<table>
<thead>
<tr>
<th>Centre name</th>
<th>Adults Services Palmerstown Designated Centre 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID</td>
<td>OSV-0003902</td>
</tr>
<tr>
<td>Centre county</td>
<td>Dublin 20</td>
</tr>
<tr>
<td>Type of centre</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider</td>
<td>Stewarts Care Limited</td>
</tr>
<tr>
<td>Provider Nominee</td>
<td>Brendan O'Connor</td>
</tr>
<tr>
<td>Lead inspector</td>
<td>Thomas Hogan</td>
</tr>
<tr>
<td>Support inspector(s)</td>
<td>Caroline Vahey</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on</td>
<td>29</td>
</tr>
<tr>
<td>the date of inspection</td>
<td></td>
</tr>
<tr>
<td>Number of vacancies on</td>
<td>1</td>
</tr>
<tr>
<td>the date of inspection</td>
<td></td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

**The inspection took place over the following dates and times**

From: 19 July 2017 08:00
To: 19 July 2017 19:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

Background to the inspection:
This was an unannounced inspection of the designated centre, the purpose of which was to inform a registration renewal decision, following an application to the Health Information and Quality Authority by Stewarts Care Limited. This was the third inspection of this designated centre. Significant concerns were identified during this inspection. Nine outcomes were inspected against.

Description of the service:
The designated centre was comprised of four units on a campus based setting. The centre provided residential services for 30 residents and there were 29 residents living in the centre at the time of inspection.

How we gathered our evidence:
Inspectors spoke with residents availing of the services of the designated centre, the person in charge, person participating in management, two clinical nurse managers, staff nurses, an activities staff member, and team members over the course of the inspection and discussed areas such as residents' needs, governance and management, safeguarding, healthcare, restrictive procedures, food and nutrition, medication management, health and safety and risk management, and social care.
Significant concerns identified by inspectors resulted in an immediate action being issued to the provider. Documentation such as personal plans, daily monitoring records, incident records, safeguarding plans, positive behavioural support plans, staff supervision records, staff rosters, and staff training records were also reviewed.

Overall judgment of our findings:
The inspectors found the service provided was not safe and had failed to ensure that residents were protected from abuse, and to ensure that residents' healthcare needs were met. There was evidence of institutionalised practice, and residents' right to a safe and appropriate service which also upheld their basic human rights was not evident on the day of inspection. Serious concerns were identified in the area of health and safety and risk management and an immediate action was issued to the provider. Inspectors were required to provide instruction on five occasions, such was the level of risk found in healthcare, medication management and appropriate resources to ensure safety during a mealtime.

All nine outcomes inspected against were found to be in major non-compliance with the Regulations. These findings are discussed in the following report and the 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:
The inspectors found that residents' rights, dignity and privacy were not upheld or respected in full due to the practices in the designated centre and as a result of the layout of one service area. There was evidence of institutional type practices in the designated centre.

In one unit it was observed that a resident had no access to a bathroom or shower room and had to use the en-suite facilities of another resident's bedroom. Staff confirmed that this practice would take place if the other resident was using the bedroom or asleep in bed at the time.

In another unit two residents were sharing a bedroom which was observed to be limited in space and did not promote the dignity or privacy of either individual. There was no use of privacy screens or curtains in place at the time of inspection.

One resident had not been supported appropriately with dressing on the day of inspection leading to the individual's trousers falling and unintentionally exposing himself. Staff confirmed that the resident was supposed to be wearing a belt and promptly assisted the resident with this to prevent reoccurrence.

In one unit inspectors observed a resident restrained in a reclined chair with a lap belt in place. Staff present stated that the resident could mobilise independently. The use of this restrictive procedure had been prescribed, however, inspectors found that it was not being used as outlined in the associated protocol. Staff present at the time confirmed that this restrictive procedure was used in response to reduced staffing levels.
Inspectors reviewed associated documentation and found that this restrictive procedure was used for 90 hours for this resident over a 19 day period prior to inspection.

Inspectors found that two residents in one unit were prescribed, and being administered, regular steroidal antiandrogen medication. A staff nurse working in the area confirmed that this medication was for inappropriate sexual behaviour. A review of documentation demonstrated that no indicators for use of this medication were recorded and in both cases the use of the medication was not considered as a restrictive practice. There were no risk assessments relating to the use of this medication, or forensic reports available for either resident. Inspectors were concerned with regards to the welfare and rights of both residents for whom this medication was prescribed. There was an absence of consent, evidence of consultation with the residents or their family members, or independent advocacy services relating to this matter on the file of either resident. A positive behaviour support plan was available for one of the residents, however, the document which was dated May 2015 made no reference to the sexual behaviours for which the steroidal antiandrogen medication was prescribed.

A complaints register for the designated centre was requested from the person in charge and person participating in management. While no complaints register was maintained, three written complaints received in the centre were presented to inspectors. These complaints related to a period between May 2015 and February 2016. Two of the three complaints had no evidence of follow up actions taken. None of the complaints indicated if the issues were satisfactorily resolved.

The complaints procedures for residents was not on display in any areas of the designated centre or available in an accessible format.

While one staff member confirmed that residents had independent advocacy input, there was no contact details on display for this service for residents or families.

Judgment:
Non Compliant - Major

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

**Findings:**
Inspectors found that each resident did not have opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. While personal plans had been completed, these were not reviewed on an annual basis and were found not to guide the practice of staff.

In one case a staff member confirmed that the personal plan in place for a resident had been completed and there were no outstanding goals. When the inspector reviewed the document it was created in December 2015 and had no formal review on an annual basis since that time. Inspectors identified that weekly activity plans in use were not informed by overarching annual plans in place for residents.

In two units of the designated centre there were significant concerns relating to opportunities for residents to engage in meaningful activities. Residents were observed spending prolonged unoccupied periods in the units and a review of activity records highlighted that the majority of activities available were unit and campus based. In the case of one resident, a total of six activities were completed external to the campus in the 19 days prior to inspection. For one group of five residents a combined total of six activities were completed external to the campus in a seven day period.

The person participating in management confirmed that audits of meaningful activities for residents were no longer taking place in the designated centre. Examples of entries in the activity logs included TV shows, meetings, psychiatry review, file nails, hand massage, music, books etc. In one unit the activity record was not complete for the previous week with the exception of one day. In another unit on the day of inspection, the staff nurse confirmed at 1pm that no resident had left the unit for any activity. Additional day activities staff were in place in two units, however, this was not consistent across the designated centre.

**Judgment:**
Non Compliant - Major

---

**Outcome 06: Safe and suitable premises**
*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Overall inspectors found the design and layout of the designated centre was not suitable for its stated purpose and meeting the individual and collective needs of residents in a comfortable and homely way.

The centre did not provide enough accommodation to meet the needs of residents. Space was restrictive in some bedrooms and does not allow for unrestricted movement. There were inadequate showering and bathing facilities in the centre - one resident had to use the en-suite facilities of another resident’s bedroom.

In one unit, there were steel toilets in place without toilet seats. There were hand washing facilities available for residents, however, there were no hand towels available in dispensers or waste facilities for disposing of used hand towels. In one bathroom hand towels were available, however, these were stored on the floor without packaging.

There were areas of dampness and mould visible on ceilings of several rooms and bathrooms in two units of the centre. In addition there were rooms with paint chipping from walls which required remedial works. In another unit a radiator cover inside the front door was extensively damaged.

Furniture in two areas of the designated centre was found to be damaged and in a poor state. In one case a staff member informed inspectors that replacement furniture had been ordered.

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:
Inspectors found that the health and safety of residents was not maintained, promoted and protected in the designated centre. Significant concerns were identified in fire safety, management of incidents, and the management of risk.

Inspectors found that nine emergency exits across all four units in the designated centre did not have keys readily available in the event of an emergency evacuation of the area. An immediate action was issued to the provider relating to this finding. In one case a
A staff member was unable to unlock an emergency exit with the available key.

Fire doors were observed to not be closing correctly across all four units of the designated centre. In one unit a fire door was observed to have been wedged opened. In addition there was no emergency lighting in place in three areas of one unit all of which contained an emergency exit. Signage for emergency exits was not in place in all areas of the designated centre.

In another unit two pieces of fire fighting equipment present were not serviced since November 2014. Other equipment in the same unit was found to have been serviced in November 2016.

Completed fire drill records were reviewed by inspectors in one unit of the designated centre and it was found that a night time drill in June 2016 was completed in an unsatisfactory time frame. There was no evidence available to inspectors which indicated that this had been repeated or control measures were put in place to mitigate the associated risks.

A review of incident reports for all four units was completed by inspectors. This review found that there were high numbers of incidents overall and specifically relating to self injurious behaviours, falls, and bruising. Inspectors found that there was a systemic absence of follow up to incidents which occurred in the designated centre. In cases of falls there was no multi-disciplinary input or review following some incidents, and in one instance a review subsequent to a fall did not make any reference to recent incidents which had occurred.

In the case of another resident, a ‘gait and balance’ care plan made no reference to the previous incidents of falls or the associated risk. The care plan recommended the use of a moving and handling belt to provide safe assistance to the resident when moving from one area to another, however, when staff were asked about this equipment it was confirmed that it was not used in practice.

Inspectors identified serious concerns in the management of risk which resulted in poor outcomes for residents and the ongoing exposure to harm. The inspectors found that there was a clear and substantial absence of arrangements for the identification, investigation of, and learning from serious incidents involving residents. Incidents which were potentially abusive in nature had not been identified and recognised as such and were not managed appropriately or reported to agencies as per legislative and national policy requirements.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness,
understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that residents had not been protected against abuse in the designated centre. There was a lack of knowledge and recognition of what constitutes abuse, as well as a lack of response across all levels of service provision to safeguarding concerns. The management team and provider were unable to provide inspectors with any evidence to confirm that safeguarding concerns or allegations were being reported to the Health Service Executive regional safeguarding and protection team as per national policy.

There was a policy in place on the prevention, detection and response to abuse, however, given the significant failings identified during the inspections, the inspectors were not assured that this policy was guiding practice. In one unit inspectors found that a total of 47 incident records were available of which 16 potentially met the definition of abuse. The incidents included peer to peer physical abuse, unexplained bruising to residents, and unexplained injuries to residents. There was no evidence of appropriate follow up in any of the 16 incidents and safeguarding plans were not in place at the time of inspection.

In one case a safeguarding plan was in place in response to a recent peer to peer abusive incident, however, a control measure listed under the actions taken section which stated that additional staffing would be put in place, was found to not have been implemented. Inspectors found that all three actions listed on the safeguarding plan were not implemented at the time of inspection.

Restrictive practices were in use throughout the designated centre including environmental, physical and chemical restraints, some of which had not been notified to the Health Information and Quality Authority as required. The inspectors observed the inappropriate use of some of these restrictive practices. In one instance a staff member confirmed that a restrictive practice was being used in response to staff shortages. In another case inspectors found that a 'sleep suit' was in use for a resident at night time. The knowledge of staff was limited in this area, particularly with the identification and recognition of restrictive practices as such. While quarterly reviews were taking place to review restrictive practices, some restrictions not identified as such were not being reviewed at this forum. Inspectors were not assured that this review forum was a robust process, for example, some decisions to continue the use of restrictive practices did not appear to be informed by repeated trials of less restrictive alternatives or plans to reduce a practice, and had not considered if these practices were the least restrictive for the shortest duration of time.
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:
The inspectors found residents' healthcare needs were not appropriately or safely met on the day of inspection. Direct instructions were issued to a clinical nurse manager by inspectors in response to identified healthcare risks.

In the case of one resident who appeared in a distressed state, inspectors observed that by 11.25am they had not received breakfast and in the previous 14 hour period had no record of any fluid intake. Staff were unaware of the dietetics plan in place for this resident and had not taken the measures recommended in response to refusal of diet and fluids by the resident. Instructions were issued by the inspectors to the clinical nurse manager to complete a nursing assessment in response to the risk of dehydration.

The knowledge of staff and managers of the healthcare needs of residents was found by inspectors to be limited. A clinical nurse manager redeployed to one unit on the morning of inspection had not worked there since 1999. The manager confirmed that they did not know the healthcare needs at residents and had not received an induction to the unit or a handover from any manager. At 11.40am inspectors issued instructions to the person participating in management to provide an induction and handover to the clinical nurse manager deployed to the unit.

Three other staff members were allocated to work in this unit with the redeployed clinical nurse manager. The most experienced staff member present on the day of inspection had worked with this group of residents for three weeks.

Healthcare plans were not in place for all residents or identified healthcare needs. For example in the case of two residents, plans were not available for the management of epilepsy. In the cases of other residents with plans for managing epilepsy, there was no information available which described a typical seizure presentation or how staff should respond to this.

There was an absence of effective systems in place to ensure that all healthcare needs were reviewed and appropriately followed up on. In one case follow up bloods were not
completed as required on a healthcare plan for a chronic endocrinology problem. In another case a raised blood results, completed in a cancer screening context, was not followed up on. It was unclear when reviewing an annual medical review of another resident if the information of a diagnosis of epilepsy was available to the medical practitioner. The review did not include this diagnosis or a review of prescribed anti epilepsy medicines or therapeutic blood levels.

Inspectors found that there was an absence of appropriate inputs from multidisciplinary team members. In the case of one resident with dysphagia a support plan for eating, drinking and swallowing had not been reviewed since 2013. In another similar case the support plan had not been reviewed since 2014.

Inspectors observed the mealtime experience in three units of the designated centre. It was found that the experience differed greatly between the units, and while it was observed to be a very positive and social experience in one unit, it was found to be task orientated and institutionalised in nature in two other units. In one case a resident became distressed after waiting in excess of 40 minutes for their meal. In another instance a staff member was required to support three residents with their meals all of whom required full support. There were no other staff available at this time as staff breaks coincided with the residents' mealtime. Instructions were given to the clinical nurse manager to provide additional supports to the staff member supporting three residents.

**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that medication practices in the designated centre did not ensure that residents were protected.

Instructions were issued by inspectors on two occasions in one unit of the centre to a clinical nurse manager when medication cabinets were left opened and unattended in an unlocked office area. The administration of medication for two residents in one unit was observed by inspectors to be outside of the prescribed timeframe.

Inspectors reviewed the medication prescription for one resident and found that a
medication prescribed in April 2017 for one week had not been removed from the prescription. Medications that were being administered in a crushed form to a resident were not prescribed to be administered in this manner.

It was observed that there was a lack of information available to staff and residents regarding the risks associated with certain medications.

In the case of two PRN medicines (medicines only taken as the need arises) there was no protocol in place providing guidance on the circumstances and decision making processes for the administration of these medications.

**Judgment:**
Non Compliant - Major

**Outcome 14: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that effective management systems were not in place to support and promote the delivery of safe, quality care to residents. It was found that the provider had failed to provide a safe and reliable service in which residents' needs were appropriately met and protected from abuse.

Inspectors found that there was inadequate monitoring of the centre taking place. The senior management team confirmed at the time of inspection that no six monthly unannounced visits were completed in the designated centre by the registered provider or a person nominated by the registered provider. The systems the provider had put in place to monitor the services provided were inadequate and had failed to audit and/or identify some areas of concern and risk. Significant concerns were identified during the inspection with regards to safeguarding, the provision of healthcare, the management and audit of adverse incidents involving previous incidents, and as previously identified, there was a systemic failure to identify, report and respond to incidents of abuse in the designated centre across all levels of service provision.

Inspectors were assured that both the person in charge and the person participating in
management had appropriate knowledge and skills in order to ensure the effective delivery of care and support. The person in charge had been appointed to work in the designated centre in the week prior to the inspection and had never worked in the area previously - this was their fourth day of employment as the new person of charge of the centre. The person participating in management had been employed in this role in April 2017. Neither the person in charge or person participating in management had received a formal handover of the management and governance issues of the centre. Inspectors found that the scope of the person in charge and the person involved in management was too large. Both shared the management and governance responsibilities of this and another designated centre which in total comprised of a total of nine units.

In addition, the person in charge and person participating in management were found to hold responsibilities outside of the designated centre which included providing senior manager cover for the campus based services at evening times, weekends, covering for annual leave/sick leave and other absences. These responsibilities were found to impact on the available time for which the person in charge and person participating in management had for dedicating to the governance and management of the designated centre.

Clinical nurse managers working in frontline roles in individual units of the designated centre had no protected time in which to completed management duties. Any periods of time dedicated to management duties resulted in a reduction in staffing available for the provision of care and support to residents.

**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:**
Inspectors found that the number, and skill mix of staff on duty was not appropriate to the number and assessed needs of residents. Staff were not sufficiently knowledgeable on residents' needs and support requirements. Appropriate supervision was not in place at the time of inspection.
Inspectors were not assured by the level of experience of staff and found that there was a lack of consistency in the allocation of staff to areas of the designated centre. In one unit the most experienced staff member had worked in the area for three weeks. There was a significant reliance on agency and relief staff to maintain minimum staffing levels as identified by the provider.

A review of rosters identified that staffing levels were not consistently maintained in accordance with the needs of residents and identified risk control measures. In one unit of the designated centre staff confirmed that there were regular occasions where below minimum staffing levels were in place. This reduction in staffing took place in response to deficits in other areas of the campus.

Inspectors issued an instruction to the person participating in management to put in place additional staffing resources in response to a risk observed at a mealtime in one unit of the designated centre.

Inspectors found adequate supervision was not in place and the arrangements which were in place were ineffective to ensure a safe and reliable service. There was one clinical nurse manager who worked with staff in one unit of the designated centre, and the person in charge outlined that another clinical nurse manager had recently been appointed to work with staff in a second unit. At the time of inspection there were three units where no clinical nurse managers were in attendance on a regular basis. Staff nurses were responsible for the day to day supervision of care and support in two of these three areas. In one unit a staff member worked on their own providing support to three residents.

Formal supervision arrangements were in place for staff and the records of one staff member were reviewed by inspectors. This staff member had a bespoke supervision arrangement in place in response to performance issues identified by the provider. Inspectors found that not all agreed supervision sessions were held with the staff member despite some concerns continuing to present for the staff member concerned.

Staff training records were not viewed as part of this inspection.

**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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Stewarts Care Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003902</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>19 July 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>4 September 2017</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that residents had access to advocacy services and information about their rights.

1. Action Required:
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The action submitted by the provider for this action did not satisfactorily address the failings identified.

Proposed Timescale:
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was unclear if two residents participated in and consented to decisions about his or her care and support in relation to the administration of steroidal antiandrogen medication. The rationale and review process regarding this practice was not available at the time of inspection.

2. Action Required:
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

Please state the actions you have taken or are planning to take:
The action submitted by the provider for this action did not satisfactorily address the failings identified.

Proposed Timescale:
Theme: Individualised Supports and Care

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

1. One resident did not have access to a bathroom or shower room and had to use the en-suite facilities of another resident's bedroom.

2. Two residents were sharing a bedroom which was limited in space and did not promote the privacy or dignity or either individual.

3. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A copy of the complaints procedure was not on display in the designated centre.

4. **Action Required:**
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
The complaints procedure is now displayed in all areas.

---

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Complete records of complaints, including actions taken and outcomes were not maintained in the designated centre.

5. **Action Required:**
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The action submitted by the provider for this action did not satisfactorily address the failings identified.

---

**Outcome 05: Social Care Needs**

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident was not carried out as required to reflect changes in need and circumstances on at least an annual basis.

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

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
<th>18/09/2017</th>
</tr>
</thead>
</table>

| Theme: | Effective Services |

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' personal plans were not reviewed annually or more frequently where there was a change in needs or circumstances.

7. Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
The review of plans will be carried out at least annually or sooner if a change in need is detected. Change in need will be detected either from the nursing or other reports. The healthcare database also gives an indication of changing needs and the database is reviewed daily.

A planned programme of annual reviews has been put in place. The review will be of all current plans.

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
<th>18/09/2017</th>
</tr>
</thead>
</table>

| Theme: | Effective Services |

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents in two units of the designated centre were observed spending prolonged periods of unoccupied time in living rooms and bedrooms. Inspectors found there was a lack of opportunities for meaningful activities for residents.

8. 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:
The level of staffing across the designated centres has been reviewed in line with the safeguarding, healthcare and other audits. Some initial changes have been made to increase the levels of staff support available. An additional 10 staff are available to be deployed to cover sickness and other leave.

Day service staff who work in the residential units will be managed by the Person in Charge, this will enable daily activities to be more effectively co-ordinated.

Further to this a full review of the scope of the services provided and the level of resources and structures required to maintain the service is being undertaken. This work will be undertaken by an external consultant and will inform future developments. This will be completed by the end of October 2017.

Proposed Timescale: 02/10/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Inspectors found:

1. Two residents were sharing a bedroom that did not provide adequate private accommodation for the individuals.

2. Bathroom facilities in one unit were found not to be of a standard suitable to meet the needs of residents.

9. 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:
The action 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 observed:

1. Dampness/leaks on the ceilings of rooms in two units of the designated centre.

2. Paint work requiring attention as paint was chipping from walls in two units of the designated centre.

10. **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:
A planned programme of remedial maintenance work is now underway. A senior member of the local service improvement team is responsible of liaising with the technical services to ensure that the programme is fully implemented.

Regular audits of all areas highlight any requirements for remedial works to be carried out.
1. Ventilation will be improved and waterproofing of flooring and seals will be carried out to eliminate dampness and leaks.
2. Areas requiring decoration will be redecorated.

**Proposed Timescale:** 02/10/2017

---

**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:**
There was a clear and substantial absence of arrangements for the identification, investigation and learning from serious incidents resulting in poor outcomes for residents and exposing residents to ongoing serious risk of injury and harm.

11. **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:
The action 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:
1. A number of fire doors throughout the centre were observed not to be closing fully.

2. Fire fighting equipment in one unit was observed not to have been serviced since 2014.

### 12. 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:**
A planned programme of remedial maintenance work is now underway. A senior member of the local service improvement team is responsible of liaising with the technical services to ensure that the programme is fully implemented.

Regular audits of all areas including checking fire equipment highlight any requirements for remedial works to be carried out.
1. Fire doors have been checked and repaired as required.
2. All fire fighting equipment has been serviced.

**Proposed Timescale:** 02/10/2017  
**Theme:** Effective Services

---

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Remedial action had not been taken following issues arising during a fire drill.

### 13. 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:**
Twice weekly triage meetings are held between the Director of Care, the Director of Nursing and the Risk manager. All incidents including fire drills are reviewed and actions taken are checked for implementation. Any learning is noted and then reported to the relevant Person in Charge to ensure action is taken. This started on the 28/6/17.

**Proposed Timescale:** 04/09/2017  
**Theme:** Effective Services

---

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
1. There was no emergency lighting in place in three areas of one unit of the centre all
of which contained an emergency exit.

2. Signage for emergency exits was not in place in all areas of the designated centre.

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

**Please state the actions you have taken or are planning to take:**
The action submitted by the provider for this action did not satisfactorily address the failings identified.

**Proposed Timescale:**

---

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
1. Restrictive practices in use in the centre were not recognised as such by staff or management team.

2. A number of restrictive practices in use in the centre were not reported to the Health Information and Quality Authority as required.

3. Inspectors observed the inappropriate use of a physical restraint which was applied outside of its written protocol.

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

**Please state the actions you have taken or are planning to take:**
The action 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:**
Incidents of peer to peer abuse were not identified as safeguarding concerns and as such were not reported in line with the national policy and these incidents had not been reported to the appointed designated officer. As a result adequate measures were not
in place within the designated centre to ensure that residents were safeguarded against abuse.

The control measures outlined in a safeguarding plan were not implemented.

16. **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 action 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:
Incidents of peer to peer abuse were not investigated.

17. **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 action 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 were not assured that there was sufficient input and review of the healthcare needs of residents by allied health professionals.

18. **Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
The action submitted by the provider for this action did not satisfactorily address the
failings identified.

**Proposed Timescale:**

**Theme:** Health and Development

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

1. There were no healthcare plans in place in some instances to address residents’ identified healthcare needs.

2. Staff were not knowledgeable of the recommendations outlined in one healthcare plan and as a result these were not implemented and resulted in an increased risk for a resident.

3. Staff knowledge of the healthcare needs of residents was limited in one unit of the designated centre.

4. Follow up requirements outlined in healthcare plans were not completed.

**19. 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 action 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:**

The person in charge did not ensure that there were a sufficient number of staff present during a meal time to assist residents with eating and drinking in one unit of the designated centre.

**20. Action Required:**

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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

The level of staffing across the designated centres has been reviewed in line with the safeguarding, healthcare and other audits. Some initial changes have been made to increase the levels of staff support available. Staff breaks do not take place during
residents mealtimes. An additional 10 staff are deployed each day to ensure that sick and other leave can be covered.

**Proposed Timescale:** 18/09/2017

### 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:**
Inspectors found that the medication cabinet in one unit of the designated centre was left opened and unattended in an open office on two occasions during the 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:**
This incident has been discussed with the nurse involved. The requirements of safe medication administration and storage have been reinforced and will be monitored through supervision.

**Proposed Timescale:** 08/08/2017

**Theme:** Health and Development

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

1. Medications were administered outside of their prescribed timeframe to two residents.

2. There were no PRN (medicines only taken as the need arises) protocols in place for two PRN medicines.

22. **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:**
The action submitted by the provider for this action did not satisfactorily address the
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The scope of the person in charge to manage two designated centres comprising of nine units did not ensure the effective governance, operational management and administration of the centre given their legislative requirement and the failings identified during inspection.

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 existing Designated Centre will be split into three new centres from the 4/9/17.

Each new Designated Centre will have its own Person in Charge, with a maximum of 8 residents.

This will allow the Person in Charge to effective manage the centre. The induction for the new Person in charge will commence on the 14/8/17

**Proposed Timescale: 04/09/2017**

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider failed to carry out an unannounced visit to the designated centre at least once every six months and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

24. **Action Required:**
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.
Please state the actions you have taken or are planning to take:
The audit tool use for unannounced provider visits now includes safeguarding and incident review.

Proposed Timescale: 11/08/2017
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
1. The management systems in place in the designated centre had not ensured that the service provided was safe in particular in relation to safeguarding, health and safety and risk management, healthcare, medication management, and fire safety.

2. The management systems in place in the designated centre had not ensured that the service provided was appropriate to residents' needs in particular in relation to the use of restrictive practices, upholding the rights and dignity of residents, and appropriate supports in response to behaviours which may challenge.

3. The services provided and systems in place were not appropriately monitored. Issues of concern were not identified and acted upon. There was a lack of accountability throughout the service to identify and act upon issues of concern. Inspectors found on the day of inspection that there was a lack of urgency to address the issues which presented. The auditing system in place either failed to audit issues, or to act on presenting trends particularly in relation to incident management and risk to residents' safety.

25. 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:
1. The existing Designated Centre will be split into three new centres from the 4/9/17. Each new Designated Centre will have its own Person in Charge, with a maximum of 8 residents. This will allow the Person in Charge to effective manage the centre. The induction for the new Person in charge will commence on the 14/8/17.

A new programme of unannounced provider visits has been implemented. These will measure the implementation of remedial action plans.
Additional measures highlighted throughout this action plan have been put in place to ensure that the appropriate management systems are in place.

2. Twice weekly triage meetings are held between the Director of Care, the Director of Nursing and the Risk manager. All incidents are reviewed and actions taken are checked for implementation. Any learning is noted and then reported to the relevant Person in Charge to ensure action is taken. This started on the 28/6/17.

A new system of risk management has been introduced. Risk registers in relation to healthcare and safeguarding have been introduced. A new fulltime admin assistant has been employed to manage the risk registers and to ensure they are up to date. The risk registers are stored on a shared drive and all relevant staff have access to it. This started on the 28/6/17.

3. A review of information gathered through the auditing process has been undertaken. A plan is in place to ensure that all action plans are fully implemented within the required timescales. An external agency has been engaged to carry out audits and to train staff how to carry out audits and how to ensure implementation.

**Proposed Timescale:** 14/09/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors were not assured that the number of staff was appropriate to the number and assessed needs of the residents in the designated centre.

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

**Please state the actions you have taken or are planning to take:**
The action submitted by the provider for this action did not satisfactorily address the failings identified.

**Proposed Timescale:**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors found that there was a significant reliance on agency and relief staff within
the designated centre which did not ensure that residents receive continuity of care and support.

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

**Proposed Timescale:**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Inspectors found that staff were not appropriately supervised either directly or through formal supervision processes.

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:**
From the 20/7/17 additional supports have been put in place for nurses who may be moved to an unfamiliar area or who are engaged through an agency. A member of the nurse education team carries out a face to face induction and is available throughout the day to offer advice and support.

The Director of Nursing has compiled a list of which areas each nurse is competent to work. This will show which nursing staff have received induction into which areas and will include an assessment of the competency of the nurse to work in a given area. This started on the 20/7/17.

An additional resource is now in place to ensure that when care staff are moved to new or unfamiliar areas or are engaged through an agency. This started on the 20/7/17.

Performance management plans are in place for a number of staff who have been detected as lacking skills and competence which they would be expected to have. This has commenced.

The competency matrix will ensure that staff will only be deployed to areas in which they are deemed competent.
Proposed Timescale: 18/09/2017