

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adults Services Lucan Designated Centre 10
Centre ID:	OSV-0003907
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):	None
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 October 2017 10:00	05 October 2017 18:30
06 October 2017 08:00	06 October 2017 15:15

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 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
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 and the centre had previously been inspected in October 2016. The provider had submitted an application to the Health Information and Quality Authority to renew the registration of this centre and a full application was received. In the initial application, the provider had applied to renew the centre for ten beds. Eleven outcomes were inspected against on this inspection.

Description of the service.

The centre comprised of three units all located in a suburban area of South Dublin. The centre could accommodate both males and females adults and there were eight residents living in the centre on the day of inspection and there were two vacancies. The provider had produced a statement of purpose which outlined the services and facilities in the centre and the inspector found this was reflective of the findings on the day of inspection.

How the inspector gathered evidence.

The inspection was facilitated by the person in charge and by staff in each unit of the centre. The inspector spoke with five residents in relation to the services in the centre and the support provided to meet their needs. The inspector spoke with three staff in the centre and overall the inspector found the staff had good knowledgeable on residents' needs and supports, and of the policies and procedures relating to welfare and safety. Documentation such as personal plans, risk assessments, fire safety records, incident records, staff training records, staff rosters and six monthly unannounced visits by the provider were also reviewed. Eight resident and relative questionnaires were also reviewed as part of this inspection. A site visit was carried out a number of weeks post inspection, in order to review one room in one unit of the centre.

Overall judgement of findings.

The inspector found safeguarding concerns were evident in the centre and management systems had failed to identify and act on these concerns, by ensuring the service provided was safe and appropriately monitored. Major non compliances were identified in Outcome 8, Safeguarding and Safety, and Outcome 14, Governance and Management. The arrangement for the person in charge to manage four designated centres was not appropriate given their scope of responsibility.

Good practice was identified in the provision of healthcare in accordance with the assessed needs of residents, and a substantial compliance identified in relation to residents' rights, dignity and consultation.

Moderate non compliances were identified in the following outcomes;

Outcome 5 - Social Care Needs - relating to personal planning,

Outcome 6 - Safe and Suitable premises - relating to maintenance and decoration of the centre,

Outcome 7 - Health and Safety and Risk Management - relating to means of escape, risk management and incident management,

Outcome 9 - Notification of Incidents - relating to incidents of abuse not reported,

Outcome 12 - Medication Management - relating to assessments for self medication and prescription records,

Outcome 17 - Workforce - relating to staffing levels and supervision of staff.

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):

No actions were required from the previous inspection.

Findings:

The inspector found residents had accessed external advocacy services in order to assist with decisions in their life. Residents' right to privacy was respected in relation to living space, personal information and personal care. Some improvement was required regarding residents' access to their own finances.

The inspector reviewed personal plans and found residents participated in decisions about their care and support. Where required, residents had access to advocacy services in order to assist them with their decision making. The inspector reviewed seven resident questionnaires and residents expressed they take part in decisions and plans about their life.

The inspector reviewed complaints logs in the three units comprising the centre and found there were no complaints. There were a number of compliments recorded regarding the service provided.

Improvement was required to ensure the process for residents to access their own money was implemented as per the provider's revised procedures. The provider had revised the arrangements for residents to access their own finances, from accounts managed by Stewarts Care Ltd however, some staff were not aware of these arrangements and were operating from an out-of-date system, where by residents would have to wait for four days from the time of request to receive their own money.

Each resident had their own bedroom and residents retained control over their own possessions. Personal information pertaining to residents was found to be securely

stored.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall residents were supported with care and support consistent with their needs however, improvement was required in the development of written personal plans relating to personal development, personal safety and healthcare needs.

Residents had an assessment completed on their social, personal and healthcare needs and assessments had been reviewed within the last year. Residents were involved in the assessment and development of plans such as personal goals and residents told the inspector of the support in place to meet their needs.

The inspector reviewed six personal plans during the inspection and found while plans were developed for some needs, there were some identified needs did not have plans developed. In addition, while some needs did have plans developed these plans were not sufficiently detailed to guide practice. This included some healthcare needs and personal safety needs. Personal plans were subject to review a minimum of annually

The inspector found multidisciplinary team members had been involved in the assessment of residents' needs and recommendations arising from assessments and subsequent reviews formed part of personal plans where required.

Plans were developed into accessible format for residents as required.

Personal goals were identified with residents however, written plans were not consistently developed outlining the support required to maximise residents personal development. Personal goals were reviewed monthly and a record of interventions and progress of goals was maintained in minutes of key worker meetings.

Overall the inspector found residents had access to a variety of social opportunities in line with their preferences and needs, such as attending social clubs and sporting clubs, dining out, cinema, shopping and attending music events.

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 overall the premises were homely and well maintained. Some improvement was required in respect of decoration and maintenance to parts of the premises. One bedroom, as outlined in the statement of purpose was not suitable for its stated purpose however, a site visit was subsequently carried out post inspection regarding this specific room.

There was adequate private and communal space provided for residents in all units comprising the centre. Suitable bathrooms were also provided. In one unit, a review by an occupational therapist had been initiated in order to improve bathroom facilities in line with residents' needs.

Some improvement was required in parts of the premises. A bedroom required repainting, damage was noted to a kitchen press, and the flooring in a resident's bedroom had a hole in it and the covering required replacement. The floor covering in one bathroom was lifting.

A statement of purpose had been submitted to the Health Information and Quality Authority as part of the application to renew the registration of the centre. The inspector found however in one unit, a bedroom was not suitable for its stated purpose. This bedroom had recently been renovated into a small kitchen and a doorway was knocked into the adjoining bedroom. A site visit was subsequently completed and the room was found to be suitable as use for a bedroom. The inspector noted however, a number of exposed wires in the bedroom, and the bedroom had no storage. This was discussed with the person in charge after the site visit and evidence of completion of these works

was requested.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found overall suitable fire management systems and infection control precautions were in place. However, risks in the centre were not managed appropriately and adverse incidents involving residents were not consistently or satisfactorily followed up in order to prevent reoccurrence. Some improvement was required to ensure a means of escape was not obstructed.

The inspector spoke to the person in charge on the first morning of inspection and risks within the centre were discussed. The person in charge outlined the current risks within the centre, and the inspector also spoke to a staff member regarding the management of risks and reviewed documentation pertaining to these risks. The inspector found that in most cases control measures were implemented in accordance with risk management plans in order to minimise impact to residents. However, in one case, where the risk was regarded as the most significant risk in the centre, the inspector found suitable control measures were not in place to minimise risks to residents. The inspector found a number of measures outlined in the risk management plan could not be implemented in practice, or these measures had not been pursued. For example, staff told the inspector the removal of a trigger to a behaviour of concern could not be implemented, and a referral to an allied healthcare professional as part of a control measure had not been completed.

The inspector reviewed records of adverse incidents in the centre. In some cases adverse incidents involving residents were not recorded or reported in line with incident management procedures and as previously outlined risks, in relation to these incidents, remained evident in the centre. The inspector also reviewed adverse medication incidents and while immediate measures were taken to care for residents, follow up measures were not consistently implemented in order to inform practice going forward.

Monthly health and safety checks were completed in the centre and the inspector reviewed records of checks in one unit. Where issues arose the inspector found actions had been taken to reduce risks.

The inspector found suitable arrangements were in place regarding fire safety. Suitable fire equipment was provided throughout the centre including fire alarms, emergency lighting, fire extinguishers and fire blankets. All fire equipment had been recently serviced. Fire doors were fitted throughout the centre. There were adequate means of escape and most fire exits were clear of obstruction on the day of inspection. One fire exit route was partially obstructed by shelving in a utility area. Daily fire checks were completed on emergency lighting, exit routes and fire equipment.

The inspector reviewed records of fire drills for two units of the centre since the last inspection. Drills had been completed within a satisfactory timeframe. Fire evacuation procedures were developed, as well as personal emergency evacuation plans, and staff were knowledgeable on the procedure and support required to safely evacuate residents. The inspector reviewed a sample of four staff training records and staff had received training in fire safety and in fire drills.

Staff had been provided with training in manual handling.

Suitable arrangements were in place for the prevention and control of infection and for food safety. Suitable handwashing facilities were provided throughout the centre and personal protective equipment was available where required. Colour coded food chopping boards were also provided in the centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found appropriate measures were not in place to safeguard residents and some safeguarding concerns had not been reported or investigated as required.

The inspector spoke to staff members including the person in charge regarding incidents

in the centre and found that where safeguarding concerns remained an issue in one unit, adequate measures were not in place to protect residents from suspected peer to peer abuse. Safeguarding concerns in one unit had been highlighted in June 2017 by a health professional and again in July 2017 through a staff team meeting however, this concern had not been reported or investigated in line with national policy. In addition, the inspector found some incidents had not been reported to the Health Service Executive (HSE) safeguarding team as required. The provider acknowledged during the inspection, that a significant deficit in identifying and reporting safeguarding concerns had been identified and an investigation into the matters surrounding this deficit across the service was due to be commenced within the near future.

Staff were knowledgeable on the types of abuse and the actions to take in response to safeguarding concerns. The inspector reviewed a sample of staff training records and found staff had received training in safeguarding.

Behaviour support plans were developed for some residents specific to their emotional needs and overall these plans guided practice. Staff were knowledgeable on the proactive and reactive strategies to support residents with their needs and the inspector found the interventions set out in plans were implemented in practice. However, the inspector found in one case, where a significant area of concern was identified, there was no support plan to guide staff in the response to behaviours of concern and the inspector was not assured the resident could be adequately supported in this regard. One behaviour support plan was not reviewed within the past year.

Restrictive practices were reviewed regularly and formed part of plans in relation to behaviours of concern.

Intimate care plans were developed and outlined the support to assist residents while ensuring their privacy and dignity was maintained.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

Findings:
The inspector found notifications had not been made to HIQA in relation to some incidents of an allegation, suspicion or disclosure of abuse.

<p>Judgment: Non Compliant - Moderate</p>

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

Theme:
Health and Development

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

Findings:
The inspector found residents' healthcare needs were met.

The inspector reviewed assessments of need, annual medical reviews and medication prescriptions relating to residents' healthcare needs. Healthcare plans were developed for most assessed healthcare needs and staff were knowledgeable on these needs, describing the care and support required to meet those needs. Residents had annual medical reviews completed with their general practitioner.

Residents were supported to access healthcare professionals such as a physiotherapist, a social worker and a psychiatrist, as well as external consultants and professionals through general hospital services and public services. The inspector found residents had regular review with the relevant healthcare professionals in line with their needs.

The inspector reviewed records of meal choices in two units and found the choices offered were varied and nutritious. The inspector spoke with four residents regarding the food offered and residents confirmed they were involved in the planning of meals. For residents with specific nutritional requirements, the inspector found the food offered was in line with their assessed needs and food was safely stored and prepared. Information was available for residents on these specific dietary needs and staff were knowledgeable on these needs and the specific symptoms which may indicate a deterioration in a resident's condition.

The advice of a dietician formed part of nutritional plans where required.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for

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 inspector found some improvement in medication management was required to ensure medication which was discontinued was removed from prescriptions, and to ensure staff were knowledgeable on PRN (medication given as the need arises) medication. In addition, residents had not been assessed as to their capacity to self medicate.

There were written policies and procedures relating to medication management. Suitable storage was provided for medications in the centre and keys were securely stored.

The inspector reviewed four medication prescription and administration records and found overall most records were complete. Administration records confirmed medication had been administered as prescribed to the resident for whom they had been prescribed. One medication had not been discontinued off the prescription record in line with the prescriber's instructions and the inspector identified that this issue had been documented on three occasions in medication audits.

PRN (medication given as the need arises) records stated the circumstances under which these prescribed medications should be given however, the inspector found some staff were not knowledgeable on some of these clinical indicators as documented on prescriptions. PRN medications had been reviewed and the maximum dosage in 24hours was stated.

Suitable arrangements were in place for the disposal of medication and medications were returned to the dispensing pharmacy.

Residents availed of the services of a community pharmacy and the inspector reviewed audits completed by the community pharmacist in one unit of the centre.

Monthly medication management audits were completed as well as weekly medication prescription audits. Stock records were maintained of medication received into the centre.

Medication management plans had been developed for residents outlining the support they required to manage their medication however, the inspector found residents had not been assessed as to their capacity to self medicate.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the statement of purpose post inspection. The statement of purpose contained all of the details as 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.

The statement of purpose had been reviewed in October 2017.

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):

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

Findings:

The inspector found the management systems in place had not ensured the service provided was safe and appropriately monitored, specifically in relation to safeguarding concerns in the centre. The arrangement for the person in charge to manage this and three other designated centres did not ensure the effective governance and oversight of the centre.

The inspector found there was lack of effective management systems to identify and respond appropriately and promptly to safeguarding concerns in the centre and safeguarding remained an on-going risk on the day of inspection. The inspector reviewed unannounced visits completed in each unit of the centre within the last six months. While there was evidence that some issues were identified and actions taken to respond to these issues, safeguarding concerns were not identified as part of this review, and as such the report of the safety of care and support in the centre was not reflective of the risks.

An annual review of the quality and safety of care and support had been completed for 2016 and residents and family views had been sought as part of this review.

The person in charge facilitated the inspection and the inspector found the person in charge was knowledgeable on the residents' needs and the support in place to meet those needs. The person in charge had responsibility for the management of four designated centres comprising thirteen units and the inspector was not assured that this arrangement could ensure the effective governance and operational management of the centre. The provider had acknowledged these issues in relation to the scope of the person in charge and had initiated a plan to reconfigure the centre. This plan would allow for one person in charge to be responsible for one centre and for the centre to be reconfigured across two designated centres.

Staff spoken with outlined the person in charge visited units on average twice a week and the person in charge was available for support by phone also should the needs arise.

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:

The inspector found there were sufficient staffing levels in two of the three units in the designated centre however, staffing levels in one unit were not reflective of the needs of

the residents. As a result the social care needs of residents in this centre could not consistently be planned for and met.

In a second unit, the inspector found the skill mix of staff was not reflective of the needs of a resident in that some staff did not have appropriate training in order to meet the needs of the resident as outlined in their personal plan. The inspector acknowledged that a change of skill mix and roster had only commenced the day prior to the inspection. The provider took action to rectify this issue by the end of the inspection.

Planned and actual rosters were maintained reflective of the staff provided in the centre. Consistent staffing were provided in all units in the centre and where vacancies arose due to planned or unplanned absences, these vacancies were filled with regular relief staff.

The inspector reviewed records of staff training and found staff had been provided with all mandatory training.

While formal supervision was facilitated on a quarterly basis, the inspector found staff were not appropriately supervised on a day to day basis. There was no manager or person responsible in units on a day to day basis to supervise the provision of care and support.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Caroline Vahey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003907
Date of Inspection:	05 & 06 October 2017
Date of response:	20 December 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The procedure for residents to access their own finances required improvement.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and

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

possessions and, where necessary, support is provided to manage their financial affairs.

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

All residents will have their own bank accounts subject to agreement by the bank. In the meantime a central float will be maintained to ensure that residents have access to their money at short notice. Short notice requests can be submitted to the Director of Care.

Proposed Timescale: 01/12/2017

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:

Plans were not developed for some identified needs of residents.

2. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

A new programme of care plan training has been put in place by the Director of Nursing.

All staff responsible for care planning will receive training by the end of February 2018.

Audits of existing care needs will be completed by the Person in Charge to ensure all identified needs have a corresponding plan.

The audits will be checked by the Director of Nursing during the six monthly service reviews.

Proposed Timescale: 28/02/2018

Theme: Effective Services

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

Written plans were not in place outlining the support required for residents to achieve their identified goals.

3. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the

supports required to maximise the resident's personal development in accordance with his or her wishes.

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

A new programme of care plan training has been put in place by the Director of Nursing.

All staff responsible for care planning will receive training by the end of February 2018.

All goals will have an associated plan which details the process and resources required for implementation.

All PATHs goal will be reviewed.

Audits of goals will be completed by the Person in Charge to ensure all goals have a corresponding plan.

The audits will be checked by the Director of Nursing during the six monthly service reviews.

Proposed Timescale: 28/02/2018

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:

The flooring in a resident's bedroom was damaged and the covering required replacement.

Damage was noted to a kitchen press.

The floor covering in one bathroom was lifting.

A recently renovated bedroom had exposed wires evident at the time of a site visit. In addition, there was no storage available in the room.

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:

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

The kitchen will be repaired or replaced.

The exposed wiring has been covered and is safe.

The flooring in the bedroom will be replaced.

The floor covering in the bathroom will be replaced.

Storage will be provided for the service user.

Proposed Timescale: 01/02/2018

Theme: Effective Services

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

One bedroom required repainting.

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:

All rooms are scheduled to be repainted.

Proposed Timescale: 01/02/2018

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:

Adverse incidents involving residents were not consistently recorded and reported in line with incident management procedures.

Actions were not consistently taken to adverse incidents involving residents to minimise potential impact and the ensure evidence of learning.

6. Action Required:

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

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

A new 'Response to an Incident Flowchart' has been developed.

All incidents are reviewed by the Person in Charge/Support Manager within 24 hours.

Each incident is screened for possible safeguarding issues, any need for additional clinical supports and for any health and safety issues will be addressed.

All incidents will be discussed at staff meetings

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

Proposed Timescale: 01/12/2017

Theme: Effective Services

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

Risks in the centre were not appropriately managed and the measures outlined in risk management plans were not implemented in practice.

7. 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:

All risk assessments are currently being reviewed by the Person in Charge. Issues identified will be addressed with the service user, staff and risk manager.

The Director of Care has been notified of all risk management plans that are resource dependent. Additional resources have been deployed where possible and requests for additional funding from the HSE have been made.

Proposed Timescale: 01/02/2018

Theme: Effective Services

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

One fire exit route was partially obstructed by shelving in a utility area

8. Action Required:

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

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

The shelving in the utility area has been removed.

Proposed Timescale: 01/12/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no plan in place to support a resident and to guide a staff in the response to behaviours of concern.

An up-to-date behaviour support plan was not in place for one resident.

9. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Referral to Psychology made for review of Behaviour support plan.

In the interim, current Support plan will be reviewed by Person in Charge and issues addressed. This will be forwarded to the Psychology Dept for their approval.

While awaiting development of a Behaviour Support plan, a risk assessment is in situ which supports the service users and guide staff's response to behaviours of concern. The safeguarding team is closely monitoring all aspects of behaviours of concern

Proposed Timescale: 15/01/2018

Theme: Safe Services

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

Adequate measures were not in place to safeguard residents.

10. 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:

There are safeguarding plans in place for all service users, and are closely monitored by the safeguarding team.

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:

Allegations of peer to peer abuse were not investigated or reported in accordance with national guidelines.

11. 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:

It is mandatory that all staff are trained in the 'National policy of Safeguarding vulnerable adults'.

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

designated officers has been increased.

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

Proposed Timescale: 31/12/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Notifications had not been made to HIQA in relation to incidents of an allegation, suspicion or disclosure of abuse.

12. Action Required:

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

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

Where incidents had not been notified to the Chief Inspector within the time frame, retrospective notifications will be submitted.

Where there is an allegation of abuse, suspected or confirmed, the Person in Charge will notify the Chief Inspector within 3 working days.

Proposed Timescale: 31/12/2017

Outcome 12. Medication Management

Theme: Health and Development

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

Staff were not knowledgeable on some of the clinical indicators outlined in PRN (medication given as the need arises) prescriptions.

One discontinued medication had not been removed from the medication prescription record.

13. Action Required:

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

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

All staff will be familiar with the clinical indicators outlined in each PRN (medication given as the need arises) prescription. Staff's knowledge of PRN Protocols will be included during staff quarterly supervision.

Weekly audit of the prescription sheets will be completed and will be reviewed by Person in charge

Proposed Timescale: 15/01/2018

Theme: Health and Development

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

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

14. 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 to manage this designated centre and three other designated centres did not ensure the effective governance and operational management of the centre.

15. 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:

The management systems in place had not ensured the service provided was safe and effectively monitored in particular in relation to safeguarding concerns in the centre.

16. Action Required:

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

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

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

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

All 6-monthly Service Provider unannounced audits will identify safeguarding concerns. Safeguarding team will continue to closely monitor all safe guarding concerns.

Proposed Timescale: 01/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Adequate staffing levels were not available in one unit consistent with residents' needs.

17. 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 review of the resident's needs has been completed and a business case will be submitted for additional staffing to ensure the resident's needs are met. There is a recruitment drive underway to recruit adequately trained staff to support residents in meeting their needs. In the interim, agency staff will be utilised to fill the position. Additionally, continuous review of the actual roster will ensure that staffing is utilised effectively.

Proposed Timescale: 01/02/2018

Theme: Responsive Workforce

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

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

18. Action Required:

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

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

Due to the reconfiguration of the Designated Centre's within the organisation, Person in charge will be assigned to one Designated Centre only, this in turn will facilitate greater supervision and support.

Proposed Timescale: 01/02/2018