<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Stewarts Adults Services Palmerstown Designated Centre 7</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003904</td>
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<tr>
<td>Centre county:</td>
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<td>Type of centre:</td>
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<tr>
<td>Registered provider:</td>
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</tr>
<tr>
<td>Lead inspector:</td>
<td>Thomas Hogan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Caroline Vahey (day 1 only)</td>
</tr>
<tr>
<td>Type of inspection:</td>
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<td>Number of vacancies on the date of inspection:</td>
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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: 09 October 2017 09:00
To: 09 October 2017 20:15
10 October 2017 10:00
To: 10 October 2017 13:10

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

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<thead>
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<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

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

Description of the service:
The service provider had produced a statement of purpose which outlined the service provided within this designated centre. The centre was comprised of two separate units based in community settings in West County Dublin. The centre provided residential services and supports to 14 persons and at the time of inspection there were no vacancies.

How we gathered our evidence:
The inspectors met with 12 of the residents availing of the services of the centre and spoke in detail with four residents. The inspectors also spoke with staff members, the person in charge, the programme manager, and the director of care. Various sources of documentation, which included the statement of purpose, residents' files, centre self-monitoring records, policies and procedures, risk assessments etc., were reviewed as part of this inspection. Additionally, in assessing the quality of care and support provided to residents, the inspectors spent time observing staff engagement and interactions with residents. Twelve questionnaires completed by residents, relatives or friends were reviewed and a full walkthrough of the centre was completed by inspectors in the company of the person in charge.

Overall judgment of our findings:
Eleven outcomes were inspected against as part of this inspection and the inspectors observed a high level of non-compliance with the Regulations. Six of the 11 outcomes inspected against were found to be in major non-compliance with the Regulations, with three outcomes found to be in moderate non-compliance, and two outcomes found to be in compliance. Major concerns found during this inspection included the management of risk, safeguarding residents from abuse, fire protection and ensuring the safe evacuation of residents in the event of a fire, healthcare needs not being appropriately met, the governance and management of the centre, and issues relating to premises.

These findings, along with further details, can be found in the body of the report and accompanying action plan.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

**Outcome 01: Residents Rights, Dignity and Consultation**
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspectors followed up on the action from the previous inspection in relation to Outcome 1 and found that there was no personal data of residents on display in the designated centre.

The management of complaints was found to be satisfactory and procedures in place in the designated centre were found to be effective.

No other aspects of this outcome were inspected against.

**Judgment:**
Compliant

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

**Theme:**
Effective Services

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

Findings:
The inspectors found that there were substantial misunderstandings amongst the senior management team of the designated centre, and wider organisation, regarding additional charges which were to be incurred by residents.

One resident was found to have paid €99.00 in a one month period for taxi charges involving transportation to and from hospital. In another instance, two residents were each charged €21.78 for trips to and from a local shopping centre during the same period. The contracts of care available for the aforementioned residents were found not to have details of additional charges of this nature outlined.

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

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

Findings:
Overall, inspectors found that residents had some opportunities to participate in meaningful activities appropriate to interests and preferences. Areas which required improvement were identified which related to assessment and planning arrangements, the achievement of goals, and the supports provided to maximise residents' personal development.

Assessments of needs on residents' files were found not to have been completed at least
on an annual basis. The focus of assessments of needs was on four main areas: self-care, risk, independence, and health. There was no formal assessments completed in the areas of personal and social care needs of residents. Plans were in place for a variety of areas for residents, however, the inspectors found that these did not guide the practice of staff and there was no evidence available of a review process which took into account the effectiveness of the plans. In one case a resident informed inspectors that on the day of inspection a ‘path planning meeting’ was being held for the first time to assist with the formulation of goals. The person in charge confirmed that prior to this the resident did not have a plan of this nature in place.

The inspectors found that there was a lack of evidence available which indicated that formal goals were being achieved. One example involved a resident with goals which included an overnight stay in a hotel, and attending a country music concert, however, there were no entries made by staff regarding the implementation of actions to achieve these goals.

While there was evidence of opportunities for meaningful activities for some residents, these were mainly organised and arranged by the individuals personally. Examples included residents in supported employment, being a member of a rugby team, and partaking in group classes in a local leisure centre. In the case of one resident with more complex support needs, however, inspectors found that opportunities for engaging in meaningful activities were limited. A review of activity records indicated that in a ten day period the resident left the designated centre on only one occasion which involved walking to the local pharmacy. The support arrangements in place for this resident, which involved no staff being present from 10:30hrs to 14:00hrs on weekdays, was found not to be satisfactory by inspectors.

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

Findings:
Overall, the inspectors found that while the location of the designated centre was suitable for its stated purpose, the design and layout did not meet residents' individual and collective needs.
In one unit of the designated centre the inspectors found that two separate steps required the installation of ramps. This requirement was highlighted in an occupational therapy report (dated August 2015) and inspectors found that this was having a negative impact on the residents concerned. Tiles in a bathroom required replacing, and an ensuite bathroom in use by one resident required reconfiguration to allow for ease of access. Some furniture in use in the dining room area of this building required replacement and the inspector found that paint work was required to the exterior at the rear of the property.

In another building the inspectors found that a deep clean was required throughout. There was a malodor in a downstairs bathroom. Dirt was observed on two door frames, foot pedals on bins in the kitchen area were found to be broken, a blind in the kitchen area was also noted to be broken, there was dirt visible on floors and tiles, and a fridge in one room required cleaning.

**Judgment:**
Non Compliant - Major

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**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 that the health and safety of residents, visitors and staff was not satisfactorily promoted or protected in the designated centre.

A review of risk management processes and procedures in the designated centre found that the risk management policy was not appropriately implemented. A risk assessment in place for one resident relating to slips, trips and falls found that only one of the five control measures were in place at the time of inspection. In addition, none of four the 'additional control measures' listed on the document were found to be in place. The risk assessment in place was found to have been completed post a slip in April 2017, however, the risk of falls was rated as being low. Similarly, in the case of another resident, a review of a risk assessment in place relating to slips, trips and falls found that two control measures were not in place. The resident for whom the risk assessment related to had been found on their bedroom floor by the person in charge after falling in February 2017.

Completed incident forms were found not to be available in the designated centre and
instead a partial incident summary printout was made available to inspectors. A review of this log of incidents found that appropriate actions were not taken in response to one incident of a safeguarding nature.

Inspectors found that reasonable measures were not in place to prevent accidents in the designated centre. In one unit a resident with significantly decreased mobility was found to require assistance from staff to evacuate the building in the event of a fire, however, an ‘emergency evacuation assessment/plan’ completed on 04 October 2017 for the resident was found not to have been completed in full and did not identify this requirement. There were no staff members employed to work in this area of the designated centre at night time despite all ten residents' personal emergency evacuation plans (PEEP) stating that verbal prompting was required to evacuate the building. In the case of one resident, ski sheets were in place in their bedroom to assist with an emergency evacuation, however, two staff members were required to use these in the event of an emergency. Support during a night time evacuation was available from the night manager on call, a security person, and available staff from the nearby campus based services. The person in charge, however, was unable to confirm the exact numbers which would be available to respond in the event of an emergency.

A review of fire drills completed for this unit of the designated centre found that no simulated fire drills were conducted with all ten residents present. The inspectors communicated this to the director of care and the representative of the registered provider at the time of inspection, and written assurances were provided to inspectors which included additional staff members deployed to the area of the designated centre at night time. These assurances involved the deployment of two staff members at night time on a short term basis until formal assessments were completed to determine long term support requirements of residents. In addition, assurances were provided in the form of one additional member of staff being deployed on a long term basis to work in the area for 6.5 hours during day time hours.

In another area of the designated centre, the inspectors found that no simulated fire drill had been completed with all residents present. A review of two residents' PEEP documents found that two individuals required assistance with evacuation in the event of an emergency. This unit was found to have one staff member working alone at all times. The inspectors spoke with a staff member on duty in this area and found that the staff member was not knowledgeable on the procedures for evacuation of one resident.

A review of staff training records found that 8.3 per cent of staff employed in the designated centre did not have mandatory training completed in fire safety or manual handling at the time of inspection.

Inspectors found that satisfactory procedures were not in place in the designated centre for the prevention and control of infection. Hand washing facilities in one unit of the designated centre were found not to have available hand soap or hand towels. This matter was brought to the attention of a staff member on duty who was unable to locate hand soap or towels as replacements.

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

Two cases of potential physical abuse relating to two residents availing of the services of the designated centre were identified by inspectors. Neither case had appropriate follow up completed as required under the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (Health Service Executive, 2014) document. Appropriate notification to HIQA had not been made by the person in charge regarding these incidents.

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

The inspectors found that staff members did not have access to safeguarding plans which were in place for residents. As a result staff members were not clear on what control measures were in place to protect residents and were unable to implement these. Overall, inspectors found that there was mixed levels of awareness amongst the staff team of what constituted abuse and the appropriate actions to take if abuse was suspected or witnessed.

A review of staff training records found that 66.7 per cent of staff members employed in the designated centre had not completed mandatory training in the area of 'safeguarding vulnerable persons awareness programme'.

An adult protection policy (reviewed September 2016) was found to be in place in the designated centre. A policy on responding to behaviours of concern - proactive and
reactive strategies (dated June 2016) was also found to be in place. While there was a policy on intimate and personal care in place, this was found not to have been reviewed in May 2016 as listed as being required. The person in charge informed the inspectors that a policy was in place relating to restrictive practices, however, this could not be located on the day of inspection.

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

Judgment:
Non Compliant - Major

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

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

The inspectors found that while residents' health care needs were met through timely access to health care services, individual residents' health needs were not appropriately assessed or met by the care provided in the designated centre. Assessments were found not to have been completed on at least an annual basis for all residents. Two residents were found not to have annual medical reviews completed, while an additional three residents were found not to have annual medical reviews completed on at least an annual basis. Health care plans in place in the designated centre were found not to sufficiently guide staff practice. In addition, the inspector found that plans were not reviewed on at least an annual basis with multidisciplinary inputs. A health care plan in place for one resident with epilepsy did not outline how the individual presented when experiencing seizure activity or how staff were to manage that health care need. In the case of another resident with type two diabetes mellitus, no care plan was found to be in place.

One resident availing of the services of the designated centre was found to have been prescribed emergency medication for the management of seizure activity. When the inspector spoke with a staff member who had responsibility for the administration of medications, including emergency medication, it was found that they were not aware of the criteria for administering the medication in the event of the resident experiencing a seizure. In addition, the inspector was concerned when the staff member stated that
they would administer the emergency medication to another resident who was not prescribed it.

The arrangements in place for supporting residents with seizure management at night time were found not to be satisfactory by inspectors. In one area of the designated centre where two individuals experienced seizure activity, one of whom was prescribed emergency medication to manage seizures, there were no staff members on duty overnight. When staff members were asked about this matter, one person stated that the resident would use a mobile phone to contact the on call night supervisor for the nearby campus based service, while another staff member was unable to outline any control measures employed to address this risk. In another unit of the designated centre a staff member spoken with did not know what procedures were in place should a resident with epilepsy using the services of that unit experience a seizure overnight.

One resident identified as having a risk of choking by two staff members was found not to have had a risk assessment in place or have had an assessment completed by an appropriate member of the allied health professional team. The staff members spoken with stated that a support plan for eating, drinking and swallowing was in place for this resident, however, after being unable to locate this plan it was later confirmed that no plan had been completed.

**Judgment:**
Non Compliant - Major

**Outcome 12. Medication Management**
*Each resident is protected by the designated centre's 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:**
Overall, inspectors found that residents were not adequately protected by the designated centre's policies, procedures and practices relating to medication management.

The inspectors viewed the storage arrangements for medications in the designated centre and observed that medication contained in drug cabinets relating to five residents did not contain expiry dates. The staff nurse on duty was unable to confirm the expiry date of the medications concerned and explained that there was no system in place to ensure that the expiry date of medication was in place.

A sample of PRN (medication taken as the need arises) protocols were reviewed by the
inspector. It was found that while all PRN medications prescribed had corresponding PRN protocols in place, the language used did not make explicitly clear the criteria for administration of these medications.

The inspectors found that capacity assessments were completed for four residents availing of the services of the designated centre relating to the self administration of medications. The person in charge confirmed that similar assessments were not competed for the remaining residents and that no risk assessments had been completed as required.

Staff knowledge relating to medication management was found to be mixed at the time of inspection. One staff member spoken with, who had responsibility for the administration of medication on the day of inspection, was unable to satisfactorily outline the actions required to be taken in the event of a medication error occurring.

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

A range of audits were found to have been completed in the designated centre relating to medication management. These included weekly audits of residents' medication administration recording sheets, daily loose medication audits, monthly stock checks, and monthly medicinal product audits. A recently completed (August 2017) medicinal product audit was viewed by the inspector and observed that no issues were identified during the process. The inspectors found this concerning, given the issues related to medication that were identified during the inspection.

**Judgment:**
Non Compliant - Moderate

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**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

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

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

**Judgment:**
Compliant

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

**Theme:**
Leadership, Governance and Management

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

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

Three six monthly unannounced visits were found to have been completed within the designated centre. In one area, unannounced visits were completed on 15 February 2017 and on 02 October 2017. In a separate area one unannounced visit was noted to have taken place on 02 June 2017. The written reports prepared on the safety and quality of care and support found at the times of these unannounced visits were found to be partially completed and failed to identify issues of concern found during the inspection process.

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

Minutes of governance and management meetings were provided to the inspectors and included operational management team meetings, care management team meetings, executive team meetings, and quality steering committee meetings. The inspectors found, however, that the person in charge was not present at any of aforementioned meetings for which minutes were available.
The scope of the person in charge, with responsibilities for managing four designated centres comprised of 13 separate units, was found not to be satisfactory by the inspectors. The arrangements in place for the absence of the person in charge were also found not to be satisfactory with only the on-call person providing phone support to staff and residents during these periods. It was found that no accountable person was in place in either of the two units which made up this designated 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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that the number and skill mix of staff on duty in the designated centre at the time of inspection was not appropriate to the number and assessed needs of residents. The number of staff on duty in the designated centre at certain times of the day, and particularly at night time, presented risks to the safety of residents. Staff were not sufficiently knowledgeable of residents' needs and support requirements.

In one area of the designated centre, which provided residential accommodation to ten residents, no staff were employed on night duty despite the existence of clear health care and emergency evacuation risks. In addition, a review of staff rosters highlighted that residents with care and support requirements were not supported with staff for up to three and a half hours during weekdays. One resident spoken with by inspectors outlined that other residents would facilitate and assist with their support needs after 10pm in the absence of staff on duty. Another resident who required assistance with intimate care outlined that the on-call night supervisor had to be called at night when needing to use the bathroom. Staff members spoken with outlined that they regularly worked additional hours in order to provide support to residents, however, this was not formalised on the staff roster.

Staff training records for mandatory courses were reviewed by the inspector and it was found that none of the ten mandatory categories had been completed by all staff members.
A sample of staff files were reviewed and it was found that overall they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, in two case of staff files reviewed, it was found that the dates on which employment commenced and ceased was not present and evidence of the staff member's qualifications was not on file.

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

**Judgment:**
Non Compliant - Major

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**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

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<td>Centre ID:</td>
<td>OSV-0003904</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>09 &amp; 10 October 2017</td>
</tr>
<tr>
<td>Date of response:</td>
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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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that residents were incurring additional charges related to transportation which were not detailed in the agreed contracts of care in place.

1. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
The Finance Policy is being reviewed. The implementation of the policy will be phased to ensure there is a clear understanding of the implementation of same. To date two information sessions have taken place and an additional two are planned for January. Following the implementation of the policy, a working group will commence a review of the charges incurred by all residents, and a refund process will commence in line with local and national policy. Contracts of care will also be amended to reflect the charges to residents.

**Proposed Timescale:** 30/04/2018

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### Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Assessments of need were not completed for all residents on at least an annual basis.

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

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

**Proposed Timescale:**

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### Theme: Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal plans in place were found not to have been reviewed on at least an annual basis.

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

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

**Proposed Timescale:**

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

In one area of the designated centre painting was required externally at the rear of the building.

**4. Action Required:**

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

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

This work has been approved scheduled for completion.

**Proposed Timescale:** 20/01/2018

**Theme:** Effective Services

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

One unit of the designated centre was observed to require a deep cleaning throughout.

**5. Action Required:**

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

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

Deep cleaning arranged to be carried out by 08/12/17. The Director of Care has approved funding for regular ongoing cleaning of the area.

**Proposed Timescale:** 08/12/2017

**Theme:** Effective Services

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

In one area of the designated centre ramps were found to be required to ensure resident(s) had full ease of access.
6. **Action Required:**
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Please state the actions you have taken or are planning to take:**
The Director of care has approved the funding for these works and they have been scheduled for completion.

**Proposed Timescale:** 20/01/2018

| 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:**
A full log of all incidents and accidents which occurred in the designated centre, along with evidence of investigation and learning from such incidents and accidents, was not available at the time of inspection.

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

**Proposed Timescale:** 31/01/2018

| Theme: Effective Services |

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Inspectors found that appropriate systems were not in place in the designated centre for the assessment, management and ongoing review of risk.

**8. Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
The response submitted by the provider for this action did not satisfactorily address the
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that appropriate measures were not in place for the prevention and control of infection.

9. 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:
Attention to Hand washing facilities have been addressed and supplies are in stock. House hold appliances have been replaced where required. Monthly hygiene audits will be carried out by Person in Charge

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that at the time of inspection adequate arrangements were not in place for the evacuation of all residents in the event of a fire.

10. 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:
Staffing levels were immediately increased to address deficit. Staffing requirements have been reviewed and a business case has been submitted to the HSE. Fire drills continue to occur to re-assess service users’ needs and requirements.

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that all staff members employed in the designated centre had not completed required mandatory training in fire safety.

11. **Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**
1. All staff will receive on site fire training delivered by the person in charge. This will include the location of exits, supports needs of residents during an evacuation, the location of fire-fighting equipment. The induction of agency staff will include the same.
2. The person in charge has audited fire training records and where refresher training is due, this has been scheduled.
3. The fire evacuation plans will be updated.

**Proposed Timescale:**
1. 31/12/17
2. 31/01/18
3. 31/12/17

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**Proposed Timescale:** 31/01/2018

**Theme:** Effective Services

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

Inspectors found that fire drills completed in the designated centre did not reflect standard staffing arrangements and/or resident numbers.

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

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

**Proposed Timescale:** 31/12/2017

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that staff members did not have access to safeguarding plans in place to protect residents from abuse and as a result were unable to implement control measures identified.

13. **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:
All safeguarding plans are now available to all staff and submitted to the service users Personal Support plan. The Person in Charge will continue to discuss the ‘safeguarding plans’ with all staff individually and during house meetings.

**Proposed Timescale:** 30/10/2017

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that all incidents, allegations or suspicions of abuse were not appropriately investigated and appropriate actions were not taken where a resident was harmed or experienced abuse.

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

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

**Proposed Timescale:**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that 66.7 per cent of staff members employed in the designated centre had not completed mandatory training in the area of ‘safeguarding vulnerable persons awareness programme’.

15. **Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.
Please state the actions you have taken or are planning to take:
The PIC has audited the Safeguarding Training Records. Where staff have not completed the training, the staff member has been scheduled to attend the Raising Awareness of Safeguarding Vulnerable Persons at Risk of Abuse training. Staff's understanding of this will be monitored through general governance, ie supervision, visits to house and monthly house meetings.

Proposed Timescale: 31/12/2017

Outcome 11. Healthcare Needs
Theme: Health and Development

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
1. Appropriate assessments of health needs were not completed for all residents in the designated centre on at least an annual basis.

2. Healthcare plans were not in place for all identified healthcare needs.

3. Healthcare plans in place were found not to guide staff practice.

4. Staff knowledge relating to the healthcare needs of residents was found to be wholly unsatisfactory.

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

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

Proposed Timescale: 28/02/2018
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The risk of choking which was identified by two staff members was not addressed with appropriate referral to the relevant allied health professional.

17. 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:
Residents needs have been reviewed by SALT – recommendation of ‘a mealtime information sheet’ written up as resident is not currently assessed as at risk of choking - if any changes occur the resident will be reassessed.

Proposed Timescale: 12/10/2017

**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:**
1. Expiry dates of some medications were not available in the designated centre.

2. The language used in PRN protocols did not make explicitly clear the criteria for administration of these medications.

3. Staff knowledge on actions required in the event of a medication error was found not to be satisfactory.

**18. Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

**Proposed Timescale:**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
1. Risk assessments were not completed for residents who were self administering medications.

2. Capacity and risk assessments were not completed for all residents relating to the self administration of medications.

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

**Please state the actions you have taken or are planning to take:**
As per policy, all residents will be assessed in relation to their capacity to self-administer medication, a risk assessment will be completed to support this.

**Proposed Timescale:** 01/02/2018

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

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

**Please state the actions you have taken or are planning to take:**
The scope of the Person in Charge has been reduced by the reconfiguration of all Designated Centres within the organisation.

Persons in Charge are now only responsible for one Designated Centre.

**Proposed Timescale:** 01/02/2018

**Theme:** Leadership, Governance and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Governance and management systems in place at the centre had not identified concerns found on the day of inspection.

**21. 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:**
There has been a reconfiguration of the designated centres by the registered provider.
There has been an increase in the number of persons in charge assigned to the number of houses. The aim of the reconfiguration is to ensure that the service is appropriately managed and monitored.

**Proposed Timescale:** 30/03/2018  
**Theme:** Leadership, Governance and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**  
Six monthly unannounced visits to the designated centre were found not to have been satisfactorily completed.

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

**Proposed Timescale:** 01/04/2018

**Outcome 17: Workforce**  
**Theme:** Responsive Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**  
The inspectors found that the number of staff on duty in the designated centre was not appropriate to the number and assessed needs of residents, statement of purpose and the size and layout of the designated centre.

**23. 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:**  
Staffing levels were immediately increased to address deficit. Staffing requirements have been reviewed and a business case has been submitted to the HSE.
Proposed Timescale: 08/10/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspectors found that the information and documents specified in Schedule 2 were not obtained for all staff members.

24. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
Human Resource Dept. to complete a gap-analysis of Education and Employment history of all staff of the Designated centre and will request documentary evidence of same where identified. Qualification documentation for all nursing personnel will be requested.

Proposed Timescale: 31/12/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that all ten categories of mandatory training within the centre was not completed for all staff members.

25. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
All staff to complete all mandatory courses

Proposed Timescale: 31/01/2017