

**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-0003902
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Gerry Mulholland
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	0

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 October 2014 09:30	06 October 2014 20:00
07 October 2014 08:00	07 October 2014 15:30

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

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. Six of these are campus based and two are community based. This centre is designed to provide long term care for 33 adult residents whose ages at the time of this inspection ranged from 40 to 70 yrs old with moderate to severe intellectual disabilities and age related healthcare needs.

This inspection was announced and took place over two days. All 18 of the outcomes required to demonstrate compliance with the legislation and regulations were inspected against. As part of the monitoring inspection the inspector met with residents and staff members. The inspector received eight completed questionnaires in respect of the service from relatives and met with a number of relatives. The inspector observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, policies procedures and staff files.

The inspection 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 indicate that the provider had made considerable progress in addressing all actions. Actions satisfactorily resolved were: governance structures and adequate management systems, the appointment of an interim person in charge, monitoring systems, complaint procedures, risk management practices and appropriate and dignified mealtime experience for residents. Good practice was found in the management of resident's healthcare and staff were found to be very knowledgeable of the residents' needs and were responsive to them. There was evidence of consultation with residents and with their relatives and this process was being further developed. Advocacy services had been sourced as an additional protective mechanism. Significant progress had been made in mandatory training in fire safety for staff and in safe recruitment practices. The premises which is comprised of four separate units were suitable for purpose.

Issue where actions were identified included;

- a significant deficit in the numbers and skill mix of staff available which impacted on safety and on resident's ability to enjoy meaningful and regular activities.
- risk management procedures including appropriate use of fire doors and assessment of residents in relation to the safe use of the stairs
- consistent adherence to policy and monitoring of the use of restrictive procedures
- management and use of residents personal monies
- implementation of the draft agreement for care and identified costs.

The application for the registration of this centre is for 33 beds. Further admissions to the centre will take place only where the needs of residents currently in community services change to the degree that they require additional nursing care which is available on the campus.

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):

The action(s) required from the previous inspection were 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. 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 inspector 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 number of residents from this centre participated in the resident's forum and another was in the process of going for election and this supported by staff. The records of the forum meetings seen by the inspector were presented in pictorial and written format. Discussions had taken place in regard to staffing levels and changes and activities. The manner in which residents were addressed by staff and in which their needs were discussed was seen by the inspector to be 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. Bathrooms were suitable and had appropriate locking devices to protect resident's privacy. There were three two bedded rooms in the centre. Screening was not available but the inspector was informed that this was being sourced.

The majority of residents' clothing was laundered in a central laundry and 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 sufficient space and furniture in all rooms to hold personal clothing and possessions and all rooms were personalised

with photos and mementoes.

The inspector 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 was maintained in each of the units and a review of this indicated that any complaint made had been documented and resolved satisfactorily with the complainant at a local level. The policy was in easy read format was posted in each of the houses. A more formal process of consultation with families in relation to the resident's personal plans had commenced.

Judgment:

Compliant

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 and in some instances compounded by additional disabilities. The inspector observed that staff were aware of the resident's communication methods 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. The individual communication requirements including non verbal signals indicating anxiety or contentment were detailed in a number of the personal plans reviewed. Pictorial images to aid communication were evident in relation to food, activities or routines. A number of staff in each of the units had sign language which was relevant to the residents needs.

There was evidence of referral to speech and language therapy in relation to compiling communication books and sourcing additional tools which would enhance the resident's life experience and staff ability to communicate. Residents had access to televisions and staff knew their favourite television programmes, music, activity or preferred clothing. 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 and photos of families and significant people were compiled with and for the residents. Community links were maintained with access to outside activities, music or concerts, shopping centres.

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 and relatives spoken with that family relationships were supported and encouraged. Families were encouraged to visit the centre and visits home were also supported by staff. Records indicated that families were informed of accidents or illness and medical appointments. Records of visits and other communications with relatives were maintained. Residents from this centre attended day services outside of the campus. The remaining residents were supported to maintain community involvement by shared activities on campus and a number of activities organised outside. This included horse riding, local shopping trips and contacts with other residents from the adjacent units. Religious affiliations were also supported with access to services on the on-site chapel or to ministers who administered to the residents in the 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):

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

Findings:

There was a detailed policy on admission to the centre. External referrals are routed via the Health Service Executive (HSE) services and social work services. These were

reviewed by the head of adult services and agreed by the admissions committee. While no external admissions had taken place a resident had been admitted to one unit from the community services for health care reasons. There was a detailed pre-admission assessment of need and compatibility undertaken for the resident to ascertain suitability and compatibility to move into this centre. By virtue of their care needs and assessment, admissions and the care practices as observed were congruent with the statement of purpose for the centre.

The previous inspection had demonstrated that there was no satisfactory or transparent agreement available which detailed the core and additional care arrangements and the fees to be charge for this. The provider had on this inspection developed a suitable contract in draft format for relatives to sign on resident's behalf where this was necessary and which is available in pictorial format for residents. The inspector found that staff had been advised to make themselves familiar with the contract and the agreement for the disbursement of service user funds in order to ensure that monies held in the accounts were used in an appropriate manner.

The provider informed the inspector 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. In the absence of consent a welfare meeting took place which included a representative of the resident.

Judgment:

Non Compliant - Minor

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 primarily in relation to the staffing available. 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 in a timely manner. There were assessments evident on health care needs pertinent to the resident's including skin care, dietary requirements, supervision and safety, manual handling and evacuation as required by the resident needs. The assessments were supported by relevant personal plans which were found to be detailed and reviewed annually. The plans contained individual information and planning 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 plans was also evident. Detailed daily routines and preferences as to how these should be carried out were compiled for each resident which indicated that primary care needs were very well supported. For example, one resident did not like breakfast for some time after getting up and this was identified by staff and the inspector observed this being implemented. Staff could articulate the individual care needs very well to the inspector.

There was evidence that families had been consulted with in relation to the personal plans.

Resident's individual preferences for social activities were also identified and planned for. A number of residents went to the swimming pool regularly or to the gym on the campus. In some instances sensory therapeutic programmes were devised and implemented. Dog therapy was also used.

However, while the inspector was satisfied that resident's plans for healthcare were implemented in some instances access to the planned activities and social care needs were impacted upon by the staff available on the day. For example, scheduled activities for a resident took place only twice between dates which were nine days apart due to lack of staff. Six residents attended day care services and two of the centres have activities staff assigned for five days per week. They undertook a range of recreational activities including visits to the zoo, concerts, walks and drives. This was very beneficial to some of the residents. However, due to the staff shortages in the units, the staff were regularly unable to provide activities or even walks for the remaining residents despite their best efforts. This is also actioned under Outcome17 Workforce.

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):

No actions were required from the previous inspection.

Findings:

The centre is comprised of four separate units two of which are two story and two are bungalows. They accommodate between three and 13 residents. There were two double rooms in one unit and one double room in another unit. One of units was divided into two with six residents residing on the first floor and seven residents on the ground floor. Each floor had a separate dining and living area and sufficient showers and toilets. All units contained suitable and spacious living and dining areas with sensory rooms in two which the inspector observed were used by the residents. Two of the units had been extended to incorporate additional sun /dining space and these added significantly to the space available for the residents. Another unit had a specially adapted large bedroom and shower room constructed to accommodate a resident with significant mobility requirements. There were a sufficient number of suitably adapted bathrooms, showers and toilets for residents use currently although in one unit the showers were not adapted. This was not impacting on resident care at the time of the inspection and the residents confirmed that they were able to use them. The provider was aware of the possibility that this may require attention in the future.

Suitable furnishings were provided which were homely yet met the needs of the residents including adjustable beds and all areas of the units including the double bedrooms were nicely decorated, homely and with a significant number of personal possessions evident. Overall the inspector observed that the premises were very clean with lighting and heating systems satisfactory and with suitable access and egress systems.

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 inspector observed these procedures being undertaken.

The units had a small level access garden area outside with flowers, shrubs and suitable seating. Some assistive equipment was required for residents use and mobility which included specialised chairs, low beds and hoists. The records reviewed by the inspector demonstrated that this equipment was available to the residents and serviced regularly. A maintenance log was available and a review of this indicated that issues were identified and appeared to be managed promptly. Vehicles used to transport residents had evidence of road worthiness. The inspector was satisfied that the when residents could no longer access the first floor in the 13 bedded unit they were moved downstairs.

Judgment:

Compliant

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:

Significant 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 was also a risk manager appointed who collated data on accident and incidents. The inspector was informed that systems of comprehensively identifying trends such as time frames or staffing which may be contributing factors to incidents was in process.

A review of a sample of incident records indicated that appropriate actions were taken to prevent re-occurrences and identify possible causes. The risk management policy was supported by relevant policies including an emergency plan and a missing person policy. The safety procedures used were pertinent to the resident's vulnerability and included the locking of the external doors to prevent unauthorised persons entering the units or to prevent a resident from wandering out of the unit unsupervised. 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 and where required were aware of specific infection control measures pertinent to individual units. Specific details and precautionary measures were also available on resident's records. 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 in one unit did not promote good infection control systems due to the poor condition of the flooring and tiling.

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.

The inspector was satisfied that systems for the management of fire had been devised and implemented with some improvements required. 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 in order to identify possible areas of difficulty. These drills included evacuation procedures and also noted any risk factors or areas for improvement following the event. Some of the residents would require significant support for evacuation. Evacuation plans had been compiled for each resident detailing the staff support required although these were located in the offices and therefore not easily accessible if needed by the emergency services. 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.

There had been a significant improvement in the provision of fire safety training for staff with only four of the 34 staff employed in the centre overdue for fire training. A

reasonable date was set for completion of this. However, in one of the two story units the inspector found that the dividing compartment door between the floors was wedged open and not connected to a self-closing magnet. Staff stated that this door was also left open at night so the single staff on duty could monitor both floors. This negated the safety value of the fire door and was a potential risk for residents.

Manual handling training was also out of date for 11 of the staff and considering that a number of residents required this support this finding is not satisfactory. This is actioned under Outcome 17 Workforce.

The inspector observed that a resident in one of the two story units had not been assessed to determine the suitability of the stairs for his use or if any additional supports were required to ensure his safety when using them.

A number of risk factors were also noted in access to boiler rooms with electrical wires and chemicals not securely stored to prevent accidents to residents.

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:

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. 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 responsible for managing any such allegations were posted in a prominent position in each unit. There were designated lines of accountability identified which were known by staff. Staff were able to articulate their understanding and responsibilities in relation to the protection of vulnerable adults. Residents who were able to communicate with the inspector confirmed that they felt safe in the centre and that the staff made them feel safe. They knew the house manager and were also able to identify the provider and his role in looking after them.

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 the overall organisation. In response to that report the provider initiated a detailed action plan which took account of the issues raised regardless of whether the concern was founded or not. This was forwarded to the Authority. The procedures introduced included increased monitoring systems, supervision arrangements, audits of systems and care practices. The inspector was informed that no allegations of this nature had been made in the interim.

Resident's financial management system required some improvement. 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 inspector 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, the expenditure was recorded, itemised 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 based on robust guidelines and adequately monitored. The records demonstrated that resident's pocket monies were used to purchase some items for residents which were the responsibility of the provider such as folders for personal plans and records. In this instance a significant number of 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. While the inspector found no evidence that there was anything untoward or intentionally harmful in the procedures they were not satisfactory to protect residents.

Behaviours and restraints;

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 and support behaviours. There are psychiatrists and psychological services assigned to the centre and a behavioural support specialist nurse is also available. Records, observation and interviews indicated that some challenging behaviours and self-harming behaviours were a feature of this service. Where residents presented with such behaviours there were guidelines in place to support them. The residents were also reviewed by the general practitioner (GP) or the psychiatric consultant and psychology department to ascertain potential causes such as adverse reaction to medication, anxiety or environmentally induced stress.

There were comprehensive positive behaviour support plans developed which demonstrated an understanding of the reasons for and the meaning of the behaviours. The inspector found that the staff were cognisant of the individual resident's triggers and in most instances appropriate responses to alter patterns and avoid incidents were evident. These included ensuring that residents had quiet time away from the group or avoiding loud noise impact. The staff were observed using these strategies effectively. Training was ongoing in systems for managing behaviours and interventions including minimal physical intervention if absolutely necessary. A sample review of medication including Pro-re-nata (PRN) (as required) medication indicated that this was not used

excessively or frequently as a control measure.

The inspector found that the use of restrictive procedures were limited and in most instances the restrictions were reviewed and removed when the behaviours were no longer occurring. Some improvements were required in the consistent adherence to the policy and process outlined for implementation and review of them. The procedures used primarily consisted of the discreet use of all-in-one suits for infection control or gloves to prevent self harm, safety helmets and very 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. In some instances the procedures were directed and sanctioned by the person in charge or in the case of more serious restrictions by the multidisciplinary restrictive practices committee. A log of the procedures used for individual residents was maintained. There was evidence that alternatives were explored in most instances. There was evidence that families had been consulted in relation to the methods used.

However, the policy was not adhered to in all instances. Staff are required to complete a restraint risk assessment form which was designed to include the frequently of the behaviours, the alternatives which had been tried and the suggested restraint procedure. A review of restraint committee records, the risk assessment form and incident reports did not demonstrate that this was adhered to. The alternatives used were not consistently identified, the frequency of the behaviour was not consistently noted and yet the practices were continued, despite evidence that the behaviours were not occurring regularly. The inspector was informed that in some instances this was due to lack of staff to supervise the residents. It is acknowledged that the system in place was primarily used to protect other residents and that the staffing in the particular unit was not consistently adequate given the number of residents accommodated there. However, this finding did not demonstrate adequate overview, staff understanding of the policy and process and cohesive multidisciplinary systems to protect all residents.

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 records and notifications forwarded to the Authority, the inspector was satisfied that the provider was compliant with his 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:
Where appropriate to the residents' capacity and needs there was evidence of life skill development and attendance at training, day care or workshops. A small number of residents in the centre attended day care services and those who could communicate with the inspector stated that they enjoyed their time there and looked forward to attending them. Decisions in regard to this were made following assessment and took account of resident's dependency level, age range and life stage. Activity staff were allocated to two of the units of five days per week to provide support for residents which included outings and staff also tried to undertake unit based activities including baking, hand massage or 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, meals out or horse riding. Staff were also in some instances helping residents to develop basic life skills for example helping residents make tea for themselves under supervision and shop for clothing and other personal items.

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:

From a review of nine medical and personal plans the inspector was satisfied that the health care needs of the residents were being appropriately assessed and attended to in a timely manner. 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 required. There was evidence from documents, interviews and observation that a range of allied health services was available and accessed. This included occupational therapy, dietician services, physiotherapy, psychiatric and psychological services. These services are integral to the organisation and therefore easily accessible to the residents. Records demonstrated that routine monitoring of bloods, weights and vital signs were undertaken. Where additional monitoring was indicated by virtue of the resident's condition or medication this was seen to be carried out.

There was evidence that an annual health check was carried out for the residents and this included age related health checks. The inspector found that the daily nursing records 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 from dieticians where this was required. Strategies for the prevention of pressure areas were included in the residents personal plans and staff were able to outline these to the inspector. There were protocols in place for specific procedures such as catheter care and the use of oxygen. Records seen and questionnaires received from relatives indicated that families were kept informed of any external medical appointments and changes in the health of the residents. 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 detailing the resident's medical condition and specific support requirements was also available in the event of admission to other services. Overall staff demonstrated a good knowledge and understanding of the individual residents health status and the management of this.

A policy on end of life care had been developed. There were currently no advanced care decisions made for the residents in this centre. A number of staff in the organisation 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 all efforts were made to ensure that residents could remain in the unit where they were with familiar staff and peers in the event of their expected demise. Palliative care support was accessed in a timely manner and all care and treatment decisions were made following the provision of full information to relatives and in consultation with them. Residents care, comfort and support including pain management was prioritised. 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 for food. Supplements were also utilised as prescribed by the GP. Choices were made available

and the inspector saw that additional foods including cheese, salad, eggs and other suitable options for those residents who required pureed diets were available at other times of the day and evening. Various fruit juices and drinks were also available and as observed these were offered regularly. Staff informed the inspector that where residents like particular snacks or types of fruit for example, they went to the local shops and sourced these additional to the food provided by the centre. The residents also went out for meals or had takeaways of their choice.

The action from the previous inspection in relation to this centre concerned the environment in which residents had their meals, the dignity with which they were presented and the appropriate use of assistive and suitable cutlery and crockery for the residents to improve their mealtime time experience. The action had been satisfactorily addressed by the provider. The inspector observed that the tables were laid nicely, with colourful table cloths and suitable and appropriate utensils had been sourced and was available for the residents. The inspector observed that meals, including pureed meals were served appropriately in an unhurried and sensitive manner to residents. Fluid intake was also monitored where this was required.

All units had kitchenettes which were equipped with food storage equipment, heaters, kettles and fridges. Most of the resident did not participate in the preparation of food and this was appropriate in this instance. Those who could did so supervised by staff.

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):

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

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. 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. However the protocol for the use of emergency medication for the management of seizures was not satisfactory and did not provide sufficient guidance for staff in its usage in some instances. This is actioned under Outcome 18 Records and Documentation.

The inspector found that systems for the receipt of, management, storage and

accounting for controlled drugs was satisfactory and understood by staff. Medication management training had taken place for staff. A medication audit had been undertaken by the dispensing pharmacist and the person in charge informed the inspector that she had undertaken a review of storage and recording practices in the units and any contravention found had been addressed. One medication error was recorded and the inspector found that appropriate remedial actions had been taken to prevent a re-occurrence.

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):

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

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 at the request of the inspector 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, behavioural difficulties 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):

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

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 within a short time period.

There was evidence of overview of practices and accountable reporting and management systems in place. The nominee of the provider had established formal reporting structures from all departments which included directors of clinical care programmes, care services and facilities. The provider had undertaken unannounced visits to the centre to review specific issues including staff knowledge of the complaint procedures and fire safety systems and to meet with the residents and staff. The inspector was informed that this initial process was to be followed by a further and more robust visitation process governing a number of core regulations. 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 quality and safety steering group had been revised and was in the process of setting up systems for assessing the data collated in terms of accidents and incidents and were seeking to involve residents and relatives in the process of review. This process will provide the data and action plan for the annual reports as required by the regulations. A quarterly report was prepared for the CEO in relation to all accidents and incidents in the centre.

In order to progress the registration of the centre and implementation of the changes required by the inspection of February 2014 the provider had appointed a person in charge on an interim basis pending the fulltime appointment. The person appointed to this centre was a qualified intellectual disability nurse with extensive nursing and management experience in the organisation.

It is expected that after an initial induction to the centre the fulltime person in charge will be in post by the end of October 2014 and will also have responsibility for another similar service in the organisation. There was an appropriate day and night time on-call system in place.

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The interim person in charge was newly appointed to the post since April 2014. The inspector 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 following an internal competition. 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.</p>
<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Sufficient resources for fundamental care such as health care, maintenance and upkeep of the premises and vehicles used were available and utilised. However, while on the days of the inspection the staffing levels and skill mix were satisfactory with one exception. However, from examination of rosters, discussion with staff and from resident's records the inspector was not satisfied that the centre was adequately resourced in terms of staff to carry out the functions as outlined in the statement of purpose. This impacted on the ability of staff to carry out certain duties including fully implementing activities and day programmes for residents. 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 but had not been completed.</p>
<p>Judgment: Non Compliant - Moderate</p>

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:

From examination of rosters, a review of resident's records and interviews with staff the inspector formed the view that the skill mix and numbers of staff was not satisfactory to provide appropriate care for the residents. On the day of inspection one unit did not have the required number of staff. In another unit the rosters showed that there were three as opposed to the required four staff on duty for significant periods of time in July, August and September. This was noted in the unit with the largest number of residents. This was compounded by the fact that the single nurse on duty in any of the units could be required to cover medication or other health related issues in another unit where the nurse was absent.

There was one care staff assigned to each unit at night with one nurse who also had responsibility for a significant number of other units on the campus and this included giving out medication or emergency medication and care. From a breakdown of the total units on the campus overall the inspector noted that there was one nurse to 44 residents at night which included the night nurse manager. Considering the complexity and dependency levels of the residents the inspector was not satisfied that the provider had adequately assessed the staffing levels both for care and safeguarding purposes on a day and night time basis. Families who completed questionnaires also referenced staff being very busy although also very supportive of their relatives.

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 three 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 that required this. There were 35 staff assigned to this centre with eight of these nurses. Examination of the training matrix demonstrated that updated training in non violent therapeutic crisis intervention was under way with some refreshers planned for the remaining staff. The inspector noted that 19 staff are overdue for disability awareness training although also acknowledges that the fire safety training had to be prioritised. The outstanding training is scheduled. Other training which had been completed and was ongoing included hand hygiene and clinical waste management. A number of the care assistant staff also had

Further Education and Training Council (FETAC) level five pertinent to the care of persons with a disability.

Monitoring and supervision systems had commenced with the person in charge including 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 Standards and Regulations were available to staff.

Judgment:

Non Compliant - Moderate

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 inspector 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 inspector 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 inspector as part of the application for registration.

However there were some deficits in documented plans in relation to guidance for the use of emergency seizure medication.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003902
Date of Inspection:	06 October 2014
Date of response:	03 November 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 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:

An agreement for the care and support of residents and all fees to be charged for such support has not been implemented.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

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 and introduced to define the details of the service and the fees to be charged. Families of service users have been contacted and advised to sign the document.

Proposed Timescale: 12/01/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personal plans for residents were not consistently implemented.

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:

Review of the Dependency levels has been undertaken and has identified staffing deficit. This action is being addressed via a recruitment process in consultation with the HSE.

Proposed Timescale: 31/01/2015

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:

Some risks in the centre had not been addressed including:

- the safe use of the stairs for a resident
- inadvertent injury to residents from access to unsecured chemicals and electrical systems.

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:

Risk assessment for service users safe use of the stairs completed on 30/10/14. Chemicals and electrical systems safely secured behind locked door with immediate effect. Manual Handling Training to be completed by outstanding staff on 7 December 2014.

Proposed Timescale:

Theme: Effective Services

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

The flooring and tiling in the sluice room in one unit was not satisfactory to support infection control.

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:

Repair to flooring and tiling in the sluice room completed on 28/11/14.

Proposed Timescale: 28/11/2014

Theme: Effective Services

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

Fire doors essential to the containment of fire were not magnetised and therefore not effective in the containment of a fire.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Repair to self-closing door Fire Door will be completed by 11/11/14. Staff directed to remove any objects restricting the closure of Fire doors with immediate effect.

Provision for Magnetic self-closing on Fire doors to commence as soon as resources are sanctioned by the HSE.

Proposed Timescale: 11/11/2014

Theme: Effective Services

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

A small number of staff still require 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:

Staff who have not received Fire Training have been identified and will complete Fire Training on 04/11/14.

Proposed Timescale: 04/11/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Restrictive procedures were not consistently applied and reviewed according to policy.

Action Required:

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

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

Referrals have been made to Behaviour Support Nurse, whom shall commence additional supports as of 29/10/14. This support shall include individual assessment and intervention plans inclusive of restrictive practises while also providing training and support for staff.

Proposed Timescale: 31/01/2015

Theme: Safe Services

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

Procedures for and monitoring of the use of residents personal pocket money do not provide robust safeguarding measures.

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:

A Policy has been developed and implemented for guiding staff on the use and monitoring of service user's pocket money and expenditure as on 28/10/14.

Proposed Timescale: 28/10/2014

Outcome 16: Use of Resources

Theme: Use of Resources

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

Staffing levels were not sufficient to support the quality of care and the statement of purpose.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Review of the Dependency levels has been undertaken and has identified staffing deficit. This action is being addressed via a recruitment process in consultation with the HSE.

Proposed Timescale: 31/01/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing levels and skill mix was not sufficient to ensure continuity and safe care during the day and night time.

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:

Review of the Dependency levels has been undertaken and has identified staffing deficit. This action is being addressed via a recruitment process in consultation with the HSE.

Proposed Timescale: 31/01/2015

Theme: Responsive Workforce

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

A number of staff did not have updated manual handling training.

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:

Outstanding staff identified and completing up-to date Manual Handling training on 7 December 2014.

Proposed Timescale:

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no satisfactory policy to guide the procedure or the management of funds where the provider acts as agent for residents.

The protocol for the use of emergency seizure medication did not provide sufficient guidance for staff.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Service Users Funds are governed by the existing Disbursement of Service User Funds Policy.

A Policy has been developed and implemented for guiding staff on the use and monitoring of service user's pocket money and expenditure as on 28/10/14.

A Procedure is currently under development for service user's who have no known or functioning next of kin to support the management of their funds.

Nursing staff and the psychiatrist will review protocols on emergency seizure medication.

Proposed Timescale: 30/11/2014