

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Stewarts Care Limited
<b>Centre ID:</b>	OSV-0003909
<b>Centre county:</b>	Dublin 20
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Stewarts Care Limited
<b>Provider Nominee:</b>	Eddie Denihan
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	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 3 day(s).

**The inspection took place over the following dates and times**

From:	To:
26 August 2014 10:00	26 August 2014 20:00
27 August 2014 07:30	27 August 2014 19:00
28 August 2014 07:00	28 August 2014 14:30

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**

As part of the inspection, the inspector visited the centre and met with residents and the staff members and reviewed questionnaires returned by resident and relatives. The inspector observed practices and reviewed documentation such as policies, personal plan and accident and incident records.

This designated centre comprised six community houses, all of which were two storey detached houses, which accommodated 25 residents, five in one of the houses and four in each of the other five.

Overall, the inspector found that residents received a good quality service. There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents. Significant improvements had been made since the last inspection, for example in relation to personal plans, suitability of premises and risk management.

Some improvements were required and are discussed in the body of the report, and in the action plan at the end of the report.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were structures in place to promote the rights of residents, for example, there was a charter of rights in place which was available in an accessible format for residents. A rights committee had been set up which was accepting referrals for identified rights restrictions for residents. Choices in everyday life were facilitated as far as possible, and included the availability of pictorial menus.

Whilst the designated centre had begun to make a list of possessions for each resident, and any new purchases were being recorded in the residents record.

There was a complaints procedure in place which was detailed enough to guide staff, and was available in an accessible version so as to guide residents if required. A complaints log was kept and there was evidence of actions being taken by the service in response to a complaint examined by the inspector.

There was evidence of the inclusion of residents in the organisation of the centre, both in individual houses, and in the form of a representative from one of the houses on the residents' forum.

There were practices in place to ensure the preservation of privacy and dignity for resident, for example the use of 'do not disturb signs' on communal bathroom doors.

**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:**

A communication profile was in place for every resident who was unable to communicate verbally or who had other communication difficulties. Staff had sufficient knowledge of each individual to meet their communication needs, and the inspector observed this in interactions between residents and staff.

There was clear evidence of information, as far as possible, being made accessible to residents, for example pictorial representation of menus and of staff on duty.

**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:**

Links had been forged and maintained with the local communities of the houses, for example residents were members of local clubs.

Visits were welcomed and facilitated, and records were kept of both visits and phone calls with family and friends of residents.

Family involvement in the management of the care of residents was now evident, for example in their documented involvement in personal plans.

**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:**

Whilst it was clear that the provider was committed to putting contracts in place for all residents, this was not yet complete. In addition the contracts did not outline a precise charge for services provided, rather they referred to a price range.

There was a comprehensive policy in place in relation to admissions in sufficient detail as to guide staff.

**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 the care and support provided to residents reflected their assessed needs and wishes. A personal plan was in place for each resident, based on their assessed needs. Significant improvements had been made since the last inspection in relation to the involvement of residents and their families in the development of personal plans and there was evidence of this involvement in all of the plans examined by the inspector. In addition, assessments were now in place, they

included an assessment of daily routine and activities and an assessment of any identified areas of need.

Goals were identified for residents, and these included plans for the development of residents' potential, for example skills teaching plans were in place for some residents.

There had been significant progress in making these personal plans accessible for residents, for example with the use of photographs, and staff were able to outline a plan to expand this. In one of the houses the plans has been translated into 'Life books', which were an accessible version for residents. A significant project had been undertaken by the provider in relation to accessible plans in keeping with the agreed actions from the last inspection.

Significant improvements had been made since the last inspection in relation to the recording of the implementation of plans, and the evaluation of their effectiveness. With the exception of one of the houses the implementation of these plans was recorded and they were reviewed on a regular basis. In one of the houses this system was not yet in place, and implementation of plans and review of plans was not always recorded, so that it was unclear as to how the effectiveness of the plans could be monitored.

**Judgment:**

Non Compliant - Minor

**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):**

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

**Findings:**

The designated centre comprised six community houses offering residential services to people with disabilities. The houses were homely, in a good state of repair and had an adequate maintenance service. The living areas were appropriate to the needs of service users. There were adequate living areas, bathroom and kitchen areas and private areas to accommodate the needs of service users. The houses were nicely furnished and appropriately equipped, and all had a functional outside area.

**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):**

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

**Findings:**

The inspector found that systems were in place for the prevention and detection of fire and the management of emergencies. The training records examined showed that there was regular fire safety training for the staff and regular fire drills were conducted. Staff training in relation to fire safety was almost complete, and training was scheduled for three staff members who still required it. The inspector found that staff were very aware of the fire evacuation procedures and were able to describe the procedures involved. There was a personal emergency evacuation plan in place for all residents and all fire safety equipment had been tested regularly. An emergency plan was in place and alternative accommodation had been identified in the event that evacuation of the centre was necessary.

There had been significant improvements in the management of risk since the last inspection. Risk assessments were in place for individual risks, for example residents' use of the kettle. Environmental risk assessments had been introduced, but these were not all location specific, for example the risk assessment in relation to the storage of medication in one of the houses referred to the safe keeping of the keys to the medication trolley, where the actual practice was a wall mounted coded box. In addition not all local risks had been identified and assessed, for example there was no risk assessment in relation to lone workers.

A risk manager and a risk management committee were now in place. There was a system for collecting and analysing data collected from incident reporting, although this had not been taking place recently. Staff reported that this was due to the risk management committee being engaged in developing their risk management policy.

**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 provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents.

All residents had a detailed intimate care plan in their personal plans.

There had been significant improvements since the last inspection in relation to the use of restrictive interventions. An audit of restrictive interventions had taken place following the last inspection, and there were currently no environmental restrictions in place in the designated centre. However, while staff could identify the use of alternatives to restrictive interventions, for example, the use of medication or the use of physical restraint, this was not documented on each occasion.

Behaviour support plans were in place for most of the residents who engaged in challenging behaviours, and where they were in place included a thorough assessment and plan. For the most part implementation of these plans was recorded, but this was not in place for some residents so that interventions could not be effectively evaluated. Many of the plans where implementation was recorded, however, were regularly evaluated.

However in relation to one resident whose plan was examined by the inspector, while the staff were knowledgeable about the management of any episode of challenging behaviour, there was no documented plan. The plans relating to some of the residents were out of date or contained information which was no longer relevant, and these residents were on the waiting list for the behaviour specialist who was a new resources to the service.

A system of recording residents' possessions had been introduced, although it was not yet in place in all the houses. All new purchases made by residents were being recorded.

Residents' finance was managed partly through a centralised account and partly by residents having their own bank accounts. Where finances were managed through the centrally held account detailed data was maintained for each individual including monitoring of income, outgoings, and balance. This information was available to residents or their representatives if required. A process of training residents to manage their own bank accounts is ongoing. There were also processes in place relating to the management of residents' finances locally in the designated centre. Transactions were recorded and signed, and signed copies of receipts relating to any purchases were maintained. However, there was a discrepancy between the amount in one resident's personal money and the documented balance which had not been detected. The discrepancy was rectified during the course of the inspection.

**Judgment:**  
Non Compliant - Minor

### **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:**  
Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**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:**

There was evidence that residents had a meaningful day and social activities in accordance with their needs and preferences. Personal plans included a daily living assessment, and also where appropriate plans in relation to skills teaching.

Residents had access to community facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

**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):**

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

**Findings:**

There were processes in place to ensure that residents' healthcare needs were being met. For example, each resident had a healthcare assessment conducted and each resident had an annual medical review. Residents had access to healthcare professionals, for example general practitioner, dentist, and dietician and records were kept of all appointments. However, while the inspector reviewed correspondence relating to the efforts made by the designated centre to secure an out of hours GP service this had not been successful, and there was still no access to a full out of hours GP service.

Healthcare plans were in place for many of the assessed healthcare needs of residents, for example, relating to anxiety for one resident and for catheter care for another. These plans were based on the assessed needs of the resident, the implementation of the plans was recorded and the plans were reviewed. Overall there had been significant improvement in the recording of the implementation of healthcare plans since the last inspection, and this was in place for all but two of the plans examined by the inspector.

Some updating of plans was required, for example where an intervention was no longer required it remained in the plan. In addition many of the healthcare plans were not signed and dated so that it was not clear whether the information was still relevant, or when a review was due.

The inspector was satisfied that an adequate and nutritional diet was available, where required in consultation with the dietician and the speech and language therapist. A sufficient record was kept to indicate a well balanced diet.

Residents were involved in the planning of menus each week and their particular dietary requirements and choices were accommodated. The planning of shopping lists included pictures to assist residents with their choices. The kitchens were well stocked and residents had access to snacks and drinks.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

Improvements had been made in the management of medication since the last inspection, for example, a medication policy was in place and protocols for 'as required' (PRN) medications were now in place in relation to rescue medications for epilepsy management.

However, there were no protocols in place for some other PRN medications, for example, analgesics or insomnia medication. Other improvements were required in relation to prescriptions, for example, there was ambiguity in one prescription examined by the inspector as to whether liquid or capsule form of the medication should be administered. In addition one of the prescribers had entered the frequency at which medications were to be administered, for example, 'od, bd or tid'. However no times were mentioned on these prescriptions meaning that staff could not administer medications in accordance with best practice, and there was no way of ensuring continuity of care amongst staff administering these medications.

In one of the houses residents regularly went to their family homes for weekends, and medication was sent in their overnight bags with them. There was no structure in place to safeguard this transition, and no documented record of medications sent home or received back to the designated centre.

**Judgment:**

Non Compliant - Moderate

**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 contained all the information set out in Schedule 1 and adequately described the service provided by the designated centre.

**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):**

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

**Findings:**

The person in charge was on leave at the time of the inspection, and a deputy had undertaken the role of person in charge. The inspector found that this person was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She had good knowledge of their health and support needs of residents and was clear about her responsibilities under the regulations. It was evident that she was providing support and guidance to staff.

Significant improvements had been made in the management structure since the last inspection. A clinical nurse manager CNM3 was in place for each designated centre. The CNM3 for this designated centre now had a manageable remit. However, the inspector was not satisfied that all management arrangements would support the needs of service users. For example, although a deputy was in place for the person in charge during the inspection, this was a temporary arrangement, and no long term arrangement was yet in place. The deputy person in charge outlined to the inspector the plan to rectify this, including the introduction of an intermediate management grade of CNM1 in the near future.

Staff meetings were held regularly, and minutes of these meetings were recorded. Communication between the person in charge and staff was also facilitated by the 'manager visits book' and the 'person in charge folder'. While actions required were identified in all three of these structures, there was not always clear guidance on the action required, the person responsible was not always identified and due dates were not always identified, so that monitoring of these actions was not evident.

Audits had been conducted in relation to various aspects of care delivery, including an environmental audit and a medication audit. However, there was inconsistency in the identification and monitoring of actions arising from these audits which were not always in place.

The provider had begun the process of conducting unannounced visits to the designated centre, and these visits had resulted in a brief report and action plan.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

The person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence for a period of more than 28 days. No such absences were anticipated.

**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:**

The inspector found that the designated was sufficiently resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**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):**

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

**Findings:**

Some improvements had been made in this area since the last inspection, for example all staff could demonstrate an awareness of the regulations, the issue had been included in staff meetings, and the person in charge had developed a document linking the regulations and standards and made this available to staff. In addition the management structure had been improved as discussed in Outcome 14.

However, some of the agreed actions from the last inspection were still outstanding. For example, some staff still felt that their training in the development of person centred plans was inadequate. There was no formal staff appraisal system in which to capture

these training needs. In addition there was still insufficient evidence that staffing levels were based on the assessed needs of the residents, although it was reported that dependency scales and staff analysis were almost complete.

This was evident in one of the houses where only one staff member was on duty in the evenings, meaning that it frequently arose that if any one of the residents wished to go out, all residents had to go, or conversely if one did not wish to go out, all had to stay in.

Staff training records were available, and the agreed action from the last inspection in relation to medication management training was on schedule. However, training in relation to manual handling, fire safety and risk management was still outstanding for some staff.

Overall the inspector found staff to be knowledgeable about the individual needs of the residents, the organisation of the centre, their responsibilities under the regulations and the safeguarding of residents.

**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):**

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

**Findings:**

All policies required under Schedule 5 were in place. All records in relation to residents and general records required under Schedule 4 were also in place.

**Judgment:**

Compliant

## 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:***

Julie Pryce  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Stewarts Care Limited
<b>Centre ID:</b>	OSV-0003909
<b>Date of Inspection:</b>	26 August 2014
<b>Date of response:</b>	12 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:**

Not all residents had an agreement in writing of the terms of residence.

**Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

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

terms on which that resident shall reside in the designated centre.

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

Each Resident will have a contract of care outlining the terms of residence signed by the resident or their representative. Presently in the absence of a next of kin the contract of care will be signed by the Executive Director of Care on behalf of the resident.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

The exact fees to be charged were not specified in contracts.

**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 exact fees to be charged for Services provided will be specified in each Residents contract of care.

**Proposed Timescale:** 30/11/2014

**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:**

Effectiveness of some plans could not be assessed as the implementation was not recorded.

**Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Personal Support Plans in the house referred to in the report will be reviewed and evaluated to assess their effectiveness and outcomes recorded within the plan.

**Proposed Timescale: 30/12/2014**

### **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:**

Not all risks had been assessed.

**Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Risk assessment in relation to the storage of medication keys has been amended to include the actual practice of safe keeping of keys in a wall mounted coded box as per policy. A Lone Worker policy to include assessment in relation to lone workers will be developed. Collection of data from incident reports has commenced and data analysis is ongoing.

**Proposed Timescale: 30/12/2014**

### **Outcome 08: Safeguarding and Safety**

**Theme: Safe Services**

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

There was not always evidence of alternative measures being considered before a restrictive intervention was used.

**Action Required:**

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

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

The identification and implementation of the use of alternative measures to restrictive practices will be recorded in the behaviour record so that implementation can be effectively evaluated.

**Proposed Timescale: 30/11/2014**

**Theme:** Safe Services

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

Behaviour support plans were not in place for all residents who engaged in challenging behaviour.

**Action Required:**

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

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

Referrals have been made to the behaviour Support Nurse to assist with the identification of behaviour supports for residents with behaviours that challenge.

**Proposed Timescale:** 31/10/2014

**Theme:** Safe Services

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

The management of residents' finances was not robust enough to safeguard them.

**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/guideline has been developed to ensure safeguarding and transparency and to protect residents from any form of financial abuse.

**Proposed Timescale:** 30/11/2014

## **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Residents did not have access to an out of hours GP service.

**Action Required:**

Under Regulation 06 (2) (a) you are required to: Ensure that a medical practitioner of the resident's choice or acceptable to the resident is made available.

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

The service is currently in negotiations with KDoc and local GPs to provide access for an out of hours GP service.

**Proposed Timescale:** 31/12/2014

**Theme:** Health and Development

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

Implementation of healthcare plans was not always documented and some care plans were out of date or undated.

**Action Required:**

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

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

The service is currently in negotiations with KDoc and local GPs to provide access for an out of hours GP service.

**Proposed Timescale:** 31/12/2014

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

There were not appropriate practices in relation to the administration of medication because prescriptions did not include times, and the conditions for the administration of 'as required' medications was not always specified.

**Action Required:**

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

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

The Quality Steering Group will implement a system on the electronic kardex to specify the times/conditions/maximum dosage of medication to be administered in 24 hours.

**Proposed Timescale:** 31/12/2014

**Theme:** Health and Development

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

There were not appropriate practices in relation to the transfer of medication between the designated centre and residents family homes.

**Action Required:**

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

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

Each resident will have a combination lock briefcase for safe transportation of medication between designated centre and family home. A protocol will be developed in each residents medication plan for sending medications home.

**Proposed Timescale:** 31/12/2014

#### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

There was not a satisfactory deputising arrangement for the person in charge so as to ensure that the service provided was consistent.

**Action Required:**

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

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

A deputy person in charge has now been appointed and is in place.

**Proposed Timescale:** 15/10/2014

**Theme:** Leadership, Governance and Management

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

There was insufficient evidence of effective monitoring of service provision.

**Action Required:**

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

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

**Proposed Timescale:**

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff numbers were not always appropriate to the assessed needs of residents.

**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:**

Dependency level assessments are being reviewed to ensure appropriate number and skill mix of staff. HR dept are currently recruiting nurses and care staff.

**Proposed Timescale:**

**Theme:** Responsive Workforce

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

Some staff still require 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:**

A GAP analysis has identified all staff who require training/ refresher training in manual handling, fire safety and risk assessment. Any outstanding courses will be completed by all staff except for those on long term leave.

**Proposed Timescale:** 31/12/2014

**Theme:** Responsive Workforce

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

There was no staff appraisal system in place.

**Action Required:**

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

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

A formal appraisal system has commenced and is ongoing to ensure all staff are appropriately supervised.

**Proposed Timescale:** 30/09/2014