

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adults Services Palmerstown Designated Centre 4
Centre ID:	OSV-0003901
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Lead inspector:	Caroline Vahey
Support inspector(s):	Ciara McShane(day 1 only) Michael Keating (day 2 only)
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	0

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:
11 December 2017 09:15	11 December 2017 17:40
12 December 2017 09:00	12 December 2017 17:10

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

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

Summary of findings from this inspection

Background to the inspection.

This was the third inspection of the designated centre, the purpose of which was to inform a registration renewal decision. The centre had previously been inspected in May 2017 and significant failings had been identified during that inspection. Subsequently the provider was issued with a Notice of Proposal to cancel the registration of the centre in June 2017. The provider made representation to the Health Information and Quality Authority (HIQA), outlining the actions they were taking to improve services for residents and to bring the centre into compliance with the regulations. This inspection also reviewed actions outlined in the provider's representation, as part of this nine outcome inspection. The provider had submitted an application to HIQA to register the centre for 27 residents.

How the inspectors gathered evidence.

The inspectors visited all four units comprising the centre and spoke with 12 staff members over the course of the inspection regarding residents' needs and their support requirements. The inspectors spoke with one resident and observed support provided, and interactions between staff and over 20 residents over the two days of inspection. The inspectors also met with three managers, intended to be appointed

as persons in charge, as part of the proposed reconfiguration of this centre into three designated centres.

Description of the centre.

The centre comprised of four units, one bungalow, two dormitory style accommodations, and one recently renovated dormitory, reconfigured into three apartments for use by three residents. The centre was based on a campus in a suburban area of Dublin. There were 27 residents living in the centre on the day of inspection and there were no vacancies.

Overall judgement of findings.

Although the provider had made positive changes to the management teams, at the level of senior and middle management, at the time of inspection it was not evident that these revised arrangements were impacting positively on the quality and safety of care for residents. Inspectors found significant failings and five major non-compliances were identified in nine of the outcomes inspected against. While the provider had implemented some of the action plan from the previous inspection, and significant improvements in the quality of life for some residents were identified, risks in relation to the provision of healthcare and medication management practices remained a concern on the day of inspection. Representatives of the provider were met on the morning of the second day of inspection, and assurances were sought on the medication management practices in the centre. The provider had, by the end of the inspection submitted written assurances, outlining the measures they were taking to ensure residents were kept safe through medication practices in the centre. Adequate staffing levels were not consistently provided in the centre and nursing care was not always provided in line with the assessed needs of residents. The provider had revised management arrangements in the centre, however, this did not ensure adequate supervision of care and support in some units, and risks and practice issues in the centre relating to healthcare, medication management and privacy and dignity of residents were not appropriately identified or managed.

The centre was in compliance with one outcome, Outcome 8, safeguarding and safety.

Moderate non-compliances were identified in the following outcomes;

- Outcome 1 - Residents' Rights, Dignity and Consultation
- Outcome 5 - Social Care Needs - relating to the provision of social care activities,
- Outcome 7 - Health and Safety and Risk Management - relating to fire arrangements, and infection control precautions.

These findings are discussed in the body of the report and the regulations which are not being met in the action plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspectors found that efforts had been made to improve the privacy and dignity of residents, however, institutional practices and facilities in the centre continued to compromise these rights.

Since the last inspection the provider had completed works in three of the dormitory style units. One of these units had since been converted into three individual apartments. Overall, the privacy and dignity of the three residents in these apartment was found to be promoted, however, in one apartment clear glass was fitted in the resident's bedroom door and the inspectors were not assured that this provided adequate privacy for the resident.

In the remaining two dormitory units, dormitories had been sectioned with partition walls to allow for reduced numbers of residents sleeping in each area. However, the inspectors found the screens used did not provide sufficient privacy in the event residents' personal care needs were being attended to. In one unit the inspectors observed staff providing intimate care without using the screening provided and the intimate care procedure was clearly visible from the communal corridor. Since the last inspection a window from the office to the dormitory had been covered.

There was evidence of institutional type practices in the centre. While there was evidence that some personalised bedlinen had been purchased for residents' use, communal bed linen remained in use also in one unit.

The inspectors observed a noticeboard whereby residents who were to have a shower were listed on this board. A staff member confirmed that residents do not receive a shower daily, and there were days recorded on the board whereby staff were instructed not to shower residents. Staff stated this was due to staff shortages in one case, and in another case, due to an inspection by the Health Information and Quality Authority (HIQA) the previous day.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspectors found improvements had been made in the development of goals for residents. The provision of social care had improved significantly for some residents in the centre, however, for some residents meaningful activities were not provided on a consistent basis.

The inspectors reviewed social care plans and goals for residents in two units, and records of meaningful activities for two residents. The inspectors also spoke to staff members and observed the provision of activities on both days of inspection. In one unit, where residents had recently moved into the centre, it was evident that this transition had positively impacted on the quality of life for these residents and on their access to activities in the community such as accessing local village amenities, attending the cinema and going for meals out. Staff were also supporting residents to try new activities they previously did not access.

In one unit, however, there was limited access for residents to activities in the community, and staff stated that on average residents in this unit would have an outing once or twice a week. This was confirmed from reviewing activities records for one resident whereby the resident left the campus twice in one week, and for two of a nine day period, no activities were recorded as having been provided to the resident. The inspectors observed that residents in this unit remained unoccupied for prolonged

periods of time with little or no interaction.

The inspectors identified that goals had been developed with residents supported by staff. A monthly tracking system was in operation and the progress of goals recorded.

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:

The inspector found two of the four units were not suitable for their stated purpose and while the provider had completed remedial works in these units, the layout of the units could not meet the residents' needs in a homely and satisfactory manner.

The inspector found two of the four units were suitable for their stated purpose. One unit comprised a bungalow type premises and six residents could be accommodated in this unit. There was adequate private and communal space and the unit was decorated in a homely manner. Sufficient bathroom facilities were available in this unit.

A second unit had recently been reopened and converted from dormitory style accommodation into three individual apartments. The inspectors were satisfied that overall these apartment provided sufficient private and communal space for residents and were in line with the assessed needs of the residents currently living in the apartments. One room, used as a soft play area, in one apartment had not been decorated appropriately and there were sparse furnishings provided in this room. In addition, a laundry room used by the three residents in the apartments was only accessible through one resident's apartment.

The two remaining units comprised of dormitory style accommodation. The provider had completed remedial works in order to improve the living conditions of residents in these units. The inspectors acknowledged that these works had resulted in some improvements in some aspects of residents' quality of life, however, due to shared sleeping and communal accommodation this was not sufficient. In addition, in one sleeping accommodation area there was limited space between resident's beds and one

resident could not access their wardrobe due to the confinement of space in this room. The provider acknowledged the deficits in the premises and plans had been initiated to move eight residents from one unit into two bungalow type accommodations on campus within the coming months. The provider was proposing to subsequently reconfigure both dormitory style accommodations to ensure each resident had their own private sleeping accommodation in the coming year and to ensure one resident had their own individualised living and sleeping accommodation.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspectors found adequate arrangements for the containment of fire were not available in one unit of the centre and sufficient emergency lighting was not provided in another unit. In addition, exits were not clearly marked. Adequate handwashing provisions were not available in two units. Incident records were not made available for review by inspectors.

The inspectors reviewed fire precautions in two units of the centre. Day and night time fire evacuation plans had been developed and residents had been assessed as to their support requirements in the event the centre required to be evacuated. Fire drills had been completed including night time evacuations and the inspectors found adequate support had been provided and residents safely evacuated within a satisfactory timeframe.

Adequate measures were in place in most parts of the centre for the containment of fire, however, in two units fire doors were wedged open. In addition, there were no containment measures in one unit between the kitchen and the final exit route.

Some areas of the centre had adequate emergency lighting, however, in one bungalow, emergency lighting was not provided in three final exit routes as per the unit's emergency evacuation floor plan. In addition, two of these exits were not clearly marked. Suitable fire detection and fire fighting equipment was provided including fire alarms, fire extinguishers, smoke detectors and fire blankets. A sample of service records for fire equipment in one unit was checked, and all fire equipment had recently been serviced.

Suitable infection control measures were found in three units, however, handwashing provisions were not available in a number of areas in one unit. Personal protective equipment was provided throughout the centre.

Incident records were requested at the beginning of the second day of inspection, however, these were not made available within a satisfactory timeframe in order to allow for review of these reports.

The inspectors found in some cases identified risk within the centre had been responded to appropriately and the measures the provider had taken had impacted positively on the quality of lives for some residents. However, the inspectors found risks specifically related to healthcare and to medication management, impacted by the workforce, had not been identified by the provider and as such not managed to reduce risks. These issues are further discussed in Outcome 11 and Outcome 12.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that overall residents were provided with the therapeutic support in order to meet their emotional needs. Safeguarding concerns had been followed up on and the measures outlined in safeguarding plans implemented. There was evidence that restrictive practices in use in the centre had been reduced and this had impacted positively on residents.

The inspectors reviewed two behaviour support plans for residents. Staff spoken with were knowledgeable on residents support requirements as per their stated plans. Behaviour support plans had been updated within the past year or more recently following a change in circumstances. Therapeutic support was provided through regular reviews with psychiatry and clinical nurse specialist services in accordance with the needs of residents. The provider had taken measures for residents with specific

emotional supports, and individualised accommodation had been provided for these residents in line with their assessed needs. This had resulted in positive impacts for these residents including in their quality of life.

The inspectors reviewed notifications made to HIQA regarding allegations of abuse and found the measures outlined in safeguarding plans had been implemented in practice. Some improvement was required to ensure staff knew the types of abuse, however, staff spoken with were clear on the measures to take in response to an allegation, suspicion or disclosure of abuse.

There were some restrictive practices in use in the centre, however, it was evident that efforts were being made to reduce these practices. A number of environmental restrictive practices had recently been discontinued allowing residents greater freedom of movement.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspectors found that residents' healthcare needs, in particular in relation to hydration, were not met in accordance with assessed needs. In addition, a number of healthcare plans were not developed for residents. The inspectors noted some improvement in staff knowledge of residents' healthcare needs and support, however, this was not consistent across the designated centre.

The inspectors reviewed residents' healthcare assessments and corresponding healthcare plans, medication prescriptions and monitoring records. Residents had an annual review of their healthcare needs completed by a general practitioner. In addition, residents' health care needs had been assessed by allied healthcare professionals and by nurses working in the centre. Recommendations arising from assessments formed part of plans, however, a number of healthcare plans were not developed for identified needs of residents.

From a review of nutritional assessments and plans and from records maintained, fluid intake for a number of residents was not in keeping with their stated requirements. For

example, for three residents fluid intake records were reviewed for a total of 30 days however, on 18 days the stated minimum requirement for fluid intake was not provided. In addition, no fluids were recorded as provided to a resident in a 24 hour period. The inspectors identified that for some of these residents, due to additional healthcare diagnosis, inadequate fluid intake posed the risk of deterioration in some healthcare conditions.

Approximately two days prior to this inspection, the provider had revised the arrangement for recording residents' fluid intake, in order to make records more accessible to staff. However, it was clear from the records, that deficits in fluid requirements were ongoing for a number of months and had not been identified as an issue by the provider, despite this being identified in the previous inspection.

The inspectors spoke to a number of staff in relation to residents' healthcare needs and while significant improvement was noted in staff members' knowledge of residents' healthcare needs and supports, this was not consistent across the designated centre.

Since the previous inspection, improvement was noted in the choice of food and drinks offered to residents at mealtimes. The inspectors observed a meal being served to residents and found this was a positive and social event. Residents who required assistance were supported in a sensitive manner and residents were supervised at mealtimes. Residents had been assessed as to their nutritional requirements and the inspectors observed meals were prepared in accordance with recommendations made by allied healthcare professionals.

Judgment:

Non Compliant - Major

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspectors found residents were not protected by the medication management practices in the centre. Medications were not administered in accordance with good practice and a number of residents did not receive their medications within the required timeframe. Poor practice was observed in one unit. In addition, a PRN protocol remained in situ despite this medication not being prescribed for a resident.

The inspectors reviewed medication prescription and administration records and observed practice in two units. The inspectors observed a number of residents in these units were not administered their medications within the required timeframe. Seven residents did not receive medications on time with between a one and a half and a two hour delay in the administration of these medications.

In one unit poor practice was observed in the administration of medications, and the inspectors found the practices were unsafe, unhygienic and did not uphold the dignity of the residents. The nature of these observations is not detailed in this report, however, the inspectors met with the chief executive officer and the director of care, representing the provider, immediately post observations. A detailed description of these observations was given to the provider representatives and assurances were requested on medication management practices in these two units by the end of the inspection. By the end of the inspection, the provider provided written confirmation of the measures being taken to ensure residents had not suffered harm and to ensure effective oversight of medication practices in the centre.

Prescription records for regular medications were found to be complete and PRN medication records and corresponding protocols outlined the circumstances under which these medications should be administered. However, in one case, a PRN protocol for the administration of emergency epilepsy medication was in place, however, the resident was not prescribed this medication.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspectors found that while there had been positive changes to the configuration of the management teams this, at the time of inspection, had not filtered down to the individual units therefore the revised arrangements had not positively impacted on the quality and safety of care for residents.

Since the previous inspection the provider had made changes to the senior management team and middle management team. Two programme managers had been appointed in addition to the appointment of a Director of Nursing. Three persons in charge had also been recently appointed as part of a reconfiguration of the designated centre. The provider, at the time of the inspection, was also in the process of recruiting social care workers. However, at the time of inspection it was not evident that this was having a positive impact on the quality and safety of care for residents. As identified in outcome 11 and outcome 12 significant issues were identified in the provision of healthcare and in the safe medication management practices resulting in residents being placed at risk. This was compounded in some cases by a failure of the provider to provide adequate levels of staff, and to identify these practice issues through their own supervision arrangements.

In addition, the staffing arrangements in one unit could not ensure staff could safely exercise their professional responsibility in the provision of nursing care. While the inspectors acknowledged that progress had been made in some areas of the centre and outcomes for residents living in these areas had improved, demonstrable improvement was not evident across all areas of the centre.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspectors found sufficient staffing levels were not consistently provided in accordance with the stated requirements. In addition, the inspectors found the stated staffing levels in one unit were not safely meeting the needs of residents. Nursing care was not always provided as per the needs of the residents. There was an over reliance on agency staff to fill vacancies in one unit.

The inspectors reviewed rosters for three units and found staffing levels were frequently below the stated required levels. For example in one unit, for a 14 day period reviewed,

staffing levels were below requirement for seven of these days. In another unit where specific staffing levels in accordance with risk were stated, staffing levels were below requirement for four of a seven day period reviewed. In addition in this unit, no regular staffing were provided for one resident during the daytime for a one week duration. The person in charge stated continuity of staffing remained an issue for this resident and there was an over reliance on agency staffing to fill vacancies.

In a third unit, rosters were reviewed for a 21 day period however, the inspectors found for 16 of these days staffing levels were below the required levels. In addition, nursing care was not consistently provided in two units in accordance with the stated requirements and the needs of the residents in that unit. The inspectors found the needs of residents in one unit could not be safely met, even in the presence of full staffing levels. The responsibility and expectations placed on the staff nurse working in the unit was not achievable within the nursing resources allocated.

Actual rosters reviewed were poorly maintained. Times staff were on duty and complete names for staff were not consistently recorded in these rosters.

The inspectors reviewed supervision records for two staff members and found adequate supervision had been provided to one of these staff members. However, for one of these staff members only two supervision meetings had been completed in a twelve month timeframe, contrary to the provider's procedures of four supervision meetings per year. In addition, the inspectors found staff were not appropriately supervised on a day-to-day basis and issues in relation to hydration, medication management and insufficient staffing had either not been identified or not been rectified up to the day of inspection.

Staff training records were not reviewed 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:

Caroline Vahey
Inspector of Social Services
Regulation Directorate

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-0003901
Date of Inspection:	11 & 12 December 2017
Date of response:	28 February 2018

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents' privacy and dignity continued to be compromised by practices and facilities in the centre.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- a) 5 Residents have transitioned to alternative accommodation with individual rooms.
- b) One unit has been closed and is currently undergoing refurbishment
- c) Another 3 residents will move into recently refurbished accommodation resulting in each resident having their own bedroom.
- d) The second unit will be refurbished to ensure that all residents have their own bedroom.
- e) Frosting has been put on glazing to ensure privacy is maintained.

Proposed Timescale:

- a) Completed on the 15/01/18
- b) 28/02/18
- c) 02/02/18
- d) 30/03/18
- e) 15/1/18

Proposed Timescale: 30/03/2018

Outcome 05: Social Care Needs

Theme: Effective Services

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

Meaning social care activities were not provided for some residents on a consistent basis.

2. Action Required:

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

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

- a) Activities are planned with the residents during weekly residents meetings and monthly keyworker meetings.
- b) Additional opportunities have been identified to encourage residents have opportunities for meaningful activities. Opportunities include access to a range of activities in the gym, including sound yoga, motor skills group, mindfulness, etc. The person responsible for the programmes has presented at a PIC meeting on the 22/12/17.
- c) Residents are encouraged to try such new activities, recording wills and preferences.

Proposed Timescale:

- a) 05/01/18
- b) 22/12/17
- c) 31/01/18

Proposed Timescale: 31/01/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One room in an apartment was sparsely furnished.

3. Action Required:

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

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

- a) Residents shall be consulted on preferences regarding decorating their home.
- b) Items requested shall be purchased

Proposed Timescale:

- a) 04/02/18
- b) 28/02/18

Proposed Timescale: 28/02/2018

Theme: Effective Services

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

Two units were found not to be suitable for their stated purpose.

Laundry facilities were not accessible for two residents.

4. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

- a) 5 Residents have transitioned to alternative accommodation with accessible laundry facilities.
- b) One unit has been closed and is currently undergoing refurbishment
- c) Another 4 residents will move into recently refurbished accommodation with accessible laundry facilities.
- d) The second unit will be refurbished to ensure they are suitable for their stated

purpose.

e) A new external door will be used to ensure all residents have access to the laundry without going through other living areas

Proposed Timescale:

a) Completed on the 15/01/18

b) 28/02/18

c) 02/02/18

d) 30/03/18

e) 28/2/18

Proposed Timescale: 30/03/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Handwashing provisions were not available in a number of areas in one unit.

5. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

a) Residents have transitioned to alternative accommodation which has been recently refurbished to ensure adequate handwashing facilities.

b) One unit has been closed and is currently undergoing refurbishment

c) Another 4 residents will move into recently refurbished accommodation with accessible laundry facilities.

d) The second unit will be refurbished to ensure they are suitable for their stated purpose.

Proposed Timescale:

a) Completed on the 15/01/18

b) 28/02/18

c) 02/02/18

d) 30/03/18

Proposed Timescale: 30/03/2018

Theme: Effective Services

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

requirement in the following respect:

Emergency lighting was not provided in three final exit routes as per the unit's emergency evacuation floor plan.

6. 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:

Refurbishment work is being undertaken in the designated centre. As part of this work, emergency lighting will be installed as required. The floor plans will be updated to reflect final exit routes in the house.

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

Adequate measures were not in place for the containment of fire. In two units fire doors were wedged open. In one unit there were no containment measures between the kitchen and the final exit route.

7. 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) Refurbishment work is being undertaken in the designated centre. The Technical Services Manager is overseeing the work and will ensure it complies with all fire safety requirements.
- b) All staff are currently undergoing site specific fire safety training to ensure they are aware of the procedures for responding to fire.
- c) A campus wide audit will be carried out to assess staff's understanding of the fire training and aware of the importance of not wedging doors open.
- d) Increased monitoring of same by Programme Managers, Persons in Charge will address continuous breach of this safety measure.
- e) Where doors are required to be open, maintenance department will fit magnetic release when advised.

Proposed Timescale:

- a) 30/03/18
- b) 28/02/18
- c) 30/06/18
- d) 30/03/18
- e) 31/01/18

Proposed Timescale: 30/06/2018

Theme: Effective Services

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

Some fire exits were not clearly marked in one unit.

8. Action Required:

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

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

Refurbishment work is being undertaken in the designated centre. As part of this work, emergency exits will be identified throughout the designated centre. The floor plans will be updated to reflect final exit routes in the house.

Proposed Timescale: 31/03/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents' healthcare needs, specifically in relation to hydration requirements were not met in accordance with assessed needs.

Healthcare plans were not developed for a number of identified healthcare needs of residents.

Some staff knowledge of healthcare needs was not adequate.

9. Action Required:

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

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

- a) The Director of Nursing shall meet with all nursing staff advising them of the schedule by which all residents will have an annual medical review and OK health check completed.
- b) Where needs are identified, these shall be met.
- c) All nurses shall be trained on the effective development and review of care plans.
- d) Where there is a risk of dehydration, residents shall be monitored by the Director of Nursing or designated person to ensure their needs are met.
- e) The recording of fluid intake shall be completed on a regular basis.
- f) A campus wide audit shall take place to assess staff knowledge, understanding and implementation of plans for residents. Where there is a gap in their knowledge and

skills, a training plan shall be developed.

g) Persons in Charge shall also assess knowledge during supervisions

Proposed Timescale:

a) 24/02/18

b) 31/01/18

c) 31/01/18

d) 31/12/17

e) 15/12/17

f) 30/06/18

g) 31/01/18

Proposed Timescale: 30/06/2018

Outcome 12. Medication Management

Theme: Health and Development

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

Medications were not administered within the timeframe set out by the prescriber.

Poor practices were observed in the administration of medication, to ensure residents were safe and their dignity was upheld.

A PRN (medication given as the need arises) protocol for the administration of emergency epilepsy medication was in place, however, the resident was not prescribed this medication.

10. 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:

a) The medication policy has been reviewed to provide clear direction on the procedures for ordering, receipt, prescribing, storing, disposal and administration of medication.

b) All kardexes are being reviewed to ensure they are in place, up to date and reflect a person centred time for the administration of medication.

c) Protocols are being reviewed to ensure they provide clear direction to staff.

d) All nurses are being assessed as to their competency in administering medication.

Proposed Timescale:

a) 08/01/18

b) 31/01/18

c) 31/01/18

d)31/03/18

Proposed Timescale: 31/03/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The management systems in place had not ensured the service provided was safe and appropriate to residents' needs.

11. Action Required:

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

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

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

Proposed Timescale:

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

Proposed Timescale: 28/02/2018

Theme: Leadership, Governance and Management

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

The staffing arrangements in one unit could not ensure staff could safely exercise their professional responsibility in the provision of nursing care.

12. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

- a) The staffing complement requirements have been identified and there is a recruitment drive underway to recruit. Where deficits are identified, agency staff are utilised on an interim basis.
- b) All agency staff are inducted by the person in charge, nurse on shift or shift leader.
- c) Persons in charge are currently undergoing training to manage their own rosters.
- d) The Director of Care has issued a directive that commencing 22/01/17 no staff may be moved from their designated centre without approval from the Programme Manager.
- e) Agency booking is being managed through the Workforce Planning Office to ensure agency staff are assigned to familiar areas.
- f) Both nursing and care staff are currently undergoing competency based assessments to ensure they fully understand their roles and responsibilities and have the appropriate knowledge and skills to carry out their job. Where deficits are identified, a training plan is put in place to address shortcomings.
- g) Persons in charge are carrying out supervisions with their staff and these are being reviewed by the Programme Manager during announced inspections.

Proposed Timescale:

- a) 30/03/18
- b) 05/01/18
- c) 30/03/18
- d) 22/01/18
- e) 15/01/18
- f) 30/06/18
- g) 28/02/18

Proposed Timescale: 30/06/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Sufficient staffing levels in accordance with the stated requirements were not provided in the centre.

The allocated staffing levels in one unit were insufficient to safely meet the needs of residents.

13. 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:

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

Proposed Timescale:

- a) 30/03/18
- b) 05/01/18
- c) 30/03/18
- d) 22/01/18
- e) 15/01/18

Proposed Timescale: 30/03/2018

Theme: Responsive Workforce

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

Nursing care was not consistently provided in accordance with the stated needs of residents.

14. Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

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

Proposed Timescale:

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

- c) 30/03/18
- d) 22/01/18
- e) 15/01/18

Proposed Timescale: 30/03/2018

Theme: Responsive Workforce

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

Continuity of care could not be maintained due to an over reliance on agency staffing.

15. Action Required:

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

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

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

Proposed Timescale:

- a) 30/03/18
- b) 05/01/18
- c) 30/03/18
- d) 22/01/18
- e) 15/01/18

Proposed Timescale: 30/03/2018

Theme: Responsive Workforce

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

Actual rosters did not clearly outline the names of staff on duty and the times staff were on duty.

16. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

- a) A workforce planning office has been established to support the Person in Charge to manage their roster.
- b) The planned roster is emailed to the house each Friday for all staff to review.
- c) The actual roster is reviewed on a daily basis by the nurse on shift/ person in charge/ staff team to ensure it accurately reflects the names and staff on shift.
- d) Actual rosters are stored in the house in a designated folder.

Proposed Timescale: 23/12/2017

Theme: Responsive Workforce

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

Staff were not appropriately supervised on a day to day basis.

17. 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:

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

Proposed Timescale:

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

Proposed Timescale: 28/02/2018