Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Stewarts Care Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011222</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 20</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Claire.Nash@stewartscare.ie">Claire.Nash@stewartscare.ie</a></td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Stewarts Care Ltd</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eddie Denihan</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Claire Nash</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>John Farrelly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>184</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 10 December 2013 07:30
To: 10 December 2013 14:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 17: Workforce</td>
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</table>

Summary of findings from this inspection
The Authority received a notification of allegations of abuse from the provider on 5 December 2013. Following review and risk assessment of the notification, the Authority requested further information from the provider. On 6 December 2013 additional information was received. However, having reviewed the information the Authority was not assured that residents were safeguarded and protected and contacted the provider seeking detailed information on actions that were in place to ensure residents were safe and protected. Due to the lack of assurances and the seriousness of the allegations and ongoing concerns regarding the protection of residents, the Authority requested the provider to attend a meeting on Monday 9 December at 9am. Prior to and during the meeting the Authority received comprehensive and detailed assurances that residents were protected. They were further advised that no staff subject to an allegation was currently providing care to residents and that a formal investigation of the matter by an independent investigator had commenced.

On Tuesday 10 December 2013 the Authority carried out an unannounced monitoring inspection to verify that residents were adequately protected and to examine compliance levels of the provider in relation to safeguarding residents. The inspection found that while on the day of inspection all residents were safe, there was a moderate non-compliance in overall safeguarding arrangements for residents.

The inspection showed that since 5 December 2013, the level of management and clinical supervision had escalated. It found that the senior nurse managers had discussed with staff the alleged incidents, the practice of care in the areas, refreshing of policies, and the importance of good practice in relation to the issues of concern.
The inspector found that policies and procedures were in place to protect residents, and staff were trained in the policies and could articulate how to respond to abusive behaviour. However, aspects of the policy, specifically the mechanism for reporting of abusive behaviour required improvement.

All staff spoken with knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. Staff caring for children in the respite care unit understood the requirements of Children First: National Guidance for the Protection and Welfare of Children (2011) and their responsibilities under this guidance.

There was documentary evidence that staff – including student nurses on placement – were trained in and understood the policies and procedures to protect residents. There was a comprehensive policy in place on restraint which emphasised risk assessment and that restraint is kept to a minimum level and in accordance with best practice as a last resort. However, one unit had locked internal doors which impinged on the liberty of some residents.

On the day of inspection, all staff members were observed treating residents with respect. There was evidence of regular staff meetings and that protection and dignity of residents was discussed as a standing item. Personal plans and care plans were in place for all residents. However, some of the care plans did not specifically detail the physical care interventions required to assist some residents, thereby creating the potential for inconsistent and inappropriate physical care of the resident.

The majority of residents could not articulate their needs. However, residents who could communicate indicated that they felt safe. A number of relatives spoken with also indicated that their child received good care and that their quality of life had improved since attending the centre. They were aware of the care provided and had inputted into personal plans.

There was a comprehensive human resource recruitment, induction and training process in place. All staff had been Garda Síochána vetted. However, while most files had two references in place, as required by the Regulations, some had only one reference.
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 and the National Standards for Residential Services for Children and Adults with Disabilities.

**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

**Judgement:**

Non Compliant - Moderate

**Findings:**

See care planning under Outcome 8.

**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

**Judgement:**

Non Compliant - Moderate

**Findings:**

On the day of inspection there were measures in place to safeguard and protect residents. The registered provider and person in charge had implemented an increased level of management supervision and any staff subject to allegations were not permitted to provide care to residents. An independent investigation was being initiated as per the centre’s policy. Staff spoken with on inspection, and documentation, demonstrated that senior management had visited each house / unit and had advised staff of the requirement to ensure all were familiar with and implementing policies on protection and care of residents.
On the day of inspection, there was a suite of policies and procedures in place for the prevention, detection and response to abuse, which were reviewed and updated on a regular basis. This included a policy and procedure for:

- The protection of people using services from abuse or neglect by an individual other than an employee.
- Upholding the dignity and welfare of people using services, and managing allegations of abuse against staff members, aligned to the national Trust In Care document.

There was evidence that previous incidents, allegations, suspicions of abuse had been recorded and were appropriately investigated and responded to in line with the centre’s policy, national guidance and legislation. Staff had received training in understanding abuse especially as it pertains to children and adults with disability. The syllabus for abuse awareness, prevention and reporting was detailed. It covered defining abuse, identifying the types and indicators of abuse and ensuring staff understood their role in relation to prevention and reporting in line with legislation, guidelines and policies.

The inspector visited and spoke with staff to from nine bungalows/units on the campus. All staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. Staff caring for children in the respite care unit understood the requirements of Children First (2011) and their responsibilities under this guidance. There was a designated person on the staff team as per Children First. All staff were aware of the name of the designated person and how they could be contacted.

Each unit had a flowchart which staff could explain to the inspector. They could articulate the requirement to stop any abuse if seen, make sure the resident was safe and then make a report. However, while there was a concise form for reporting an alleged incident of abuse committed by a non-staff member, there was no form specific to staff members. A number of staff were unclear as to the exact form used to report an incident of abuse conducted by a fellow staff member, thereby creating a potential barrier to disclosure of abuse.

There was documentary evidence that staff, including student nurses on placement, were trained in the policies and procedures to protect residents. Student nurses were inducted into placement and received training on the policies emphasising particular attention to be familiar with in respect of abuse awareness, prevention and reporting and dignity at work. Regular meetings with non-clinical staff also took place to review learning outcomes and placement experience. However, documentation indicated that some concerns were not raised in a timely manner.

There was a policy in place on restraint, which emphasised risk assessment and that restraint be kept to a minimum level and in accordance with best practice as a last resort. All residents had a restraint risk assessment which included multidisciplinary and family input and, where appropriate, residents’ input. However, some assessments were not reviewed on a regular basis. For example, the risk assessment for one resident who engaged in self-injury had not been reviewed since August 2012.
The policy defined a locked door as a form of restraint specifying that this included any area that a person using the service is unable to access due to the door being locked. The inspector found throughout the inspection of the centre that doors to all units were locked and that staff were required to unlock main doors to permit entry. Within one unit, internal doors were also locked. While some residents may have required this form of intervention, it had a negative impact on other residents who may not have required this level of restriction on their individual liberty.

In all areas inspected, there was evidence of regular staff meetings and that protection and dignity of residents was discussed as a standing item. There was evidence of a consistent and documented approach to the handover of care between shifts. Personal plans and care plans were in place for all residents. However, some of the care plans did not specifically detail the physical care interventions required to assist some residents, creating the potential for inconsistent and inappropriate physical care of the resident.

On the day of inspection, all staff members were observed treating residents with respect and warmth. The majority of residents could not articulate their needs. However, residents who could communicate indicated that they felt safe in the centre. A number of relatives spoken with also indicated that their child had received good care and his/her quality of life had improved since attending the centre. They were aware of the care provided and had inputted into their child's personal plan.

There was a comprehensive human resource recruitment, induction and training process in place. This included records of required mandatory training in moving and handling residents, non-violent crisis intervention and abuse awareness. Of the approximately 850 staff employed by the provider, 830 had received the mandatory training. The Director of Human resources outlined that 100% of training of staff was a challenge due to long-term leave and other requirements which militated against some staff attending training. The inspector examined a number of staff files. All staff had been Garda Síochána vetted. However, while most files had two references in place, as required by the Regulations, some had only one reference.

**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

**Judgement:**
Non Compliant - Minor

**Findings:**
Please see findings under Outcome 8 pertaining to staff references.
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

John Farrelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider's response to inspection report**

<table>
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<tr>
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<tr>
<td>Centre ID:</td>
<td>ORG-0011222</td>
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<tr>
<td>Date of Inspection:</td>
<td>10 December 2013</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27 December 2013</td>
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**Requirements**

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

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some care plans did not detail the interventions required to physically assist residents.

**Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
The Personal Support Plans (Care plans) of all residents will be reviewed and updated to include the specific details of the interventions required to physically assist residents. An audit of the Personal Support Plans has already commenced to identify gaps. A schedule will be drawn up to update all the plans in the next six months. Following this an on-going audit process will be implemented to ensure regular review and update of the plans. To be completed by 30th June 2014.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong></th>
<th>30/06/2014</th>
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<tbody>
<tr>
<td><strong>Outcome 08: Safeguarding and Safety</strong></td>
<td></td>
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<tr>
<td><strong>Theme:</strong> Safe Services</td>
<td></td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Not all restraint risk assessments were reviewed in a timely manner.</td>
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<tr>
<td><strong>Action Required:</strong> 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> All restraint risk assessments will be reviewed and updated in the next 4 months. The procedure to ensure the ongoing regular review of restraint risk assessments will be reviewed to identify and address any gaps. Compliance of the need for regular review of the restraint risk assessment will be addressed. To be completed by 30th April 2014</td>
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<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe Services</td>
<td></td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> In one unit there was an excessive use of locked doors. It was not evident that this approach had been adequately reviewed to ensure that interventions required for an individual resident did not unnecessarily restrict the movement and freedom of fellow residents.</td>
<td></td>
</tr>
<tr>
<td><strong>Action Required:</strong> 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> The practice of locking the internal doors in this unit has ceased. Staff are aware that this practice is not permitted. A review of locking of all doors in all bungalows will be completed in next 4 months.</td>
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<tr>
<th><strong>Proposed Timescale:</strong></th>
<th>30/04/2014</th>
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</table>
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The reporting form for allegations of abuse by a staff member required review and improvement to ensure a prompt, specific and complete approach to reporting.

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 existing form used for reporting an alleged incident of abuse by a non-staff member will be included as an appendix on the policy on reporting an alleged incident of abuse by a staff member. (Trust in Care policy and Children’s First Policy Implementation). Communication to all staff on the existence of form and use of same will take place with dissemination of the form and in the on-going roll out of the mandatory Abuse Awareness, Protection and Reporting Training for all staff. To be completed by 31st Jan. 2014

Proposed Timescale: 31/01/2014

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Documentation indicated that some students had not adhered to policies on protection of residents. The process required review to support students in implementing safeguarding policies.

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 induction process for student nurses on clinical placements will be reviewed. As part of the induction process and the on-going support mechanisms for the student nurses on placement, the duty of care of student nurses to adhere to the policies on the protection of residents will be emphasised.

Proposed Timescale: 31/03/2014

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some care plans did not specifically detail the care interventions required to assist residents.
**Action Required:**
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

**Please state the actions you have taken or are planning to take:**
The Personal Support Plans (Care plans) of all residents will be reviewed and updated to include the specific details of the interventions required to assist residents in the provision of personal intimate care. An audit of the Personal Support Plans has already commenced to identify gaps. A schedule will be drawn up to update all the plans in the next six months. Following this an on-going audit process will be implemented to ensure regular review and update of the plans.

Protection and dignity of residents will continue as a standing agenda item at all unit/house meetings.

Regular audit of the practice of provision of personal intimate care will be implemented through the Care Plans and Supervision Process.

To be completed by 30th June 2014

**Proposed Timescale:** 30/06/2014