

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adults Services Lucan Designated Centre 11
Centre ID:	OSV-0003908
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:	Caroline Vahey
Support inspector(s):	Jillian Connolly
Type of inspection	Unannounced
Number of residents on the date of inspection:	18
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 April 2017 16:00	26 April 2017 21:20
27 April 2017 08:15	27 April 2017 18:30

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

Summary of findings from this inspection

Background to the inspection.

This was the second inspection of the designated centre the purpose of which was to monitor ongoing regulatory compliance. The centre had previously been inspected in October 2014 and ten outcomes were inspected against on this inspection.

Description of the service.

The centre comprised five units, located in the community. All units were close to local amenities and public transport was available. The centre had produced a statement of purpose which stated the mission of the centre was to support and empower residents to live meaningful and fulfilling lives delivering quality and person centred services. The inspectors found the systems in place had not ensured a quality, person centred service was consistently delivered in accordance with the statement of purpose and a number of issues were identified during the inspection, impacting on outcomes for residents.

How the inspectors gathered evidence.

The inspection took place over two days and was facilitated by the person in charge.

On the first evening of inspection, the inspectors observed practice over a number of hours in four of the units, and further observations in the fifth unit were completed on the second day of inspection. Inspectors spoke with residents in each unit in relation to the care and support they received. One family member attended the centre during the inspection and spoke to the inspector regarding services provided. Staff in each unit spoke with inspectors regarding the needs of the residents and the plans in place to meet these needs. Documentation such as personal plans, financial records, staff training records, staff rosters, written agreements and supervision records were also reviewed.

Overall judgement of findings.

The inspectors found the services and facilities provided were not adequately monitored resulting in reduced outcomes for residents and potential risks to residents' wellbeing. Three major non compliances were identified in the following outcomes:

- Outcome 6 - relating to aspects of premises inadequately maintained, inadequate heating in two units, areas of the premises required upgrading,
- Outcome 8 - relating to safeguarding concerns in the centre not identified and responded to appropriately. Improvement was also required in behaviour support,
- Outcome 14 - relating to management systems not adequately monitoring the service to ensure it was appropriate and safe and the scope of the person in charge not effective.

Four moderate non compliances were also identified as follows:

- Outcome 1 - relating to the management of complaints and to residents privacy and dignity not upheld,
- Outcome 4 - relating to written agreements not adequately outlining some charges and charges not in line with some residents' assessed needs,
- Outcome 7 - relating to risk management and fire precautions,
- Outcome 17 - relating to insufficient staffing levels, staff not appropriately supervised and induction process not appropriate.

Good practice was identified in social care needs and healthcare needs and overall residents had been provided with the appropriate care and support to meet these specific needs.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspectors found there was a procedure in place for managing complaints however, evidence was not available to confirm a recent complaint had been responded to. Improvement was also required to ensure residents were facilitated and supported to access their own money and to ensure residents' rights to privacy and dignity were upheld.

The inspectors reviewed documentation pertaining to complaints in the five units comprising the centre. There was a system in place for recording complaints. The inspectors were informed a recent complaint had been made to the provider however, documentary evidence was not made available to inspectors to confirm this complaint had been acknowledged by the provider, or to confirm the actions taken since receipt of the complaint approximately one month ago.

The complaints procedure was prominently displayed in each unit of the centre. Residents and family members stated they felt comfortable making a complaint and told inspectors who they would speak to, should they wish to make a complaint.

The inspectors found residents' right to privacy and dignity in one unit was significantly compromised due the fact that residents could only access washing facilities in the ensuite bathroom of another resident. In addition, personal information pertaining to residents was not secure and compromised their right to privacy. For example, personal plans were stored on open shelving in a unit and in another unit, information regarding residents' medical history was visible in the hallway.

The inspectors reviewed arrangements regarding residents' finances. Some residents availed of banking services in the community and were supported if needed by staff to manage this system. The inspectors found however, that for those residents for whom the provider managed their accounts, the arrangement for residents to freely access their money had not been implemented. For example, the inspector spoke to two staff with regards to these arrangements however, staff were not aware this system had been changed in order to improve residents' timely access to their own funds. In addition, there was no updated written procedure informing the revised practice.

Complete and accurate records had been maintained on transactions made by and on behalf of residents. The inspectors found residents had sufficient funds at all times.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspectors found residents had written agreements in place however, improvement was required in the detail of some additional fees charged to residents.

The inspectors reviewed written agreements for residents which had been signed by the resident and / or their representative and by a representative of the provider. The fees to be charged to residents were set out in these agreements. The inspectors found improvement was required to ensure the additional fees for transport services were clearly set out and to ensure this arrangement was based on assessed needs of residents.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspectors found residents were provided with care and support consistent with their assessed needs and residents were actively involved in the assessment and personal plans process. Improvement was required to ensure that plans were clearly set out in order to guide practice.

The inspectors found residents had an assessment of their health, social and personal needs and all assessments reviewed were up-to-date. Residents had, where required been assessed by the relevant multidisciplinary team members and recommendations arising from assessments were found to form part of personal plans. Personal plans were developed for identified needs and residents confirmed they had been involved in this planning process. The inspectors reviewed the documentation pertaining to personal plans and found plans had been implemented. Improvement was required to ensure the template for personal plans documentation was appropriately implemented, as the inspectors found plans were not clearly set out in documents in order to guide practice.

Plans were available in an accessible format for residents.

Residents had developed goals for new social experiences, skills development, personal relationships and community participation and residents spoke with the inspectors about the plans implemented and underway to achieve their personal goals. Residents attended day services and some residents worked in facilities such as restaurants and a farm which were part of the Stewarts Care services.

The inspectors reviewed a transition plan for a resident who recently moved into the centre and found appropriate support had been provided to the resident to manage this change.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets

residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The inspectors found significant improvement was required in four of the five units comprising this centre, in order to ensure premises were safe, well maintained and met the needs of the residents in a homely way.

The inspectors found one of the five units was clean, well maintained and suitable for its stated purpose.

The inspectors identified the remaining four units required significant improvement. Areas of the units and some equipment were not clean and in addition a build-up of mould was noted in rooms in three of these units. Flooring was noted to require replacement in two of the units and floor boards on the base of a hotpress were noted to be unstable posing a risk of injury.

Painting was required throughout one unit and while staff outlined this had been identified as a requirement by the person in charge, it was not evident on the day of inspection the plan to address this. In another unit areas were found to be in disrepair including doors off frames and damage to walls.

The inspectors found parts of two units were not suitable to meet the needs of the residents including a poorly lit hall in one unit which posed a potential risk to the safety of one resident. The kitchen area in another unit had insufficient space when the needs of the residents living in that unit were considered.

Suitable heating was not provided in some units and there were no heating facilities in toilet facilities in one unit and in shower facilities in another unit. There was inadequate storage in one unit and the inspectors found boxes of supplies such as chemicals inappropriately stored on the floor of the staff room.

The inspectors found one back garden was not maintained to an acceptable standard.

The inspectors did note that most issues with the premises identified by the inspectors had been reported to the maintenance department however, it was not evident the actions being taken to address these issues. In addition, the inspectors noted, the weekly auditing system, of which premises formed part of, had not identified these issues.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspectors found the measures in place in the centre were not satisfactory to ensure the health and safety of residents, visitors and staff were promoted and protected, and improvements were required in risk management and in fire precautions.

The inspectors identified that some risks in the centre had not been identified and in addition, some risks were not appropriately assessed or managed. Adverse incidents were reviewed by the inspectors however, the inspectors found the system for assessment and management of risk were not effective. Risks assessments had been completed on the environmental, clinical and operational risks in the centre however, the control measures were not consistently proportionate to the risks, and the measurement of risks were not always accurate. For example, the control measure for incidents of aggression and violence in a unit outlined there was an on call number available however, the inspectors found this was not appropriate given that only one staff worked in the unit at night time, there were a significant number of incidents occurring during the night time period and the impact of these risks on other residents had not been considered as part of this risk management process. In addition, these issues identified as low risk, were not reflective of the frequency of incidents.

Environmental risks identified by inspectors in some units regarding mould had not been risk assessed by the provider and the measures implemented to control this potential respiratory risk were not adequate. The inspectors also noted a deep step from a poorly lit hallway to a garage was used daily by residents and there was inadequate signage to alert residents and staff to this hazard. While environmental risk assessments had been completed for all units comprising the premises, these specific risks did not form part of this process.

Health and safety checks were completed on a monthly basis and where issues arose an action plan was developed however, the inspectors identified that actions relating to maintenance requirements were not consistently implemented.

The practice of all residents in one unit using the ensuite of another resident had also not been appropriately assessed and managed, and the risk management assessed the

resident's ability to use this facility rather than the risk to the privacy and dignity of residents.

Infection control measures such as ample handwashing and sanitising facilities, and personal protective equipment were observed to be provided in the centre.

The inspectors reviewed the provision of fire safety systems in the centre. Appropriate systems were not in place for the containment of fire and fire doors were noted to be wedged open in two units. Some residents stated they preferred to leave their bedroom door open at night and showed the inspectors the wedges used to keep doors open. Each unit was equipped with a fire alarm, emergency equipment, and fire fighting equipment such as fire extinguishers. All fire equipment was found to be regularly serviced.

The inspector reviewed records of fire drills in the centre and found residents had been evacuated within a satisfactory timeframe. Personal emergency evacuation plans were developed outlining the support residents required in the event of an evacuation of the centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Overall the inspectors found appropriate measures were not in place to ensure some residents were safeguarded, and to ensure safeguarding concerns were investigated as required. Improvement was also required to ensure residents were provided with the appropriate support in relation to their emotional needs.

There was a policy on the prevention, detection and response to abuse and staff had received training in safeguarding. The inspectors spoke with residents who stated they felt safe in the centre. The inspectors found however, that incidents, which impacted on

the quality and safety of care and support for residents had not consistently been identified as safeguarding concerns. As such the inspectors found these concerns had not been processed as per the centre policy on safeguarding and adequate measures taken to ensure all residents were safeguarded.

Some safeguarding concerns had been reported to the Health Information and Quality Authority a number of months ago and prior to the inspection the provider had outlined these issues were under investigation. The inspectors requested evidence of the progress of these investigations however, documentary evidence was not made available.

Behaviour support plans had been developed in consultation with allied health care professionals and overall the inspectors found these plans guided the practice to support residents with their identified emotional needs. However, the inspectors found a resident identified as requiring psychology support had not been referred. In addition, the inspectors found all efforts to alleviate the underlying causes of a resident's behaviour had not been made and the potential contributing factor to a resident's behaviour had not been identified.

Staff had received training in techniques to support residents with behaviours that challenge.

There were some mechanical and environmental restrictive practices in use in the centre. Restrictive practices in the centre had been assessed and were regularly reviewed by the service committee on restrictive practices.

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 met.

Residents' healthcare needs had been assessed by the general practitioner at an annual medical review and by nursing staff employed in the service. Where required assessment of residents' healthcare needs had also been completed by allied healthcare professionals such as a psychiatrist and a speech and language therapist and residents

had regular review as required with these professionals. Residents were also supported to access community healthcare professionals such as hospital consultants and dental services.

Healthcare plans were developed specific to identified needs and the inspectors found these plans were implemented. For example, staff described some residents' prescribed interventions of healthcare conditions for the purposes of monitoring, and of the preventative interventions to support a resident with a diagnosed healthcare condition.

The inspectors observed that mealtimes were a pleasant, sociable and engaging time for residents and residents were supported to prepare meals if they so wished. Meal choices were observed to be displayed in picture format in the centre and residents stated they were happy with the food provided.

The advice of a speech and language therapist formed part of a nutritional plan as required.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspectors found residents were protected by most procedures for medication management however, improvement was required to ensure the process for transcribing of medication was safe.

There was a written policy in place on the ordering, prescribing, storing and administration of medication. The inspectors reviewed a sample of medication prescription and administration records for both regular and PRN (as required) medication. Most records contained all of the required information and administration records confirmed medication had been administered to the resident for whom they had been prescribed. However, a PRN (as required) prescription for emergency epilepsy medication was identified as containing unclear guidance and staff were unable to confirm what the prescription order specified. On review of preceding prescriptions, it was identified the process for transcribing had not ensured this prescription matched that of the original prescriber, approximately nine months ago. An updated prescription,

with the correct information for administration was made available by the end of the inspection.

Medications had been subject to regular review. Staff spoken with were knowledgeable on the medications prescribed for residents. Medication management plans were developed and subject to review as part of the personal plan process.

Suitable medication storage was observed to be available in all units. Medications requiring disposal were returned to the dispensing pharmacy and records were maintained of all medications returned.

Staff had received training in the safe administration of medication.

The inspectors reviewed a sample of medication errors reports in two units and found appropriate immediate actions had been implemented. Where required actions had been taken to prevent reoccurrence of errors.

Medication management audits were completed on a monthly basis, for example, on storage, administration, records and labelling. The inspectors noted transcribing of medication was not subject to part of this audit. Medications received into the centre were counted and stock records were maintained.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspectors found the management systems in place had not adequately monitored the service and responded appropriately to issues identified, to ensure the service provided was safe. Major non compliances were identified in safeguarding and premises, and while the service had a system for regularly monitoring the quality of care and support, this system had either not identified these areas as issues, or these areas did

not form part of that audit process. The inspectors were not satisfied that the person in charge could ensure the effective governance, management and administration of the centre.

The inspectors reviewed a range of systems in place, which formed part of the overall quality management system for review of services in the centre. These included staff meetings, supervision records for staff, and a weekly quality audit system. It was not clear from the records reviewed, how staff were enabled to discuss areas of concern in the centre. Supervision and staff meeting records were used for the dissemination of information from management levels to the staff and to inform staff of their individual actions to be taken as part of their keyworker role.

Safeguarding issues as previously outlined had not been identified and as such the provider had failed to ensure adequate supports were in place to protect residents at all times. It was unclear how these safeguarding issues were monitored by the provider on an ongoing basis.

While the inspectors acknowledged premises formed part of a weekly audit by the person in charge, the non compliances identified during the inspection had not been highlighted in this audit and as such, the mechanisms in place to ensure areas of concern, outside of the scope of the person in charge were actioned were not be utilised.

The person in charge was employed on a full time basis and assumed responsibility for three designated centres comprising twelve units. From review of records and discussion with staff, the person in charge visited the centre however, these visits were not consistently when residents and staff were in the centre. The purpose of visits was documented in a manager's book however, the inspectors found many of these visits entailed reviewing documentation and inspectors were not assured that in the absence of an identified responsible person in units that there was adequate direct supervision of practice and of the actual service provided.

In addition, the inspectors found currently the person in charge had the scope to assign approximately three hours for the management of each unit and the inspectors were not assured that this was adequate given the issues identified during this inspection. The inspectors acknowledged that a vacancy for a person participating in management, to support the person in charge was due to be filled in the coming weeks.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspectors found sufficient staffing had not consistently been provided in the centre and the process for induction of staff into the centre was not satisfactory.

The inspectors reviewed the staffing rosters and discussed the needs and wishes of residents both with residents in the centre and with staff members. The inspectors found in two of the units sufficient staffing levels had not been provided to meet the needs of the residents, resulting in reduced outcomes for residents. As such the measures outlined in residents' personal plans to support them with their emotional needs and to ensure the safety of residents and staff in these units could not always be implemented. In a third unit, a second staff member was not consistently provided in accordance with the required staffing levels in the centre.

Documentary evidence was not available to confirm a robust induction process had been made available to staff commencing employment in the centre. While staff received mandatory training in safeguarding, manual handling, medication management and fire safety as part of induction, in one unit staff had not been provided with an opportunity to work alongside experienced staff who knew residents well prior to working alone. In addition, documentary evidence was not available to confirm the induction process had included communicating the needs of the residents to new staff.

Training had been provided to staff including training in fire safety, medication management, manual handling and safeguarding.

Formal supervision of practice was completed on a quarterly basis however, as discussed in Outcome 14, there was inadequate direct supervision of staff practice in the centre.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003908
Date of Inspection:	26 April 2017 and 27 April 2017
Date of response:	14 July 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:

Residents' privacy and dignity was compromised by some practices in the centre.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

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 Person in Charge has met with Technical Services Manager and arrangements will be put in place to ensure that the ensuite bathroom is no longer shared. The existing bath will be replaced by a walk in shower unit which will meet the needs of the residents. 7th of July 2017

All confidential information is now appropriately stored. 31/5/17

Proposed Timescale:31/5/17 and the 7/7/17

Proposed Timescale: 07/07/2017

Theme: Individualised Supports and Care

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

The arrangement for some residents to freely access their own finances required improvement.

2. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

An updated written procedure has been drawn up by the Director of Care detailing how residents can access their funds.

The written procedure for accessing funds has been circulated to all staff.

All residents will have their own bank account with the option of having an ATM or Debit card. 30/6/17

Proposed Timescale: 30/06/2017

Theme: Individualised Supports and Care

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

Evidence was not available to confirm a complaint had been acknowledged by the provider, and on the actions taken by the provider in response to the complaint.

3. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are

investigated promptly.

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

The complaint identified during the inspection has now been responded to by the provider. The complaint is ongoing and is being managed as per the policy.

The Programme Manager has reviewed all complaints from the last six months.

Complaints will now be reviewed fortnightly during the Welfare meeting between the Programme Manager and the Person in Charge.

Progress will be monitored to ensure compliance with the organisations policy.

Proposed Timescale: 31/05/2017

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:

The additional fees for transport services were not clearly set out in written agreements.

4. 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:

Transport needs will now form part of the residents personal plan. This will include who is responsible for paying for the transport.

The Person in Charge reviews transport costs monthly to ensure that all expenditure is in line with agreed plans and policy.

A review of transport services will be undertaken by the provider during July 2017.

Proposed Timescale: 31/07/2017

Theme: Effective Services

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

The inspectors were not assured the additional fees charged to residents for transport services were consistent with their assessed needs.

5. Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

Transport needs will form a part of each residents personal plan.

Any transport cost incurred by the resident must have been agreed by the resident and/or their representative.

A review of transport services will be undertaken by the provider during July 2017.

Proposed Timescale: 31/07/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personal plans required improvement to ensure the support required to meet the residents' assessed need were clearly set out.

6. Action Required:

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

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

Personal plans are being reviewed by the Person in Charge and the Programme Manager to ensure that they contain sufficient detail to guide staff practice.

Any plans that lack sufficient detail to guide practice will be rewritten.

New guidelines are being prepared to ensure that staff are aware of the level of detail that is required in support plans.

Proposed Timescale: 25/08/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Areas of the premises were found not to be clean. Upgrading of some units was required including painting and the provision of suitable flooring.

7. 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:

Unsuitable flooring will be replaced by the 1st of July 2017.

All areas that require upgrading will be redecorated by 1st of July 2017.

The Infection Control Nurse has audited all of the centres on 26/5/17 and has implemented a new cleaning schedule.

Proposed Timescale: 01/07/2017

Theme: Effective Services

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

Some parts of the premises were not maintained to a safe and satisfactory standard.

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:

The Person in Charge and the Technical Services Manager have conducted a safety audit of the centres. 24/5/17

Remedial works have been carried out to ensure that the premises are safe and of a satisfactory standard.

Proposed Timescale: 07/07/2017

Theme: Effective Services

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

Two of the units were found not to be suitable to meet the needs of residents.

9. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed 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 issues in relation to lighting, safety signage and the layout of the kitchen have been assessed by the Technical Services Manager.

Remedial works to address these issues will be completed by the beginning of August 2017

Proposed Timescale: 01/08/2017

Theme: Effective Services

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

Suitable heating was not available in two areas of the premises.

10. 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:

Suitable heating will be installed in the bathroom and toilet.

Proposed Timescale: 01/08/2017

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:

Risks in the centre were not appropriately identified and the measures in place to manage these risks were not sufficient to reflect the level of risk and to ensure residents and staff were safe.

11. 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 Programme Manager and the Person in Charge have reviewed all risk assessments and amendments have been made where required .

The Person in Charge will review risk in the centre monthly. All adverse incident reports are reviewed in the weekly Welfare meeting.

The Programme Manager has made visits to all of the units with the Person in Charge

to identify any areas of risk that are currently unassessed. Any risk that have been addressed have been assessed and suitable control measures have been put in place.

All risk assessment documents have been reviewed to ensure they contain sufficient detail to guide practice. The rating of risks has also been reviewed to ensure that the level of rating is appropriate to the level of risk.

The lack of risk identification , poor rating and ineffective control measures has highlighted a need for addition staff support and training. This will be addressed during team meetings.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

Adequate arrangements were not in place for the containment of fire and a number of fire doors were identified as wedged open at times.

12. 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:

Magnetic door releases are being installed on fire doors that may need to be kept open

Proposed Timescale: 02/07/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

All efforts to alleviate the underlying causes of a resident's behaviour had not been made and the potential contributing factor to a resident's behaviour had not been identified.

An identified need of a referral to psychology for a resident had not been made.

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:

The Psychology Department has reviewed the behaviour support plan and carried out assessments to identify the underlying causes of the resident's behaviour .

The behaviour support plan will be amended as required.

Proposed Timescale: Complete 16/7/17

Proposed Timescale: 16/07/2017

Theme: Safe Services

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

Safeguarding concerns in the centre had not been identified and as such appropriate actions taken to investigate and implement measures to protect residents.

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:

The Designated Officer has reviewed the case identified during the inspection. A screening has now been carried out by the designated officer and a suitable safety plan put in place. The safety plan has been communicated to all key staff and the effectiveness of the control measures is monitored by the designated person.

All incident forms and daily logs are monitored weekly by the Person in Charge.

Any safeguarding issues are forwarded to the designated officer.

A communication protocol has been put in place that requires staff to email the Person In Charge and the Deputy Person in Charge following any incident that requires a NIMs form.

The Programme Manager has audited all incident reports to ensure all safeguarding concerns have been identified. Where safeguarding issues have been identified safety plans have been put in place. These plans have been clearly communicated to staff during team meetings.

All staff have received additional support and training during team meetings to explain what type of incidents may be safeguarding concerns.

Proposed Timescale: 16/07/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Evidence as not available to confirm some reported safeguarding concerns had been investigated.

15. 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 Designated Officer has reviewed the case identified during the inspection. A screening has now been carried out by the designated officer and a suitable safety plan put in place.

The Programme Manager has audited all incident reports to ensure all safeguarding concerns have been identified.

An external consultant has been engaged to carry out a review of safeguarding policy and practice. This will include a review of the current management structures. The report will be finalised by October 2017.

Proposed Timescale: 31/05/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The system for transcribing of medication required improvement to ensure medication prescriptions accurately documented the instructions for the administration of medication as per the prescriber's instructions.

16. Action Required:

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

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

The GP or prescriber must check any transcribing.

A review of all Kardexs has been under taken by the Person in Charge and a remedial action plan has been devised.

Proposed Timescale: 16/06/2017

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 person in charge could not ensure the effective governance, management and administration of the centre, given their scope of responsibility.

17. 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:

A Programme Manager has been appointed. The Programme Manager meets regularly with The Person in Charge and provides ongoing support and supervision.

A Deputy Person in Charge has been appointed to support the Person in Charge, to ensure the effective governance, management and administration of the centre. The Deputy Person in Charge will provide support and supervision to the staff team during the absence of the Person in Charge.

The Designated Centre will be split in two and an additional Person in Charge will be appointed.

Proposed Timescale: 19/09/2017

Theme: Leadership, Governance and Management

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

The management systems in place had not adequately monitored the service provided and responded appropriately to issues identified to ensure the service provided was safe.

18. Action Required:

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

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

A Programme Manager has been appointed to support the Person in charge .22/5/17

The Programme Manager will meet weekly with the Person in Charge.

A Deputy Person in Charge has been appointed to support the Person in Charge, to

ensure the effective governance, management and administration of the centre.

A new roster will be put in place to ensure that the Person in Charge and the Deputy Person in Charge are on duty during key times such as handovers and evenings.

Regular Compliance visits will be made to the centre by the Person in Charge.

An action plan has been put in place following the unannounced provider visits and the completion of the compliance schedule.

An external consultant will be engaged to carry out three unannounced provider visits before the end of June 2017.

Proposed Timescale: 31/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Sufficient staffing levels were not provided in three units of the centre.

19. 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:

3 WTE staff will be recruited.

The roster and staffing arrangements for this house has been reviewed to ensure the assessed needs, risk assessments and appropriate level of supervision have been considered.

Proposed Timescale: 31/08/2017

Theme: Responsive Workforce

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

The process for induction of staff members into their roles in the centre required improvement.

20. Action Required:

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

development programme.

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

All new staff will be required to shadow an existing staff member during induction.

A new on site induction package has been developed to ensure all areas are covered and progress is recorded.

The Person in Charge or the Deputy Person in Charge will assess the inductee's competence before they are rostered on their own.

Proposed Timescale: 07/07/2017

Theme: Responsive Workforce

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

Staff were not appropriately supervised on a consistent basis.

21. Action Required:

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

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

A Programme Manager has been appointed to support the Person in Charge . The Programme Manager will meet with the Person in charge and will provide formal supervision.

A Deputy Person in Charge has been appointed to support the Person in Charge, to ensure the effective governance, management and administration of the centre . The Deputy will allow for more supervision of staff to take place.

The PIC and Deputy PIC will make regular unannounced visits to the designated centre. A record of all visits will be kept. A new roster will be put in place to ensure that the Person in Charge and the Deputy Person in Charge are on duty during key times such as handovers and evenings.

The PIC and Deputy PIC will spend time working alongside staff. The areas of responsibility for Persons in Charge will be reduced.

Proposed Timescale: 07/09/2017

