoken with, who had responsibility for the administration of medication on the day of inspection, was unable to satisfactorily outline the actions required to be taken in the event of a medication error occurring. Two staff members in other area of the centre, with similar responsibilities, demonstrated sufficient knowledge on how to manage a medication error. None of the three staff members spoken with by inspectors could correctly identify the ten checks undertaken when administering medications to residents.

A policy for the safe administration of medications (dated October 2016) was found to be in place in the designated centre, however, this was not reviewed in the timeframe required as per the document.

A range of audits were found to have been completed in the designated centre relating to medication management. These included weekly audits of residents' medication administration recording sheets, daily loose medication audits, monthly stock checks, and monthly medicinal product audits.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was a written statement of purpose in place in the designated centre at the time of inspection. Some minor areas for improvement were found to be contained within this document and the inspector provided the person in charge and registered provider an opportunity to rectify these during the time of inspection. A revised statement of purpose was made available before the conclusion of the inspection. This document was found to contain all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment:

Compliant

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:

Inspectors found that effective management systems were not in place in the designated centre to support and promote the delivery of safe, quality care to residents. It was found that provider had continued to fail to provide a safe and reliable service in which residents' needs were appropriately met and protected from abuse. In addition, it was found that there was inadequate monitoring of the service taking place.

Five individual six monthly unannounced visits were found to have been completed within the designated centre across the four areas of which it was comprised. In two areas of the designated centre, unannounced visits were recorded as having taken place on 15 November 2016. In a third area, unannounced visits were completed on 17 May 2017 and on 29 September 2017. In a fourth area of the designated centre, one unannounced visit was recorded as having taken place on 03 October 2017. The written reports prepared on the safety and quality of care and support at the times of the unannounced visits were found to be partially completed and failed to identify issues of concern found during the inspection process.

One six monthly unannounced visit was found not to have consulted with residents and their representatives as part of the process.

Minutes of governance and management meetings were provided to the inspectors and included operational management team meetings, care management team meetings, executive team meetings, and quality steering committee meetings. The inspectors found, however, that the person in charge was not present at any of aforementioned meetings for which minutes were available.

The scope of the person in charge, with responsibilities for managing four designated centres comprised of 13 separate units, was found not to be satisfactory by the inspectors. The arrangements in place for the absence of the person in charge were also found not to be satisfactory with only the on-call person providing phone support to staff and residents during these periods. It was found that no accountable person was in place in any of the four units which made up this designated centre.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated

centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found that the representative of the registered provider was aware of requirements to notify the chief inspector of proposed absences of the person in charge of 28 days or more. The person in charge was found not to have had an absence of 28 days or more since the time of the last inspection.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Inspectors found that the designated centre was not adequately resourced with transport vehicles to support residents while engaging in meaningful activities and achieving personal goals. Staff and residents were reliant on public transport and the use of taxis to travel to and from day services, to appointments, to visit families, and to participate in all activities. In some cases, as outlined previously in Outcome 1, residents were found to have incurred the costs of taxis. Staff members spoken with expressed concerns regarding this practice of charging taxi costs to residents' accounts.

Judgment:

Non Compliant - Moderate

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:

Inspectors found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services on the day of inspection. However, staff members were found not to be sufficiently knowledgeable of residents' needs and support requirements and there was an overreliance on agency staff in the designated centre.

Rosters for the designated centre for a two month period were reviewed by inspector. It was found that in two areas of the designated centre there was an overreliance on agency staff. In a further two areas, relief staff were employed on a regular basis. The use of agency and relief staff was found to have an impact on the continuity and consistency of care and support for residents availing of the services of the designated centre. Despite this, inspectors observed that residents received assistance, care and support in a respectful, timely and safe manner.

Staff training records for mandatory courses were reviewed by inspectors and it was found that only two of the mandatory categories had been completed by all staff members employed in the designated centre.

Inspectors met and spoke with staff members and found that overall the knowledge of residents' needs and support requirements was not satisfactory. For example, in one area of the designated centre, two staff members on duty were not aware of mental health conditions of residents. In another area, a staff member who had just completed an induction to the area on the day of inspection was not aware that a resident had epilepsy or what actions to take if that resident experienced seizure activity. Staff members were found not to be aware of all policies and procedures relating to the general welfare and development of residents.

A sample of staff files were reviewed and it was found initially that two files did not contain all of the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. By the end of the inspection this matter was rectified by a member of the human resources team and all required documentation was in place in the sample of files selected by inspectors.

Inspectors found that staff members were not supervised appropriate to their role either formally or informally. Supervision records for a sample of staff members employed in the designated centre were reviewed by inspectors and it was found one-to-one

meetings held had periods between meetings greater than the periods required and outlined by the person in charge.

The person in charge confirmed that no volunteers were employed in the designated centre.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Inspectors found that records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not maintained so as to ensure completeness, accuracy and ease of retrieval. The designated centre was found not to have all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 in place at the time of inspection.

A review of the designated centre's directory of residents found that all required information was not listed. Inspectors reviewed policies available in the designated centre and found that one policy relating to access to education, training and development was not in place. In addition, 11 further policies were found not to have been reviewed and updated in accordance with best practice in at least three yearly intervals as required. Seven further policies were found to be in place and had been reviewed and updated in the required timeframe.

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:

Thomas Hogan
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-0004103
Date of Inspection:	05 & 06 October 2017
Date of response:	20 December 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:

Inspectors found that in once instance a resident's finances were used to pay for a prescribed medical support.

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 cost of prescribed medical support has been refunded to the resident.

The Finance policy is under review and is due to be available to guide practice in January 2018.

Proposed Timescale: 31/01/2018

Theme: Individualised Supports and Care

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

It was not evident all complaints were managed appropriately

2. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

Current Complaints policy is under review and is due to be completed by end of December 2017. This in turn will guide practice and the complaints log of each unit will be reviewed during all monthly meetings.

Proposed Timescale: 01/01/2018

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Inspectors found that residents did not have access to the internet in the designated centre at the time of inspection.

3. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

The internet is available for residents who wish to use it.

Proposed Timescale: 01/12/2017

Theme: Individualised Supports and Care

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

Communication plans in place for two residents were found to not have been reviewed on at least an annual basis as part of assessments of need or individual planning processes.

4. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

The response submitted by the provider for this action did not satisfactorily address the failings identified.

Proposed Timescale:

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

1. Additional charges incurred to residents relating to transportation costs were not outlined in written agreements and the circumstances in which they were applied were not made clear

2. Residents' written agreements did not reflect long stay charges being applied at the time of inspection.

5. Action Required:

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

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

1. Currently all transportation costs are covered by the organisation. The Finance policy is under review and is due to be available to guide practice in January 2018.

2. New Contracts of Care will in turn be made available and will identify all expenses including Long Stay charges.

Proposed Timescale: 31/01/2018

Outcome 05: Social Care Needs

Theme: Effective Services

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

Reviews of personal plans did not include the assessment of the effectiveness of the plans.

6. Action Required:

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

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

As part of the new 'care planning programme' been introduced, the review of the effectiveness of each personal plans will be assessed.

Proposed Timescale: 01/06/2018

Theme: Effective Services

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

Personal plans were found not to have been the subject of a review on at least an annual basis with multidisciplinary inputs.

7. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

As part of the new 'care planning programme' been introduced, the review of personal plans will occur 6 monthly with Multidisciplinary inputs and included during the six monthly service reviews.

Proposed Timescale: 01/06/2018

Theme: Effective Services

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

Comprehensive assessments were found not to have been completed, by an appropriate health care professional, of the health, personal and social care needs of all residents on at least an annual basis.

8. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The response submitted by the provider for this action did not satisfactorily address the failings identified.

Proposed Timescale:**Outcome 06: Safe and suitable premises**

Theme: Effective Services

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

1. Inspectors found that remedial painting and decorating works were required to be completed in two areas of the designated centre.
2. Damage to a floor in a bedroom area required repairs.

9. 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:

All issues identified have been assessed and remedial works will be undertaken.

Remedial painting to two areas of the designated centre.

Damage to bedroom floor to be repaired.

Proposed Timescale: 28/02/2018**Outcome 07: Health and Safety and Risk Management**

Theme: Effective Services

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

Incidents had occurred in the designated centre which were not identified as such, and there was an absence of recording, investigation of, and learning from such incidents.

10. 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 'Response to an Incident Flowchart' has been developed.

Each incident is screened for possible safeguarding issues, any need for additional clinical supports and for any health and safety issues, if so they will be addressed. All incidents are reviewed by the Person in Charge/Support Manager within 24 hours. All incidents will be discussed at staff meetings

A central database is kept of all incident screenings and the database is reviewed daily by the Programme Managers.

Proposed Timescale: 01/12/2017

Theme: Effective Services

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

A resident described as having a high risk of falls did not have a specific risk assessment relating to falls completed, or have control measures in place to reduce this risk.

11. 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:

The response submitted by the provider for this action did not satisfactorily address the failings identified.

Proposed Timescale:

Theme: Effective Services

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

Inspectors were not assured that all staff employed in the designated centre were aware of the procedures to be followed in the case of fire.

12. Action Required:

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

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

1. All staff will receive on site fire training delivered by the person in charge. This will include the location of exits, supports needs of residents during an evacuation, the location of fire-fighting equipment.

The induction of agency staff will include the same.

2. The person in charge has audited fire training records and where refresher training is due, this has been scheduled.

3. The fire evacuation plans have been updated.

Proposed Timescale:

1. 31/12/17
2. 31/01/18
3. 20/12/17

Proposed Timescale: 31/01/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Positive behavioural support plans in place were found not to have been reviewed as part of the personal planning process.

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:

The Person in Charge has completed an audit of behaviour support plans requiring review. Where a need for behaviour support plan is identified, the psychology department has commenced review of same, with house staff beginning to track behaviours of concern using ABC sheets with a view to meeting with a member of the Psychology department in January 2018.

Proposed Timescale: 31/01/2018

Theme: Safe Services

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

41.7 per cent of staff members employed in the designated centre had not completed

mandatory training in the area of 'safeguarding vulnerable persons awareness programme'.

14. 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:

The response submitted by the provider for this action did not satisfactorily address the failings identified.

Proposed Timescale:

Theme: Safe Services

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

1. Inspectors found that safeguarding plans were not in place, and were not made available to staff members and as a result were not aware of their content and listed control measures.

2. Staff knowledge was found to be mixed regarding identifying the types of abuse and the appropriate actions to take in response to witnessing or suspecting abuse.

15. 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:

The response submitted by the provider for this action did not satisfactorily address the failings identified.

Proposed Timescale:

Theme: Safe Services

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

Inspectors found that nine incidents of potential abuse towards residents did not have any investigation completed or ongoing, or have associated actions in place post incidents.

16. 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:

The response submitted by the provider for this action did not satisfactorily address the failings identified.

Proposed Timescale:**Outcome 09: Notification of Incidents**

Theme: Safe Services

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

Inspectors found that notifications to the chief inspector, within three working days, of allegations, suspected or confirmed, of abuse of residents were not made in the designated centre.

17. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

There is now a 'Pathway Flow chart for any and all safeguarding concerns' within the organisation.

A new system of designated officer training has been put in place. The number of designated officers has been increased.

The Person in Charge/PPIM will comply with the regulatory requirement of providing three days notifications as required of the occurrence of any allegation, suspected or confirmed, abuse of any resident.

Proposed Timescale: 01/12/2017**Outcome 10. General Welfare and Development**

Theme: Health and Development

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

Inspectors found that no policy was in place, as required, in relation to access to education, training and development.

18. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The response submitted by the provider for this action did not satisfactorily address the

failings identified.

Proposed Timescale:

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Inspectors found that residents did not have access to a medical practitioner of their choice or one that was acceptable to them

19. Action Required:

Under Regulation 06 (2) (a) you are required to: Ensure that a medical practitioner of the resident's choice or acceptable to the resident is made available.

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

The person in charge has discussed GP options with all service users and where a resident has indicated a change, this process is underway.

Proposed Timescale: 31/01/2018

Theme: Health and Development

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

1. Inspectors found that assessments were found not to have been completed on at least an annual basis for all residents.

2. No resident in the designated centre was found to have had an annual medical check up completed in the previous 12 month period

3. Some identified health care needs were found not to have health care plans in place.

4. Where health care plans were in place in the designated centre, these were found not to sufficiently guide staff practice.

5. Inspectors found that plans were not reviewed on at least an annual basis with multidisciplinary inputs.

6. Inspectors were not assured that staff members were satisfactorily knowledgeable of the healthcare needs of residents.

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:

The response submitted by the provider for this action did not satisfactorily address the failings identified.

Proposed Timescale:

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:

1. Inspectors observed that medication contained in a drug cabinet relating to one resident had expired.
2. Criteria for administering PRN medication was not made clear to staff members with responsibility for administering such medications as the language used within protocols was of a medical nature and was not familiar to them.
3. Staff knowledge relating to medication management was found not to be satisfactory the time of inspection.

21. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

The response submitted by the provider for this action did not satisfactorily address the failings identified.

Proposed Timescale:

Theme: Health and Development

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

Inspectors found that risk assessments and assessments of capacity were not completed for all residents regarding the self administration of medication.

22. 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:

Capacity assessment for the self-administration of medication and related risk assessments will be completed for all residents in line with the revised Medication Management policy.

Proposed Timescale: 01/02/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The scope of the person in charge, with responsibilities for managing four designated centres comprised of 13 separate units, was found not to be satisfactory by the inspectors.

23. 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 scope of the Person in Charge will be addressed by the reconfiguration of all Designated Centres within the organisation. Persons in Charge will only be responsible for one Designated Centre.

This designated centre itself has also been reconfigured from a 4 unit centre to a 3 unit centre.

Proposed Timescale: 01/02/2018

Theme: Leadership, Governance and Management

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

Governance and management systems in place at the centre had not identified concerns found on the day of inspection.

24. Action Required:

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

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

A new system of designated officer training has been put in place. The number of

designated officers has been increased.
 There is now a 'Pathway Flow chart for any and all safeguarding concerns' within the organisation.
 All 6-monthly Service Provider unannounced audits will identify safeguarding concerns. Safeguarding team will continue to closely monitor all safe guarding concerns.

A new 'Response to an Incident Flowchart' has been developed.
 Each incident is screened for possible safeguarding issues, or if there is any need for additional clinical supports and for any health and safety issues – where all will be addressed.
 All incidents will be discussed at staff meetings

A central database is kept of all incident screenings and the database is reviewed daily by the Programme Managers.

Healthcare audits will also be checked by the Director of Nursing during the six monthly service reviews.
 The reconfigurations of the Designated centres will facilitate improved governance and management processes.

Proposed Timescale: 01/02/2018

Theme: Leadership, Governance and Management

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

Six monthly unannounced visits to the designated centre were found not to have been satisfactorily completed.

25. Action Required:

Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

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

The HIQA template will be fully used to monitor the safety and quality of care and support provided in the centre at least on a six-monthly basis and will be actioned accordingly.

Proposed Timescale: 31/12/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

Inspectors found that the designated centre was not adequately resourced with transport vehicles to ensure the effective delivery of care and support to residents.

26. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The service provider is currently covering all transport costs if public transport is not utilised. A review of transportation costings is being carried out as part of organisation review.

A revised Finance policy is expected Jan 2018 which in turn will guide practice.

Proposed Timescale: 31/01/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Inspectors found that the use of agency and relief staff had an impact on the continuity and consistency of care and support for residents availing of the services of the designated centre.

27. 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 submission has been made to the HSE for funding to address the staffing deficit for safeguarding reasons. Until this is approved, all attempts will be made to ensure regular agency staff is requested and deployed.

The reconfiguration of the designated centres, will ensure regular and familiar staffing will support continuity and consistency of care and support to residents.

Human Resources Dept continues with a recruitment process to employ suitably qualified staff to address staff deficits

Proposed Timescale: 01/02/2018

Theme: Responsive Workforce

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

Inspectors found that staff members were not appropriately supervised.

28. 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:

Due to the reconfiguration of the designated centre, the scope of the Person in Charge will facilitate and support that all staff will be supervised quarterly as per policy.

Proposed Timescale: 01/02/2018

Theme: Responsive Workforce

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

Staff training records for mandatory courses were reviewed by inspectors and it was found that only two of the mandatory categories had been completed by all staff members employed in the designated centre.

29. 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 to have completed all mandatory courses.

Proposed Timescale: 31/12/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

A policy relating to access to education, training and development was found not to be in place in the designated centre.

30. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

A letter has been submitted to the Chief Inspector by the Office of the Chief Executive (20/11/17) outlining the time scale in which all policies will be reviewed.

Proposed Timescale: 31/03/2018

Theme: Use of Information

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

Inspectors found that 11 policies listed in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were found not to have been reviewed and updated in accordance with best practice in at least three yearly intervals as required.

31. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

A letter has been submitted to the Chief Inspector by the Office of the Chief Executive (20/11/17) outlining the time scale in which all policies will be reviewed.

Proposed Timescale: 30/03/2018

Theme: Use of Information

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

Inspectors found that required information was not contained in the directory of residents.

32. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The Directory of Residents has been updated.

Proposed Timescale: 20/12/2017

