Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Adults Services Palmerstown Designated Centre 1
Centre ID:	OSV-0003897
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Lead inspector:	Helen Thompson
Support inspector(s):	Thomas Hogan
Type of inspection	Announced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	1

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 1 day(s).

The inspection took place over the following dates and times

From:	To:
04 April 2018 09:00	04 April 2018 18:30
04 April 2018 09:00	04 April 2018 18:30

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

Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection
This was a short announcement inspection to assess the designated centre's level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's application to renew the registration of this designated centre. It was HIQA's seventh inspection of this designated centre and it was completed over one day by two inspectors.

In response to concerns found during previous inspections of this centre, notices of proposal to cancel the registration and refuse renewal of this designated centre were issued. A representation document was subsequently submitted to HIQA by the registered provider and assurances were outlined. Additionally, as a result of the provider's assurances, HIQA took a decision to initiate a six month regulatory programme for this centre to include rigorous monitoring. The provider additionally submitted a detailed governance plan outlining their intention to address highlighted areas where improvements were required and to also bolster their own internal self-monitoring systems. As part of the provider's regulatory programme, this report reflects the findings of a second sampling inspection which encompassed assessment of the action plan implementation from the previous inspection in October 2017.

How we gathered our evidence
The inspectors visited three of the five locations that constituted this designated centre. On the day of inspection, one of the larger locations was inaccessible to inspectors due to the implementation of infection control guidelines. The inspectors met with ten members of the staff team which included a person participating in the management of the centre, nursing staff, health care assistants, and household staff. The inspectors met and spent some time with eight residents.

As part of the inspection process the inspectors spoke with a number of the aforementioned staff and reviewed various sources of documentation which included, key centre information such as self-monitoring reports, incidents/accidents, notifications and safeguarding data and residents' files. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents.

Description of the service
The service provider had produced a statement of purpose which outlined the service provided within this centre. This centre was primarily located on a large campus in the Dublin area with four locations spread over the campus site, and one situated on the main access road. The statement of purpose stated that the centre provided long stay residential support for service users 24 hours over 365 days. Residents' support needs included moderate, severe and profound intellectual disability and challenging behaviour. Residents required high level support and supervision through positive behaviour support plans and behaviour management guidelines. There was capacity for 21 residents and on the day of inspection it was home to 20 male and female residents over 18 years of age.

Overall judgment of our findings
Seven outcomes were inspected against and overall, the inspectors found that in order to meet regulatory requirements, significant and considerable improvements were still required across all outcomes inspected against. Whilst acknowledging that the provider had, since the last inspection initiated some remedial actions and made changes to their governance structure, improved outcomes within the day to day lived experience were yet to be attained for residents, particularly those with higher support requirements.

Areas of concern were observed regarding the centre's health, safety and safeguarding systems, the centre's premises - particularly its inappropriate fit for some residents' complex needs with associated restrictive environments in place. Non-compliances were also identified regarding the residents' healthcare and medicines needs. Additionally, to ensure their ability and competency to perform their role in this centre, some staff members' knowledge and practice required improvement.

Though from a governance and management perspective the provider had reorganised their management structure, further progress was still required with the centre's lines of accountability, communication systems and its capacity to self-identify any critical area of concern and promptly address it.

These findings along with others are further detailed in the body of the 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 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:
During the course of the inspection day, the inspectors visited three of the five locations that constituted this centre and found that to ensure that it met some residents' needs in an appropriate, homely and comfortable manner significant improvements were required with the centre's premises.

The inspectors acknowledged that since the previous inspection the provider had commenced renovation work with the refurbishment of one resident's apartment now completed, and that further work and developments were planned. The inspectors were informed that the clinical nurse specialist in behaviour had recently commenced an assessment process for residents in this location, and that a referral had now been made to the occupational therapist for the completion of an environmental assessment.

Inspectors found that the design and layout of one particular location was not in keeping with three of the residents' assessed needs. This was observed to be negatively impacting on the resident's opportunity to move freely within their environment, to have direct access to an open garden space and overall, to facilitate optimal independent living. This current living arrangement for residents also failed to incorporate alternative materials and facilities in line with the resident's complex needs.

Improvements were also observed to be required with the maintenance, upkeep and standard of cleanliness within the centre. This included:
- painting, plastering and general decoration required in a number of rooms;
- curtains were falling off/incorrectly hung in some rooms;
- curtains in one area required cleaning and a loose wire was hanging out of the window frame;
- floor coverings were scuffed and marked;

- the kitchen units in one apartment required attention & the cooker required cleaning;
- the walls in another location were grubby and unclean

During location walkabouts the inspectors additionally identified that the residents' home was not adequately providing for some Schedule 6 requirements. These included the lack of adequate ventilation for residents in a number of the areas visited, poor provision of natural light, inadequate bathroom facilities, inadequate storage, lack of access to kitchen facilities and appropriate living space.

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:
Overall, the inspectors observed that significant developments were required to optimally facilitate the health and safety of residents, visitors and staff. A review of the centre's fire management system highlighted deficits with regard to the provision of adequate means of escape, the availability of fire fighting equipment, the evacuation of all persons and assurances regarding staff member's competency to respond to a fire situation.

Across a number of areas, inspectors observed issues with regard to ensuring adequate means of escape which included a lack of emergency lighting and emergency keys being readily available at exit routes. Also, there was an issue noted with fire containment as the seals were damaged on some doors and fire extinguishers were not readily available in all areas.

From a review of residents' evacuation needs documentation and discussions with staff, the inspectors found that the evacuation support needs of some residents were not appropriately considered, assessed and planned for. Additionally, the centre's training records demonstrated that 23 per cent of staff had not completed mandatory fire safety training and only 26 per cent of staff members had participated in a fire drill within the centre.

A review of incident and accident records for the designated centre for the period January to March 2018 (inclusive) found that 62 incidents, accidents, or near misses were recorded. 50 of the 62 incidents, accidents or near misses were recorded as occurring in one unit of the designated centre. The inspectors found that there was an overall absence of appropriate follow up to incidents, accidents or near misses which had occurred in the designated centre.

The inspectors found that the management of risk within the designated centre was not satisfactory. Risk registers completed for each individual unit were made available to inspectors and it was found that fire was listed as a risk for all areas. The risk calculation was stated being 4/25 in all units with the exception of one which was stated as being 8/25. Informing this calculation was a list of 'control measures', one of which ''fire safety training for all staff'', however, as mentioned previously all staff employed in the designated centre were found not to have completed this mandatory training as required. In another unit, which had a significant number of incident records where safeguarding matters were inferred, the inspectors found that the risk of safeguarding was stated as being 9/25. Some control measures listed as informing this risk rating which were found not to be satisfactorily in place by the inspectors included:
-staff to be familiar with and adhere to adult protection policy
- incidents are reported, recorded and follow up action taken where required
- safeguarding plan implemented where required
- staff receive training
- all staff to complete online safeguarding training

During their walkabout of the centre's premises, inspectors observed that the centre's procedures for the infection and control of infection required improvement. This finding related particularly to the provision of adequate hand hygiene facilities as it was observed that soap, hand wash and towels were not available in some areas. Also, some staff members required hand hygiene training.

Judgment:
Non Compliant - Minor

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 inspectors found that there remained ineffective measures in place in the designated centre to protect residents from experiencing abuse. In some cases, incidents of an abusive nature which had occurred in the period since the last inspection were not identified as such and as a result appropriate action had not been taken in response to these concerns. All six actions issued at the time of the last inspection relating to safeguarding and safety were found not to have been satisfactorily addressed or resolved.

A review of incident and accident records for a three month period of January to March 2018 found that 20 incidents occurred in the designated centre which met the definitions of abuse as per the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (HSE, 2014). These incidents involved the observation of unexplained bruising and peer to peer interactions including inappropriate exposure, attempted biting, and physical abuse. The inspectors found that 14 of these 20 incidents were not identified as being potentially abusive by the registered provider and as a result they were not reported to the HSE Safeguarding and Protection Team as required by national policy, or notified to HIQA as required by the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013. In addition, the inspectors found that none of the 20 incidents were reported to An Garda Síochána.

The inspectors found that the management of behaviours of distress was not informed by best practice and staff were not aware of the content of positive behavioural support plans. In one unit of the designated centre, a staff member responsible for the provision of care and support to an individual with complex behavioural needs was unable to locate that individual's behavioural support plan. The inspectors observed this staff member raise their voice at the resident and directed them through communicating through a door. Inspectors later observed the staff member engaging in subsequent communications that were not deemed to be of a satisfactory nature. When a copy of the resident's positive behavioural support plan was later provided to the inspectors, strategies which were listed to prevent behaviours from occurring included: active listening, providing for needs, having a range of enjoyable activities available, and assisted relaxation. At the time of inspection it was observed that none of these preventative strategies were employed or available. The positive behavioural support plan in place for this resident was completed in September 2016 and was due for review in September 2017, however, there was no evidence available to demonstrated that this review had been completed. Of a sample of seven positive behavioural support plans reviewed by inspectors which were in place for residents, it was found that none had been reviewed in the timeframes outlined as being required. In one case, a positive behavioural support plan in place for a resident had not been reviewed since March 2015.

While the inspectors found that the use of chemical restraint in the designated centre had reduced in the time period since the last inspection, there remained an absence of appropriate oversight of the use of restrictive practices in the centre. When requested, a list of all restrictive practices in use in the designated centre was provided to the inspectors. It was found that the list provided differed considerably with observed restrictive practices in use at the time of inspection. Inspectors found that there was a lack of awareness of what constituted a restrictive practice in the designated centre and there was an absence of evidence that rights of residents respected and upheld. In one instance, the inspectors asked a manager how restrictive practices had been reviewed since the time of the last inspector and the example of a reduction in such practices was provided in the form of cupboards in a resident's apartment being unlocked. The inspectors asked to see the cupboards and found that they were locked. In another case, two residents were found to be confined in very restrictive apartment spaces with no drinking water freely available. The inspectors observed that a resident in one of these apartments,who was unable to communicate verbally, was left unattended and alone while eating breakfast and stood inside a partitioning door waiting for staff to re-enter the apartment area to request additional breakfast cereal.

A review of staff training records found that 19 per cent of staff employed in the designated centre had not completed training in the area of safeguarding vulnerable adults. In addition, formal training in the area of positive behavioural supports was not provided. Mandatory training in breakaway techniques had not been completed by 15 per cent of staff members.

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

Findings:
In general, the inspectors found that the residents' healthcare needs were recognised and assessed. However, improvement was required with the review, evaluation and implementation of some healthcare plans that were available to inform and guide staff practice.

As part of the inspection process, the inspectors particularly discussed and reviewed the healthcare plans of residents that were identified as having higher support requirements. It was found that improvements were required, with an example including one resident with a weight management issue not having a plan available to inform this identified need which was additionally interlinked with one of their other health issues, hypertension. The plan available for this need was last reviewed and evaluated in December 2016.

Also, the inspectors noted that some aspects of the resident's plan were not fully implemented as required, for example, the clinical observation record was not completed for each month of 2017 and records/evidence of attempts to encourage the resident to exercise were not present. From a review of the resident's activity records from January to March 2018, it was noted that on four occasions only had they participated in a recommended physical activity in line with their plans.

Residents were observed to be facilitated with the services of a general practitioner on campus, and an out of hours service where required. Residents also had access to multidisciplinary clinical team members and allied external health professionals, for example, endocrinology and specialised medical clinics.

Residents were primarily provided with food from a centralised canteen on campus with their choice incorporated into same. The inspectors were informed that increasing opportunities for residents to be involved in food preparation was being incorporated into the planned building works for the centre. Access to the support of a dietician was also available for residents.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

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

Findings:
Overall, the inspectors found that to ensure optimal supporting of each resident's medication needs, improvements were required with the centre's medication management systems. This outcome was assessed for residents across two locations within the centre and highlighted areas for improvement regarding administration practice, the completion of medication capacity assessments for residents and storage issues.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. A pharmacist was available to the residents, and there was evidence of review of the residents' medicines needs. Also, staff could identify and outline appropriate responses to the discovery of a medication error.

However, from a review of administration records the inspectors observed that one resident had not been administered a medicinal product (which had been prescribed for administration once daily) on any occasion since it had been prescribed 21 days prior to the date of inspection. Also, this medication error had not been identified through an internal monitoring or review mechanism.

The inspectors observed in another location that improvement was required as some medication containers did not display an expiry date for the medicinal products stored within. Additionally, the actual storage arrangement, due to it's location and accessibility was not satisfactory.

The inspectors noted that residents' capacity with regard to the option of self-administration of their medication had also not been explored.

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:
Overall, the inspectors observed that the centre's governance and management arrangements required significant improvement regarding the centre's lines of accountability, it's overarching management systems and it's capacity to monitor and identify any critical area of concern and to promptly address it.

Since the previous inspection, and in keeping with the centre's governance plan, there was now a defined management structure in situ. This included, in line with regulatory requirements, the appointment of a person in charge who was supported in her role by a number of other management personnel working across the centre's five locations. This management personnel included a number of programme managers with specific remit such as clinical oversight who reported into the Director of Care. However, as demonstrated through the level of non-compliances found across the assessed outcomes on this inspection, further significant improvement was still needed with the communication and management systems that wrapped around this revised centre structure. Inspectors also noted that though the management team were collecting information and collating key data sets, effective analysis to ensure improved outcomes for some residents was not observed.

The provider was engaging in self-monitoring systems which included auditing, and the completion of the required six monthly unannounced visit process. Since the previous inspection, the provider had completed three unannounced visits across three of the five locations that constituted this centre. These visits were completed by an external consultant, and in general identified similar issues as those found on this inspection regarding the quality of the care and support provided to residents. The most recent visit on 03 April 2018 was conducted in a recently refurbished bungalow location where four residents were supported. This visit identified 24 areas for improvement which encompassed fire safety, risk, safeguarding, infection control, restrictive practices and workforce matters; 12 of the areas identified requiring an immediate action response that day. Inspectors noted that the governance and management system had failed to generalise critical learning from the two recent unannounced visits conducted in the centre's other locations, and thus opportunities to achieve improved outcomes for residents were missed.

Judgment:
Non Compliant - Major

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
Overall, the inspectors found that although some progress had been achieved since the previous inspection, further improvements were required regarding the centre's workforce. These included the consistent ensuring of the appropriate number of staff to support the residents' assessed needs, and the facilitation of each staff member's educational and training requirements to ensure optimal support delivery for residents. In general, improvement was observed with regard to ensuring continuity of care for residents.

From observations, a roster review and interviews the inspectors found that there was some stabilisation of the workforce of the designated centre in the time since the last inspection, the required number of staff was not consistently available to support some residents' assessed needs as outlined in the centre's statement of purpose. In one location in particular, the required number of staff was absent and this was noted to adversely impact on some residents' requests and needs being responded to in a timely manner.

Inspectors reviewed the centre's current training needs analysis records and observed that some staff had gaps with regard to their mandatory and ancillary training requirements. These included manual handling and hand hygiene. The inspectors acknowledged that the provider was aware of these deficits and had plans to address same. Also, during the course of the inspection it was noted that in keeping with the residents' assessed needs, staff required additional ancillary education. This included education in mental health conditions and associated therapeutic supports, positive behavioural approaches, and in a rights based approach to service delivery.

Overall, the inspectors found that the level of staff knowledge of the residents' needs varied across the locations visited. Some staff were noted to be confident and competent in informing the inspectors of the residents' individualised needs, their current goals and the supports required to achieve same. However, other staff members lacked clarity regarding the care and support needs of residents that they were working with on the day of inspection.

The inspectors reviewed a cross section of staff member's files and found that they contained the information as specified in Schedule 2. A member of the service's human resources team outlined the remedial work that had been completed in this area since the previous inspection, which included the development of a form to more effectively record staff member's employment history.

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:

Helen Thompson
Inspector of Social Services
Regulation Directorate

Health Information and Quality Authority **Regulation Directorate** **Action Plan**

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003897
Date of Inspection:	04 April 2018
Date of response:	06 June 2018

Requirements

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

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

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report, one location within the centre's premises did not appropriately meet some residents' needs.

1. Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed

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

and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
The premises shall undergo remodelling to ensure it meets the needs of the residents.

Proposed Timescale: 30/05/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A number of areas required attention with regard to the upkeep and maintenance of aspects of the centre.

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

Please state the actions you have taken or are planning to take:
A maintenance audit shall be carried out on a regular basis by the persons identified as responsible for the day to day management of the centres. Where maintenance issues are identified, they shall be addressed. The Programme Manager shall support this with regular audits and walk-arounds.

Proposed Timescale: 30/06/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report, improvements were required with regard to the décor and standard of cleanliness in some areas.

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

Please state the actions you have taken or are planning to take:
A maintenance audit shall be carried out to identify the areas of the centre that need redecorating. Where this is identified, redecorating in line with the residents wishes and preferences shall be carried out.
Regular household audits shall be carried out to ensure a high standard of cleanliness is maintained throughout the centre.

Proposed Timescale: 31/12/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some improvements were required regarding the provision of Schedule 6 matters for residents, for example, ensuring appropriate levels of ventilation, light and space within the resident's environment.

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

Please state the actions you have taken or are planning to take:
The premises shall undergo remodelling to ensure it meets the requirements of Schedule 6.

Proposed Timescale: 30/05/2018

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:
The inspectors found that the systems in place in the designated centre for the assessment, management and ongoing review of risk were not satisfactory.

5. 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 shall be reviewed to ensure that they adequately identify risks within the designated centre. A log of risks in each home in the designated centre shall be developed highlighting the highest rated risks in the centre. All incidents shall be reported on the National Incident Management System and reviewed by the Person responsible for the day to day management of the home, and the Programme Manager. An Incident Follow Up Form shall be attached to all incident reports to report actions arising from incidents and their completion dates. The incidents shall be discussed at team meetings for learning purposes and at monthly PIC meetings for generalised learning. The incidents shall inform risk assessments to ensure there are appropriate control measures in place to prevent reoccurrence.

Proposed Timescale: 31/07/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Improvements were required with the provision of effective infection control procedures in the centre.

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

Please state the actions you have taken or are planning to take:
All areas of the designated centre shall be provided with soap dispensers and hand towel dispensers. Regular infection control audits shall be carried out to ensure that effective infection control procedures are in place.

Proposed Timescale: 30/06/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report, there was a lack of adequate arrangements in situ for some of the centre's escape routes.

7. 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:
A review of the evacuation procedures in the centre shall take place to ensure there is adequate means of escape. Where inadequate means are identified, they shall be addressed.

Proposed Timescale: 20/06/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was a lack of appropriate measures to ensure the safe evacuation of some persons within this centre.

8. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for

evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
A review of the evacuation procedures in the centre shall take place to measures are appropriate to ensure safe evacuation of residents. Where they are identified as inappropriate, additional and/ or alternative measures shall be put in place.

Proposed Timescale: 20/06/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A number of staff required training in fire safety, and also to be facilitated with participation in a fire drill.

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

Please state the actions you have taken or are planning to take:
An audit of staff training shall take place to identify training deficits. Where staff require fire safety training, this shall be provided. Fire drills shall be scheduled to ensure all staff participate in a fire drill.

Proposed Timescale: 30/06/2018

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:
At the time of inspection current positive behaviour support plans were not available to comprehensively inform, guide and facilitate staff member's daily support of some residents' needs.

Additionally, as outlined in the body of the report, staff had not been facilitated with additional training to augment their abilities to comprehensively support residents' positive behavioural support needs.

10. 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:
Behaviour support plans shall be reviewed and shall be available within the designated centre.
An overview of positive behaviour support training will be implemented across the Designated Centre which will aim to enhance staff skills in the implementation of behaviour support. This will be reinforced by individual training on the implementation of plans by the author. All staff working with individuals with behaviours of concern shall be facilitated to attend this training.

Proposed Timescale: 31/07/2018

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff members required training in behavioural management techniques including de-escalation.

11. Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
An audit of staff training shall be carried out. Where staff are identified in need of training in de-escalation techniques, this shall be provided.

Proposed Timescale: 30/06/2018

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The management of restrictive practices in the designated centre did not ensure
- the identification of all restrictive practices in use
- that the use of restrictive practice is underpinned by due process and rights mechanisms

12. 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 restrictive practices committee shall review the restrictions in place within the designated centre. The chairperson of the restrictive practice committee shall organise

an audit of restrictions in place in the designated centre to ensure all restrictions are identified. Where the restrictive practice impinges on the rights of another resident, a referral shall be sent to the rights committee to ensure the restriction is underpinned by due process and rights mechanisms.

Proposed Timescale: 30/06/2018

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In the case of some residents, the inspectors found that every effort had not been made to identify and alleviate the cause of behaviours of distress; there was an absence of evidence to demonstrate that all alternative measures were considered before a restrictive practice was applied; and the least restrictive procedure for the shortest duration necessary was not used.

13. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
Detailed protocols shall be written to guide practice on the implementation of the restriction including alternatives to be tried prior to the implementation of the restriction. These shall be reviewed by the Restrictive Practice Committee prior to sanctioning the restrictive practice. Detailed restrictive practice logs shall be implemented to ensure there is appropriate recording of the restrictive practice to ensure it is the least restrictive, for the shortest period of time and as a last resort.

Proposed Timescale: 30/06/2018

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some residents in this centre continued to experience incidents of peer to peer abuse.

14. 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:
Where residents experience peer to peer abuse, safeguarding plans shall be put in place to prevent this.

Proposed Timescale: 30/06/2018

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff working in the centre required training in the safeguarding of vulnerable persons.

15. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
An audit shall take place of the training needs of the staff in the designated centre. Where safeguarding training needs are identified, training shall be provided.

Proposed Timescale: 30/06/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report, improvements were required with the quality and implementation of some residents' healthcare plans.

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

Please state the actions you have taken or are planning to take:
All nurses shall attend workshops to support and guide practice on the development of health care plans. The format of the care plans shall be reviewed to make them more accessible. All care plans shall be reviewed to ensure they are current and guide practice. All care plans shall be audited to ensure they are of good quality. Where nurses require additional support in the development of quality care plans, this shall be provided.

Proposed Timescale: 30/06/2018

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report, there were issues identified regarding the ensuring of appropriate medicines storage practices.

17. Action Required:
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
A review of the medicines storage practices within the designated centre shall take place. Where storage is identified as inappropriate, arrangements shall be put in place to address and rectify.

Proposed Timescale: 30/06/2018

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report, some improvements were required with the centre's medication management practices.

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

Please state the actions you have taken or are planning to take:
Medication audits shall take place fortnightly. These shall be reviewed by the persons responsible for the day to day management of the centre and actioned appropriately to ensure safe medication management practices are in place.

Proposed Timescale: 30/06/2018

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:
As outlined in the body of the report, improvements were required with the centre's overarching management and monitoring systems.

19. 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:
Reports shall be submitted to the Programme Manager on a weekly basis covering key areas of safety within the designated centre. The Programme Manager shall carry out regular announced audits to ensure follow up on unannounced audits. The agenda for monthly management meetings shall be reviewed to ensure generalised learning in key areas, including incident management and feedback from the registered provider visits.

Proposed Timescale: 30/06/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Staff numbers were not consistently maintained in line with some residents' support requirements and the centre's statement of purpose.

20. 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 recruitment drive shall take place to recruit vacant positions within the designated centre and vacancies shall be filled. In the interim, agency staff shall be utilised to ensure that there is appropriate number of staff available to the designated centre to meet the needs of the residents.

Proposed Timescale: 31/07/2018

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff members still required to be fully facilitated with their training and educational needs.

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

Please state the actions you have taken or are planning to take:
An audit of the staff training needs shall be carried out. Where staff training is identified, this shall be provided and facilitated.

Proposed Timescale: 30/06/2018