

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Stewarts Adults Services Palmerstown Designated Centre 3
Centre ID:	OSV-0003900
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Brendan O'Connor
Lead inspector:	Thomas Hogan
Support inspector(s):	Conor Brady
Type of inspection	Unannounced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 27 July 2017 08:00 To: 27 July 2017 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

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

Description of the service:

The designated centre was comprised of five units on a campus based setting. The centre provided residential services for 39 residents and there were 36 residents living in the centre at the time of inspection.

How we gathered our evidence:

Inspectors spoke with residents availing of the services of the designated centre, the person in charge, person participating in management, clinical nurse managers, staff nurses, and team members over the course of the inspection and discussed areas such as residents' needs, governance and management, safeguarding, healthcare, restrictive procedures, food and nutrition, health and safety and risk management, and social care. Documentation such as personal plans, daily monitoring records, incident records, safeguarding plans, positive behavioural support plans, staff

supervision records, staff rosters, and staff training records were also reviewed by inspectors.

Overall judgment of our findings:

The inspectors found the service provided was not safe and had failed to ensure that residents were protected from abuse. There was evidence of institutionalised practices, and residents' right to a safe and appropriate service which also upheld their basic human rights was not evident on the day of inspection. Serious concerns were identified in the area of health and safety and safeguarding and safety and these were brought to the attention of the person in charge throughout the inspection and to the provider at the feedback meeting.

All eight outcomes inspected against were found to be in major non-compliance with the Regulations. These findings are discussed in the following report and the accompanying action plan.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found that some resident's rights, dignity and consultation rights were compromised in this designated centre. Inspectors found inconsistencies in the standard of care delivered and lived experiences of residents across the different units operated within this designated centre.

Inspectors found examples whereby residents' privacy and dignity were not upheld. For example, campus style institutional practices of the collective management of residents as opposed to individualised services based on assessed needs.

Some residents were observed requesting to get out of bed but being told they had to wait in bed until after 'staff handover'. Other residents were observed up from 8am and asking for their breakfast but being told to wait for same. Inspectors observed some of these residents getting very frustrated and not receiving their breakfast until 10am.

In two units of the designated centre there were high numbers of residents living together and the inspectors found an insufficient number of staff on duty to support these residents. For example, staff roster numbers did not match staff on shift.

Inspectors found that the operation of the centre revolved around the routine of the centre as opposed to the needs of the residents. For example, floors were being mopped by cleaning staff at 9am when residents with unsteady gait (assessed as at risk of slips, trips and falls) were getting up and moving around the centre. One resident assessed as requiring support for mobilising was observed walking across a freshly mopped floor before staff intervened to assist.

There was a high volume of persons walking through centres found over the course of this inspection which is indicative of institutional practice. For example, the inspectors observed various people coming and going from the centre and frequently asked staff who these people were. They were often ancillary staff passing through or staff from other parts of the service dropping or collecting items.

Inspectors found in one unit staff did not know each other or the residents as they were drafted into the centre at short notice.

Inspectors found a residents toilet in one centre with no door (a shower curtain was in the place of a door) but found the staff toilet located next to the residents toilet had a door.

The complaints procedures for residents was not on display in any areas of the designated centre or available in an accessible format. While there was evidence available to demonstrate independent advocacy service input in the case of one resident, there was no evidence available in the four remaining units of the designated centre and there was no contact details of the advocacy service on display for residents or families.

Judgment:

Non Compliant - Major

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:

Inspectors found that there was an inappropriate mix of residents in this centre that was not based on assessed needs and age. In addition, contracts for the provision of services were not in line with regulatory requirements.

The provider highlighted a transition plan was in place regarding a child who was currently residing in a unit for young adults.

Inspectors found that the full contracts of care were not available for all residents. A scanned copy of a page of the contract of care which was signed by residents or their representatives was available in some cases, however, details of arrangements which

were agreed in this document were not available to inspectors. In one case there was no contract of care on file for a resident. With the exception of one case, there were no details available in individual resident files with regards to the fees being charged for services provided.

In the case of one resident it was found that personal savings were used to construct an extension to a building and provide the resident with private bedroom area with an en-suite and a separate sitting room area. While advocacy services were very much part of this process, arrangements were not clear on arrangements with regards to the reimbursement of the resident in the event of a transition to alternative accommodation, or in the event of their passing, if the resident's estate would be reimbursed for the costs involved in the construction works to the designated centre. Other residents in this unit were found to have small bedrooms with very limited space for living and storage.

Judgment:

Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that the design and layout of two units of the designated centre was not suitable for the stated purpose and was not meeting the residents' individual and collective needs in a comfortable and homely way.

Overall inspectors found that there were remedial works required to repair damaged plasterboards and repaint chipped paint and damaged walls throughout all five units of the designated centre. Some areas of the centre were found to be clinical and sterile in nature and lacked personalisation for residents.

In one unit a shower room used by residents was found to be less than three feet wide and staff confirmed that residents frequently required assistance with showering in this space. In another area of the designated centre inspectors found a washing machine and electric dryer in use in toilet and bathroom. Ventilation was observed to be limited in areas of the designated centre and mould was visible on ceilings and walls.

In one unit of the designated centre inspectors observed that there was insufficient equipment available to meet the needs of residents during intimate care. An additional shower trolley was required in this area as there was only one bathroom which was accessible to residents.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

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

Inspectors found that emergency lighting was not in place in three areas of the designated centre which contained emergency exits.

Fire doors were observed to not be closing correctly throughout all five units of the designated centre. In one unit two fire doors were observed to have been wedged open by staff, and the mechanical closing device on another fire door was observed to be broken. Staff present were unable to confirm if this had been reported to maintenance or a request for repair had been made.

Not all staff were aware of the actions to take in the event of a fire. While staff were aware of the location of the assembly point, they were not all aware of the individual support needs of residents in the unit.

Inspectors found that the risk of choking by residents was not identified in some instances, adequately assessed, or appropriate measures taken to minimise the risks. Many residents in the designated centre were prescribed modified diets, however, there was no evidence of appropriate reviews of same. In the case of one resident a review had not taken place since August 2015 despite a referral being made by staff in May 2016. In another case an assessment which addressed the risk of choking for one resident made no reference to their relevant history which placed them at increased risk. Other risk assessments were not reviewed within the timeframe outlined on the documents.

A review of incident reports for all five units was completed by inspectors. This review found that there were high numbers of falls by residents in the designated centre. Inspectors found that there was an absence of appropriate follow up in relation to falls management. In the case of one resident, a one page tick box assessment was completed following a fall, however, there was no outcome from this assessment or control measures put in place to minimise the risk of reoccurrence. In another instance there was no follow up completed following a fall of a resident with a medical diagnosis of osteoporosis. This resident had sustained substantial injuries previously as a result of suspected falls. There were no care plans available for either of the aforementioned residents relating to gait, mobility or falls.

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

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Based on HIQA's on-going regulatory action occurring on this providers campus over recent months, inspectors were concerned at this provider's lack of appropriate assessment, investigation and reporting of safeguarding incidents within this centre.

Inspectors found evidence whereby safeguarding concerns were not appropriately investigated, followed up and/or managed in accordance with national guidelines and regulatory requirements. The provider had commenced retrospectively investigating incidents at the time of this inspection.

While some staff members spoken with on this inspection presented as being adequately aware of the types of abuse, in reviewing operational practices, inspectors found that preventative measures in place to protect residents from some forms of abuse were inadequate. For example, measures in place to protect residents finances. One staff member spoken with at the time of inspection was unable to identify the designated safeguarding officer, and was not fully aware of the actions to take in the event of witnessing or suspecting abuse.

There was a policy in place on the prevention, detection and response to abuse, however, given the significant failings identified during the inspections, the inspectors were not assured that this policy was guiding practice. A review of incidents by inspectors identified 14 incidents of potential abuse which were not identified as such by the provider. The identified incidents included peer to peer physical abuse, unexplained bruising to residents, and unexplained injuries to residents. There was a complete absence of appropriate follow up in any of the 14 incidents and safeguarding plans were not in place at the time of inspection.

Inspectors found environmental restrictive practices in place that were not identified or recognised as such by staff or the provider. These restrictive practices were not reported to HIQA as required by the provider and there was an absence of evidence which demonstrated that restrictive practices were the least restrictive alternative and in place for the shortest duration necessary.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspectors found residents' healthcare needs were not appropriately or safely met on the day of inspection.

There was an absence of healthcare plans in place for residents which included conditions such as hypercholesterolemia and hypothyroidism, and in some cases inspectors found that where healthcare plans were in place these did not guide practice. For example in the case of a resident with epilepsy the associated healthcare plan did not outline a typical seizure for the individual or any guidance for staff on how to

manage seizure activity.

There was an absence of effective systems in place to ensure that all healthcare needs were reviewed and appropriately followed up on. In one instance of a resident with epilepsy there were no blood results available which examined therapeutic anti epilepsy drug blood levels. In another instance a resident with hypercholesterolemia had not had bloods completed since November 2015. This resident was awaiting a review by dietetics services since November 2016 despite a referral by staff.

Inspectors found that there was an absence of appropriate review of residents eating, drinking and swallowing needs in the cases of identified risks. In one case where a resident was identified as having a risk of choking, no review of a support plan had taken since August 2015 despite a referral being made in May 2016. Inspectors found that staff knowledge of residents' healthcare needs in some units was not sufficient. For example, in one area staff members were unable to identify residents with epilepsy and dysphagia.

A clinical nurse manager confirmed that they experienced difficulty in accessing the services of multi-disciplinary team professionals, however, in the case of an emergency there was good access and review of residents.

The mealtime experience of residents was observed in three units of the designated centre by inspectors. While it was noted that substantial efforts were made by staff to ensure that this was a positive and social experience for residents, overall it remained an institutionalised and task orientated undertaking. Only one of the five units in the designated centre prepared residents' meals in house, while in the remaining four units meals were reheated locally after being prepared in the main centralised campus kitchen. Residents in these three units were not supported to be involved in the purchase or preparation of their own meals.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

implemented.

Findings:

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

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

Inspectors were assured that both the person in charge and the person participating in management had appropriate knowledge and skills in order to ensure the effective delivery of care and support. Both the person in charge and the person participating in management had been recently appointed to work in the designated centre. Neither the person in charge or person participating in management had received a formal handover of the management and governance issues of the centre. Inspectors found that the scope of the person in charge and the person involved in management was too large. Both shared the management and governance responsibilities of this and another designated centre which in total comprised of a total of nine units.

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

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

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

Findings:

Inspectors found that the number, and skill mix of staff on duty was not appropriate to the number and assessed needs of residents. Some staff were not sufficiently knowledgeable on residents' needs and support requirements. Appropriate supervision was not in place at the time of inspection.

Inspectors were not assured by the level of experience of some staff and found that there was a lack of consistency in the allocation of staff to areas of the designated centre. There was a significant reliance on agency and relief staff to maintain minimum staffing levels as identified by the provider. On the day of inspection it was found that two staff in one unit of the designated centre had never worked there before. Inspectors observed a brief handover from night staff which also was considered an induction for the two new staff members. Inspectors were concerned at the limited nature of the induction offered to the new staff members. The staff concerned were not aware of the names or individual support needs of residents in the unit.

Two senior staff members expressed that staffing numbers allocated to work in the designated centre was not sufficient to meet the individual needs of residents. A review of rosters identified that staffing levels were not consistently maintained in accordance with the needs of residents and identified risk control measures.

Inspectors found adequate supervision was not in place and the arrangements which were in place were ineffective to ensure a safe and reliable service. At the time of inspection there was one clinical nurse manager working with staff in one unit of the designated centre, however, in the remaining four units staff nurses were responsible for the supervision of staff.

There were formal supervision arrangements in place for all staff members, however, the person in charge confirmed at the time of inspection that no supervision records were available for the previous three month period.

A selection of staff files were reviewed by inspectors. A review of a file of a staff member against whom an allegation of staff misconduct was made highlighted that there was no evidence of any disciplinary actions taken by the provider in response to the incident of concern.

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

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Thomas Hogan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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-0003900
Date of Inspection:	27 July 2017
Date of response:	29 August 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:

Privacy and dignity was not maintained or promoted as a result of institutional practices such as the use of a shower curtain in a toilet space used by residents.

1. Action Required:

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

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

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

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

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

Proposed Timescale:

Theme: Individualised Supports and Care

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

In four units of the designated centre there was no evidence available that residents had access to advocacy service and information about their rights.

2. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

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

Proposed Timescale:

Theme: Individualised Supports and Care

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

Residents were observed to be waiting prolonged periods for meals and to get out of bed to facilitate staff practices.

3. Action Required:

Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

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

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

Proposed Timescale:

Theme: Individualised Supports and Care

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

A copy of the complaints procedure was not on display in the designated centre.

4. Action Required:

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

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

The complaints procedure is now displayed in all areas. Easy read copies are also available.

Proposed Timescale: 04/08/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

1. A contract of care was not available for one resident.
2. Full contracts of care documents were not available for other residents in the designated centre.

5. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

1. A total of 4 residents in this designated centre do not have signed contracts of care , one is a child and the parents are still considering the contract, two are adults who have no next of kin and one has a family who are not willing to return the contract.

An independent advocate is working with the two residents who have no next of kin. This process is ongoing but should be completed by the end of September.

The Director of Care – Residential is working with the two other families to ensure that signed and agreed contracts of care are in place.

The contracts of care are being updated to include the new level of charges.

2. Full contracts of Care will be uploaded onto SURA to ensure they are readily available in the designated centre.

Proposed Timescale: 04/08/2017

Theme: Effective Services

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

There was an inappropriate mix of residents in this centre that was not based on assessed needs and age.

6. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The current mix of residents is under review. Needs are being reviewed for compatibility with the levels of support and environments.

Detailed transition plans are being devised to enable residents to move to more suitable accommodation. Safety plans have been put in place to ensure that residents are safeguarded until transitions can take place.

One resident is due to move into a community based service in the coming weeks.

Proposed Timescale: 18/09/2017

Theme: Effective Services

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

Fees charged to residents were not clear from the contracts of care reviewed.

7. Action Required:

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

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

Contracts of care will now include a clear schedule of charges.

Proposed Timescale: 18/09/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some areas of the designated centre required attention, including damage to plaster board and paint on walls which was chipping and damaged.

8. 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 areas that require redecoration will be redecorated. An on-going plan of redecoration is now in place to ensure that all areas are kept to the required stand.

Proposed Timescale: 01/10/2017

Theme: Effective Services

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

The showering facilities in one unit of the designated centre were not of a satisfactory standard.

9. Action Required:

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

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

The showering facilities in question will be upgraded to ensure they are of a satisfactory standard. All other bathrooms and showers have been checked and will be upgraded as required.

Proposed Timescale: 01/10/2017

Theme: Effective Services

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

An additional shower trolley was required in one unit of the designated centre.

10. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

An additional shower trolley has been provided.

Proposed Timescale: 01/10/2017

Theme: Effective Services

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

Mould was present on the ceilings of bathrooms in the designated centre.

11. 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:

Ventilation and heating in bathrooms has been checked by the Technical services department. Deficiencies in ventilation will be remediated by installing a more efficient extractor fan.

The effectiveness of this measure will be monitored by the Person in Charge.

Proposed Timescale: 01/10/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

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

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

Twice weekly triage meetings are held between the Director of Care - Residents, the Director of Nursing and the Risk Manager. All incidents are reviewed and actions taken are checked for implementation. Any learning is noted and then reported to the

relevant Person in Charge to ensure action is taken. This started on the 28/6/17.

All risks rated as high are reviewed daily in the MDT Care Planning meeting. This started on the 28/6/17.

An MDT approach is being taken with the safeguarding and healthcare risk registers, each clinician has responsibility for the risk ratings within their area of expertise.

All incident reports are now uploaded onto SURA to allow for easier access and monitoring. This started on the 28/6/17.

Proposed Timescale: 18/08/2017

Theme: Effective Services

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

The risk of choking was not identified as a hazard, or assessed as a risk, in the case of some residents despite having difficulties with eating, drinking and swallowing.

13. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

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

Proposed Timescale:

Theme: Effective Services

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

There was no emergency lighting in place in three areas of one unit of the centre all of which contained an emergency exit.

14. Action Required:

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

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

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

Proposed Timescale:

Theme: Effective Services

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

Fire doors were observed not to be closing fully throughout the designated centre .

15. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

All areas have been examined to determine whether or not remedial works are required. This has included checks on fire doors.

Fire doors that do not close have been repaired.

Proposed Timescale: 15/10/2017

Theme: Effective Services

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

Not all staff were aware of the required actions to take in the event of a fire.

16. 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:

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

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

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

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

The competency matrix will ensure that staff will only be deployed to areas in which they are deemed competent .

All staff including support staff who work within the designated centre will have fire training specific to the areas that they are working in.

Proposed Timescale: 18/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

1. Restrictive practices in use in the centre were not recognised as such by staff or management team.
2. A number of restrictive practices in use in the centre were not reported to the Health Information and Quality Authority as required.

17. Action Required:

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

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

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

Proposed Timescale:

Theme: Safe Services

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

Incidents of peer to peer abuse were not identified as safeguarding concerns and as such were not reported in line with the national policy and these incidents had not been reported to the appointed designated officer. As a result adequate measures were not in place within the designated centre to ensure that residents were safeguarded against abuse.

18. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

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

Proposed Timescale:

Theme: Safe Services

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

Incidents of peer to peer abuse were not investigated.

19. Action Required:

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

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

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

Proposed Timescale:

Outcome 11. Healthcare Needs

Theme: Health and Development

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

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

20. Action Required:

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

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

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

Proposed Timescale:

Theme: Health and Development

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

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

2. Staff knowledge of the healthcare needs of residents was limited in one area of the designated centre.

3. There was an absence of effective systems in place to ensure that all healthcare needs were reviewed and appropriately followed up on.

21. Action Required:

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

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

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

Proposed Timescale:

Theme: Health and Development

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

Residents in four units of the designated centre were not supported to purchase, prepare and cook their own meals.

22. Action Required:

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

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

Proposed Timescale:

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The scope of the person in charge to manage two designated centres comprising of nine units did not ensure the effective governance, operational management and administration of the centre given their legislative requirement and the failings identified during inspection.

23. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person

in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

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

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

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

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

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

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

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

The competency matrix will ensure that staff will only be deployed to areas in which they are deemed competent.

Proposed Timescale: 04/09/2017

Theme: Leadership, Governance and Management

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

1. The management systems in place in the designated centre had not ensured that the service provided was safe in particular in relation to safeguarding, health and safety and risk management, and fire safety.

2. The management systems in place in the designated centre had not ensured that the service provided was appropriate to meet residents' needs in particular in relation to the use of restrictive practices.

3. The services provided and systems in place were not appropriately monitored. Issues of concern were not identified and acted upon. There was a lack of accountability

throughout the service to identify and act upon issues of concern. The auditing system in place either failed to audit issues, or to act on presenting trends particularly in relation to incident management and risk to residents' safety.

24. Action Required:

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

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

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

Proposed Timescale:

Theme: Leadership, Governance and Management

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

The registered provider failed to carry out an unannounced visit to the designated centre at least once every six months and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

25. 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:

3 of the five units have been visited and the others will be visited by the end of September 2017.

A programme of visits has been put in place to ensure visits occur at least every six months.

Proposed Timescale: 01/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Inspectors were not assured that the number of staff was appropriate to the number

and assessed needs of the residents in the designated centre.

26. Action Required:

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

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

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

Proposed Timescale:

Theme: Responsive Workforce

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

Inspectors found that there was a significant reliance on agency and relief staff within the designated centre which did not ensure that residents receive continuity of care and support.

27. Action Required:

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

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

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

Proposed Timescale:

Theme: Responsive Workforce

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

Inspectors found that staff were not appropriately supervised either directly or through formal supervision processes.

28. Action Required:

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

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

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

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

residents.

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

A timetable of formal supervision has been put in place for all staff. These supervision sessions are recorded.

The Person on Charge is based within the centre and spends time working alongside staff to allow for informal supervision to take place.

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

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

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

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

The competency matrix will ensure that staff will only be deployed to areas in which they are deemed competent.

Proposed Timescale: 04/09/2017