Health Information and Quality Authority
Regulation Directorate

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

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003901
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Eddie Denihan
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	28
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 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:
23 September 2014 09:30	23 September 2014 20:00

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

Outcome
Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection and first registration inspection of this centre which forms part of Stewarts Care Ltd. The entire campus service was the subject of an inspection in February 2014. Since that inspection the campus, referred to as the "residential service" had been reconfigured into eight separate centres for the purpose of registration. This centre is designed to provide long term care for 30 residents both male and female with significant intellectual and physical disabilities and age related care needs.

As part of the monitoring inspection the inspectors met with residents and staff members. The inspector received 8 completed questionnaires in respect of the

service from relatives. The inspectors observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, policies procedures and staff files.

The inspector also reviewed the progress taken by the provider to address the actions required prior to the reorganisation of the service. As the previous report was a compilation of the findings of all of the residential houses, a number of actions did not specifically relate to the units now configured as this centre. However, the findings indicated that the provider had made considerable progress and had commenced actions in all cases. Actions satisfactorily resolved were: governance structures, the appointment of a person in charge, the removal of shared gender cubicles in the dormitories, the renovation and separation of the shared bathrooms to improve residents privacy and dignity, monitoring systems, complaint procedures, and practices in the use of restrictive practices and risk management practices. Good practice was found in the management of resident's healthcare and staff were found to be very knowledgeable on the resident preferences and needs. Significant progress had been made in mandatory training in fire safety and manual handling for staff and in adequate recruitment practices.
Issue where actions were identified included;

- The consistent implementation of personal plans for residents
- system to protect residents finances from potential abuse
- medication management procedures
- signed agreements detailing the care and to be provided and the fees to be charged
- unsuitability of the premises which contains dormitory accommodation for between three and eight residents.

One of the dormitories remains shared between male and female residents although the two sections are separate and divided by screening. The provider informed the Authority that it is intended to cease using this unit and in the near future to relocate the residents to more suitable premises on the campus once the required renovations of the unit have taken place.
The current application for the registration of this centre is for 30 beds. However, the provider advised that no further admissions to this centre are envisaged.
The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities)

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 inspector was satisfied that the provider had implemented systems to ensure that the rights of residents were protected and respected given the complexity of the residents needs with some improvements required. Staff were able to articulate their knowledge of the resident's personal preferences for meals, preferred activities and clothing. The provider had finalised the arrangements for an external advocacy service to be made available. The service is accessed via representation by individual residents, families or staff on resident's behalf. The inspectors saw evidence that staff advocated on resident's behalf for access to activities, equipment or resources.

Residents were supported to maintain interests and access activities outside of the centre. A resident from this centre participated in the resident's forum and another was to be supported by the key worker to take part in this from October 2014. The records of the forum meetings seen by inspectors were presented in pictorial and written format. Discussions had taken place in regards to staffing levels and increased access to transport for outings. The manner in which residents were addressed by staff was seen by inspectors to be appropriate and respectful. As required by the previous inspection the policy on intimate care had been revised and directions in relation to this were evident on personal plans.

Following the previous inspection the provider had, as required, removed the provision for male and female residents to share cubicles in the dormitories. However, one shared dormitory remains with two female residents at the end of the room which is subdivided by curtain screening. This shared dormitory arrangement is temporary and the provider

has definitive plans to relocate all residents from this unit to other premises on the campus which will be suitably renovated. None the less it is not suitable. There is portable screening in all of the wards and dormitories as in some areas the ceiling hoists prevent the installation of curtain screening. The inspector observed that this was effectively used.

The shared bathroom facilities also identified at the previous inspection had been remodelled into two separate facilities to ensure only one resident received receive personal care in each at a time. Both were suitably equipped. However, while there was "in use "signage available there were no locking mechanisms to prevent other persons entering while care was being delivered to residents. In addition, some of the bathroom doors contained clear glass which also impacted on privacy. Residents clothing was laundered in a central laundry. This was appropriate to the needs of the residents. There was no current evidence that clothing was not being returned to the correct residents. There was wardrobe and chest of drawers to hold personal clothing beside the beds. Inspectors reviewed the complaint policy which contained details of the nominated person to deal with complaints and an external appeals process. There were no complaints currently being reviewed relevant to this centre. A log of complaints for local resolution is maintained in each of the units and again there were no entries. The policy in easy read format was posted in each of the houses.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The communication needs of the residents were complex given their dependency levels. The inspector observed that staff were aware of the resident's communication patterns and how they expressed themselves. By virtue of long standing relationships the staff understood the resident's preferences and the meaning behind their non verbal communication. Residents had access to televisions and staff were aware of their favourite television programs, music, activity or preferred clothing and routines. The individual communication requirements including non verbal signals were detailed in a number of the personal plans reviewed. Pictorial images to aid communication were evident in relation to food, activities or routines. There was evidence of referral to speech and language therapy in relation to this. Records of multidisciplinary reviews and mental health reviews indicated that staff were alerted to be watchful for the non verbal

signals in relation to pain or distress which residents could not articulate. Scrapbooks of outings or celebratory events were also maintained for the residents. Resident's community links were maintained. Residents had access to outside activities, music or concerts and to the local coffee shop managed by the organisation.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The inspector was satisfied from a review of records, questionnaires forwarded to the Authority that family relationships were supported and encouraged. Visits to the centre took place and visits home were also supported by staff. There was evidence that residents were also assisted to visit relatives if they were hospitalised and attend family funerals accompanied by staff. Records indicated that families were informed of accidents or illness, medical appointments or changes to care practices. Records of both visits and other communication were maintained. Residents did not attend day care services however some shared activities organised helped to maintain contacts with other residents from the adjacent units.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
There was a detailed policy on admission to the centre although no new admissions had taken place for a significant period of time.

The inspector was not satisfied that the contractual arrangements including fee payment and payments for additional items were clear or transparent The details provided in what was a pictorial explanatory leaflet was ambiguous and did not sufficiently outline either the core care costs or provision or the items which were considered over and above the core facilities.

The provider informed inspectors that additional costs were only levied if items over and above basic quality furnishings are requested. The process for decision making in this instance included an assessment of the capacity to consent for the release of such funds from personal funding accounts where items over a certain cost were required. There was no clarity as who ultimately made the decision to spend monies on behalf of the resident where the items were under this cost. This matter is further outlined and actioned under Outcome 8 Safeguarding and Safety.

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

Findings:
The inspector was satisfied that social care needs of residents were met with some improvements required. The provider had completed the process of devising and implementing personal care plans via a computerised system. By virtue of their health care needs a significant amount of multidisciplinary involvement was required for the residents and the inspector found that this was accessed and available to them. There were assessments evident on health care needs pertinent to the resident's ages including skin care, dietary requirements, safety, manual handling and evacuation as

required by the resident needs. Most of the plans were found to be very detailed, reviewed annually and contained individual sections on a range of needs including health care, family contacts, dietary requirements, safety and supervision needs and personal and social goals. The outcome and implementation of these goals was also evident. Detailed daily routines were complied for each resident which indicated that primary care needs were very well supported. Staff could articulate these care needs to the inspector.

Resident's individual preferences for social activities were also identified and planned for. There was an activity staff assigned to each unit for five days per week. They undertook a range of recreational activities including visits to the zoo, concerts, or to a farm, where residents had particular interest in animals, swimming or to the gym. Residents were observed going back to bed after lunch as was their preference, and having access to their preferred music or sensory equipment such as fabric and colourful objects.

However, in some instances planning for assessed care needs including skin care and physical supports such as manual handling were not evident. These plans had not been not reviewed to reflect the significantly changing needs of residents. From a review of nursing records however the inspector was satisfied that in these instances the deficit was in the completion of the documentation as opposed to the care provision. There was evidence that families had been consulted with in relation to the personal plans.

In one unit the inspector was not satisfied that plans for social care were made in a consistent manner and the goals if identified followed through on. Staff informed the inspector that this was due to the fact that such planning was undertaken on an informal basis rather than a planned basis. The staff stated that the outcome was dependant on the staffing levels and some activities such as walks for residents did not take place as a result of this. Staff also stated that they focused on the primary and routine care and in the main activities were seen as the responsibility of the activities staff. The inspector also noted that on a small number of occasions planed care, for example showers were recorded as not taking place due to lack of resources.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

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

Findings:
The centre is comprised of three adjoining units accommodating between eight and eleven residents all on the campus. All units contained suitable and spacious living and dining areas with sensory rooms in two. There are a sufficient number of suitably adapted bathrooms, showers and toilets for residents use. Suitable furnishings were provided and all areas of the units including the dormitories were nicely decorated, homely and with personal items evident. The units are all single story with suitable ramps for ease of access and egress which is suitable for the high dependency needs of the residents. Overall, the inspector observed that the premises were very clean with lighting and heating systems satisfactory.

Kitchens were provided with suitable equipment for heating, cooking and storing of food and crockery. Apart from light meals, snacks and breakfast all catering is done in a central and suitably equipped location. Laundry was also undertaken in a central location. The centralised laundry and catering facilities were reviewed in February 2014 and found to be satisfactory. Food safety procedures were implemented in the individual units where food was stored, heated and served.

The units shared a small level access garden area outside with flowers, shrubs and suitable seating. A significant amount of assistive equipment was required for residents use and mobility which included specialised chairs, profiling and low beds and hoists. The records reviewed by the inspector demonstrated that this equipment was available and serviced regularly. A maintenance log was available and issues were identified and appeared to be managed promptly. Vehicles used to transport residents had evidence of road worthiness.

The sleeping accommodation in the centre consists of one unit with a male eight bedded dormitory and a female three bedded dormitory, a unit with a single eight bedded dormitory which is referenced in Outcome 1 and a third unit comprised of a dormitory with seven females and a dormitory for four males. The dormitories had been made homely and comfortable by staff and there was adequate room to manoeuvre and use the assistive equipment. However, in the long term the dormitory accommodation is unsuitable and impinges on the privacy and dignity for residents. In addition the sensory room in one unit was taken up with specialised chairs, accessed via a store room and not used for the benefit of residents. The two units which will remain when the third unit is relocated do not have any facility for visits to take place in private and the shared dormitories prevent the use of the bedrooms for this purpose. The provider informed the inspector that they are in the process of developing and negotiating a strategic plan for the service which will incorporate this particular centre.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
Progress had been made to address the actions required for this outcome. There was a current and signed health and safety statement available. Systems for review of safety and risk were evident. The risk management policy had as required been amended to comply with the regulations including the process for learning from and review of untoward events. There is also a risk manager appointed to the organisation. The policy was supported by relevant policies including an emergency plan and a missing person policy. The safety procedures were pertinent to the residents vulnerability and included the locking of the external doors to prevent unauthorised persons entering the units. Each unit had an individual risk assessment undertaken to ascertain ongoing risk and strategies to manage them.

The policy on infection control was satisfactory. Staff articulated good practice in relation to this. Staff were observed taking appropriate precautions and protective equipment including gloves, aprons and sanitizers were evident. Each resident had individual hoist slings to promote their safety and prevent infection. However, the sluice facilities did not contain any hand washing sinks which posed a risk of infection.
The emergency plan contained all of the required information including arrangements for the interim accommodation of residents should this be required. An integrated generator was available for use and emergency phone numbers were readily available to staff. A system of emergency response to untoward events had been devised. Specific staff in nominated units were identified to respond immediately to any alarms raised from this centre. Staff had been issued with emergency alarms for use at night time.

Inspectors were satisfied that systems for the management of fire had been devised and implemented. A review of the fire safety register indicated that fire drills had been carried out in each of the individual units annually and residents were included. These drills included evacuation procedures and also noted any risk factors or areas for improvement following the event such as identifying specific residents and a drill had taken place at night time to ensure the residents beds could be evacuated successfully. All of the residents required significant physical support for evacuation. Evacuation plans had been compiled for each resident detailing the staff support required. Staff were able to articulate the procedures to undertake in the event of fire and how the compartments and systems would work. Fire safety management equipment including emergency lighting and extinguishers and fire alarms had been serviced annually and quarterly as required.

Of the 49 staff employed in the centre eight had not received fire safety training. However, the provider had organised training for the remaining staff within a reasonable time frame. However, a significant number of fire doors in all units were wedged open as there were no magnetic sensors installed.
Details on accidents and incidents were maintained centrally and the person in charge had undertaken a review of these since taking up post. Inspectors were informed that the systems of comprehensively identifying trends such as time frames or staffing which may be contributing factors to incidents was in process.

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

Findings:
The inspector reviewed policies and procedures for the prevention, detection and response to allegations of adult abuse and found that they were satisfactory and included a designated person to oversee any allegations of this nature. The provider also used a policy to guide practice. Records demonstrated that all current staff in the centre had received training in the prevention of and response to abuse between 2012 and 2013. Contact details and photographs of the designated people were posted in a prominent position in each unit.

Staff were able to articulate their understanding and responsibilities in relation to the protection of both vulnerable adults. There were designated lines of accountability identified which was readily available and known by staff.

Since the inspections of December 2013 and February 2014 the provider had received the final report of the independent investigation into allegations made concerning the service provision. In response to this report the provider initiated a detailed action plan which took account of the issues raised regardless of whether the concern was founded or not. The procedures introduced included increased monitoring systems, supervision arrangements, audits of systems and care practices. Inspectors were informed that no allegations of this nature had been made in the interim.

Money paid in on behalf of residents in fee payments were recorded via a unique individual identifier and the records, including savings and any interest accrued on behalf of residents were transparent. However, the arrangements for the management of monies for those residents for whom the provider acts as agent were not compliant as historically the required documentation and procedures had not been implemented in relation to this. The provider informed the inspectors that the process of rectifying this had commenced in conjunction with the Department of Social Protection.

A review of a sample of the records pertaining to resident's monies being withdrawn from the personal property accounts for specific purchases or as weekly pocket money indicated that the systems for recording this money and its usage had improved. All monies given for residents use were dated and the expenditure was recorded and receipted for the finance office. However, despite the documentation of the expenditure the inspector was not satisfied that the arrangements for the spending of monies on a day to day basis on residents behalf was transparent, based on robust guidelines and adequately monitored. Records demonstrated that residents pocket monies were used to purchase communal crockery such as mugs, pay for basic wardrobes, paint for walls and also pay for wall holders for their personal plans. In this instance the residents would not be deemed to have the capacity to make such decisions and there was no system of monitoring the suitability of the use of the resident's money.

There is an up-to-date policy on the management of behaviour that is challenging and on the use of restrictive procedures which is in line with national policy. A number of systems are in place to direct/oversee and manage behaviours. There are two psychiatrists assigned to the centre and a behavioural support specialist nurse is also available. Records, observation and interviews indicated that challenging behaviours were not a feature of this service. Where residents presented with some potentially self harmful or compulsive behaviours there were guidelines in place to support them. The residents were also reviewed by the general practitioner (GP) or in some instances the psychiatric consultant to ascertain potential causes such as adverse reaction to medication.

Inspectors found that the use of restrictive procedures were limited. The procedures used primarily consisted of the discreet use of all in one suits for infection control or gloves to prevent self harm and limited use of medication. Seating belts if used were integral to the seating for residents and prescribed by the occupational therapist to maintain residents seating postures. Restraint assessment prescriptions were evident. In some instances the procedures were directed by the person in charge or if the situation warranted it by the restrictive practices committee which was multidisciplinary. These was evidence that alternatives were explored in most instances. There was no evidence that such systems were overused or implemented randomly without due process and assessment. There was evidence that families had been consulted in relation to the methods used but this was not consistent.

Staff had received training in an approved method of managing behaviour which included physical interventions when this was deemed absolutely necessary. In this instance the precise procedure to be used had been demonstrated to staff to ensure they were competent to carry out the procedure safely. The use of the procedure was also monitored. An alternative system to support the resident and reduce the behaviour

for which the physical intervention was to be used had been instigated by a member of the multidisciplinary team and this was ongoing.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
From a review of the accident and incident logs, resident's record and notifications forwarded to the Authority, inspectors were satisfied that the provider was compliant with the obligation to forward the required notifications to the Authority. There was also evidence that any incidents or accidents were reviewed for development and learning.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
None of the residents attend at day care or workshops and this finding was appropriate to the significant dependency level, age range and life stage of the residents. Assessments had been undertaken to ascertain the resident's capacity and decisions were made following this assessment. Activity staff were allocated to each of the units five days per week to provide support for residents which included outings and staff in two of the units also did hand massage, puzzles and some sensory work with the

residents. The staff could be seen to make efforts to ensure there was social participation for residents, for example going to shopping centres, the cinema concerts or for meals out.

Judgment:
Compliant

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

Findings:
The inspector was satisfied that the heath care needs of the residents were being appropriately assessed and met. A local general practitioner (GP) service was responsible for the health care of residents and was available on the campus five mornings per week. Overall the records reviewed demonstrated that there was regular access to this service and out-of-hours service if this is required. There was evidence from documents, interviews and observation that a range of allied health services is available and accessed. This included occupational therapy, dietician services, physiotherapy, psychiatric and psychological services. These services are integral to the organization which is suitable to the diverse needs of the resident population.

There was evidence of the annual health check for all residents and this included age related and gender specific procedures. Inspectors found that the daily nursing records were detailed and demonstrated monitoring and a prompt response to residents changing health status. Assessment tools for skin integrity and nutrition were utilised and the appropriate interventions and specialist guidance was sought. There were protocols in place for specific procedures such as enteral feeding systems, catheter care and the use of oxygen. Specialised and additional physical supports were sourced where these were required for example, sleeping systems. Records seen and questionnaires received from relatives indicated that families were kept informed of any external medical appointments and changes in status. There was evidence that where residents were admitted to acute care services the staff provided individual support on a day and night time basis. A health passport was also available in the event of admission to other services.

Policy on end of life care had been developed. There were currently no advanced care decisions made for the residents. The inspector was informed by the person in charge that this process was commencing and relatives and the GPs would be involved at an early stage. A number of staff had specific training pertinent to the needs of the

residents including palliative care and geriatric nursing. There was also access to external palliative care specialists available for residents. Examination of records indicated that where possible residents could remain in the unit where they were with familiar staff in the event of their expected demise. Funeral arrangements were also made in conjunction with the staff and relatives and could, if this was the wish of the relatives take place in the chapel on site.

Residents meals were prepared in the catering department and delivered chilled to the units each day to be heated prior to serving. The diverse needs of the residents were addressed in the dietary supports available. There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents' dietary needs and their preferences. Supplements were also utilised as prescribed. Choices were available and inspectors saw that additional foods including cheese, salad, eggs and other suitable options for those residents who required modified diets were available at other times of the day and evening. Various fruit juices and drinks were also available.

Meals, including modified meals were observed to be served appropriately in an unhurried and sensitive manner to residents, with appropriate crockery used and tables set nicely. There were dietary communication documents in the units to guide staff. Assistive crockery was used where this was advised by the clinicians. Resident's weights were monitored and referrals to the dieticians were made where this was indicated as necessary. Fluid intake was also monitored where this was required.

All units had kitchenettes which were equipped with food storage equipment, heaters, kettles and fridges. Resided not participate in food preparation and this was appropriate in this instance.

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):
No actions were required from the previous inspection.

Findings:
The provider had made suitable changes to the medication dispensing arrangements to ensure that the medication was identified for the resident for whom it was intended and a s required (PRN) protocol will be implemented once agreed by all prescribing clinicians. Current policy on the management of medication was centre-specific and in

line with legislation and guidelines. Medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. No residents were assessed as being suitable for self administration of medication at the time of this inspection. There were documentary systems for the return of medication. The protocol for the use of emergency medication for the management of seizures was satisfactory and provided guidance for staff in its usage.

However, inspectors found that systems for the receipt of, management, storage and accounting for controlled drugs in one unit were not satisfactory. The storage and administration arrangements indicted that there was a requirement for additional training for staff in the management of this medication. This is actioned under Outcome 17 Workforce. This was brought to the attention of the person in charge. Staff had not been aware of the precise nature of the medication.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose had been forwarded to the Authority as part of the application for registration. This was revised by the person in charge to ensure it included all the matters prescribed by the regulations. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with severe and profound intellectual disabilities, physical disabilities and age related care needs.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector acknowledges the significant changes made in the governance structure and procedures in order to create a more cohesive and effective governance system in a complex and diverse service.

There was evidence of overview of practices and accountable reporting systems. The nominee of the provider who is the CEO had established formal reporting structures from all departments which included directors of clinical care programmes and facilities. The person nominated to act on behalf of the provider undertook unannounced visits to the centre to review specific issues including complaints procedures and to meet with residents and staff. The provider met fortnightly on a formal basis with each of the programme managers for the various services. Weekly meetings of all the persons in charge were held. These were primarily used to support implementation plans for achieving compliance with the standards and regulations across the campus. An action plan for achieving compliance with the regulations for the centre had been developed.

The person in charge of the centre had been appointed and worked under the direction of the adult services manager. The person appointed to this centre was a qualified intellectual disability nurse with extensive nursing and management experience. She had also undertaken post graduate training at degree level in healthcare management and was a trainer in the protection of vulnerable adults. The appointee was also the person in charge of another similar designated centre within the organisation. There was an appropriate day and night time on-call system in place.

The changes to the governance structure and the creation of the post of person in charge was part of a process which included increased supervision and lines of accountability. Audits and spot checks had taken place on issues such as meals, restrictive practices and personal planning. A quarterly report was prepared for the CEO in relation to all accidents and incidents in the centre.

The compilation of the audited data when it is sufficiently analysed will support compliance with the provider's responsibility to undertake and compile an annual review

of the quality and safety of care.

Judgment:
Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
The person in charge was newly appointed to the post since April 2014. Inspectors were informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. A fulltime appropriately qualified person had been appointed to support the person in charge and act in her absence. As the centre has significant age related and healthcare needs it is appropriate that this person has qualifications in gerontology. It is envisaged that the person appointed will undertake the duties and roster of the person in charge on periods of normal annual leave and support the person in charge in the day-to-day management of the centre. The arrangement was satisfactory.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
Sufficient resources for fundamental care such as health care, maintenance and upkeep of the premises and vehicles used were available and utilised. While on the days of the inspection and on rosters seen for other weeks the staffing levels and skill mix were

satisfactory. From discussion with staff and from resident's records there appeared to be some days when the staff resource impacted on the ability of staff to carry out certain duties including fully implementing personal care regimes. However, a full review of staffing numbers and arrangements based on residents' dependency levels had taken place and a process of recruitment had commenced at the time of this inspection.

Judgment:
Compliant

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

Findings:
From examination of rosters, a review of resident's records and interviews with staff inspectors formed the view that the skill mix and numbers of staff was satisfactory with sufficient nursing staff available to provide appropriate care for the residents. There was a qualified night nurse manager available for the campus. On the day of inspection the inspector was satisfied that the staffing levels were satisfactory. There was a nurse assigned to the centre overnight with three care assistants. There was an actual and planned rota template available in each unit.

However, there was some but not consistent evidence that staff shortages on occasion impacted on the ability to carry out planned personal care and as outlined in Outcome 5 Social Care to implement residents social care plans. The actual reason for these deficits in this centre needs to be formally reviewed by the provider to satisfy himself that the numbers are satisfactory or that other factors are not influencing the findings. The provider informed the inspector that a significant recruitment process was under way which included both nursing and care assistant staff. Families who completed questionnaires also referenced staff being very busy.

There was a centre-specific policy on recruitment and selection of staff. The person in charge confirmed that the relevant documentation for agency staff assigned to the centre was available to them. No volunteers were being utilised at the time of the inspection. Examination of a sample of four personnel files showed that progress was being made as agreed by the provider in sourcing missing documentation previously noted. All files had been reviewed by the human resources department to progress this

issue. The files examined by the inspector contained all of the required documentation. Evidence of registration with relevant bodies was available for all staff who required this.

There were 44 staff assigned to this centre with 10 of these nurses. Examination of the training matrix demonstrated that updated training in non violent therapeutic crisis intervention was under way with 21 staff due for refresher training. There were deficits noted in mandatory training as noted in Outcome 7 with eight staff overdue for fire safety training and 13 staff in moving and transporting residents training. The inspector acknowledges and is satisfied that a schedule is in place for this training to be held within reasonable time frames. Other training which had been completed and was ongoing included hand hygiene, waste management and disability awareness training. Thirteen care assistant staff had qualified to Further Education and Training Council (FETAC) level five. As detailed in Outcome12 medication management some refresher train is required for staff in relation to the management of controlled drugs.

Monitoring and supervision systems had commenced with the person in charge receiving training in performance management, supervision and support. Staff supervision and appraisal procedures had commenced in each of the units. There was evidence from records that the person in charge had commenced regular unit meetings in order to ensure staff were familiar with the changes being made to work practices and compliance with the regulations. The person in charge had also initiated a restricted annual leave system to prevent persistent shortages of staff.

Judgment:
Non Compliant - Minor

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The inspectors found that the required policies were in place and had been revised. Documents such as the residents guide and directory of residents were also available. The inspectors saw that insurance was current and in line with the regulations. Reports

of other statutory bodies were also available. Written evidence of compliance with the statutory fire authority had been forwarded to the Chief Inspectors as part of the application for registration.
However there were some deficits in documented plans in relation to skin care regimes and moving and transporting residents.

Judgment:
Non Compliant - Minor

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:

Noelene Dowling
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003901
Date of Inspection:	23 September 2014
Date of response:	17 October 2014

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:** Accommodation in the dormitory shared by both males and females, the lack of a locking system on bathrooms doors and the clear glass in some bathroom doors do not protect residents right to privacy and dignity. **Action Required:**

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

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 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:
Bungalow 9 is to be remodelled into a suitable accommodation with 6 single bedrooms for the service users who currently reside in a shared dormitory.

A review of locking mechanisms of bathroom areas has been undertaken to ensure privacy by the Person In Charge and the Technical Services manager and suitable locks will be fitted. Clear Glass will be fitted with opaque covering in doors.

Proposed Timescale: 21/12/2014

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:
There was no satisfactory agreement detailing the care and support to be provided and the fees to be charged.

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:
The contract of care has been revised to ensure clarity on the care and support provided and fee's to be charged to individual residents.

Proposed Timescale: 17/10/2014

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:
Residents social care needs and preferences were not consistently planned for and implemented.

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

Please state the actions you have taken or are planning to take:
A review and plan for each individual will be developed in relation to social care needs. This will be developed in association with the activity staff and keyworkers.

Proposed Timescale: 31/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The accommodation was not suitable for its purpose in the following ways:
The shared dormitories which accommodated six and eight residents did not provide adequate private accommodation
The was no opportunity to have private family visits.

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 Organisation is in on-going discussion with the HSE and a Housing Authority in relation to the provision of alternative suitable accommodation for service users residing in shared dormitories.

There is an area for private family visits identified and available in one living area, and a plan has been devised to develop a visiting area in the second area.

Proposed Timescale: On going

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:
Precautions for the prevention of infection, specifically the lack of hand washing sinks in sluice room were not satisfactory.

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:
The Sluice room will be reviewed for the planning of fitting a hand-washing sink.

Proposed Timescale: 22/10/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the fire doors were rendered ineffective in containing a fire as they were held open by objects.

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

Please state the actions you have taken or are planning to take:
All objects which were interfering with the effectiveness of the fire doors have been removed

Proposed Timescale: 17/10/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of staff remained outstanding for fire safety training.

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:
Fire training for all staff with the exception of those on long term leave to be completed in the proposed timescale.

Proposed Timescale: 30/11/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements for the management and protection of residents personal monies, including those residents for whom the provider acts as agent and day to day use of residents monies were not robust given the dependency of the residents.

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 revised contract of care outlines the fee's incurred by Residents. Discussions have been held with Unit Managers in relation to the day to day use of residents monies in conjunction with the contract of care and Organisation policies, and same will be monitored by the Person In Charge.

Proposed Timescale: 17/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff required up to date training in medication management and moving and transporting residents.

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:
Training in relation to refresher Manual Handling will be completed in the proposed timescale and ongoing.

All Nursing staff will complete e-learning update in Medication Management to ensure competency.

Proposed Timescale: 30/11/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some record did not clearly detail the care to be delivered to residents.

Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.
Please state the actions you have taken or are planning to take:
Manual Handling assessments have been reviewed and a system in place for ongoing review implemented. All support plans are been reviewed and a regular system of review and audit developed.

Proposed Timescale: 31/10/2014