<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Steadfast House Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0001632</td>
</tr>
<tr>
<td><strong>Centre county:</strong></td>
<td>Monaghan</td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td><strong>Registered provider:</strong></td>
<td>Steadfast House Limited</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Malachy Marron</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Jillian Connolly</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Philip Daughen</td>
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<tr>
<td><strong>Type of inspection</strong></td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>0</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
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About monitoring of compliance

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

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

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

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

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

The inspection took place over the following dates and times
From: 27 January 2015 16:00  
To: 27 January 2015 21:30

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

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 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 16: Use of Resources |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection
This was the third inspection of the designated centre, which is a respite service operated by Steadfast House Ltd. As of the day of inspection there were forty five residents recorded as accessing the service, with the maximum number of residents being accommodated at any one time being four. The first inspection was conducted in July 2014, in which significant failings were found due to inefficient governance and management systems. A follow up inspection was completed in October 2014. Whilst some progress had been made, there was at this time, still significant failings identified with regulation. As a result a regulatory meeting was held in November 2014, with the manager of the centre who at the time held the position of provider nominee and person in charge. A warning letter was issued following this meeting, a response was submitted by the provider to state that additional resources were being sourced including protected administration time and a person in charge. This inspection was conducted to ascertain if this had occurred and to assess the progress made towards compliance with regulation.
On arrival to the centre, inspectors found that no services were being provided to residents on that week. Inspectors met with the person in charge and the provider nominee and provided feedback to the person in charge. The person in charge had been appointed in November 2014. Inspectors recognised that the person in charge had commenced implementing systems to improve the quality and safety of care provided. However as no residents were present, inspectors could not determine the effectiveness of same.

Fifteen Outcomes are reported on in this report. Compliance with regulation was identified with four outcomes, General Welfare and Development, Medication Management, Statement of Purpose and Governance and Management. Substantial Compliance was identified in respect of the agreement in place between the provider and the resident and as regards the premises. Moderate non - compliance was identified in the following seven outcomes:

- Residents Rights Dignity and Consultation
- Social Care Needs
- Health and Safety and Risk Management
- Healthcare Needs
- Use of Resources
- Workforce
- Records and Documentation

Major non - compliance was found in the notifications of incidents and safeguarding and safety. Twenty five failings were identified on this inspection, with seventeen of the failings being the responsibility of the registered provider and eight the responsibility of the person in charge.

The action plan at the end of this report identifies the failings and the actions the provider/person in charge is required to take 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.
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 organisation had a policy in place regarding the procedure in place for the receiving and investigation of complaints. The procedure to be followed was also located in a prominent location in an accessible format for residents. There was a complaints log in place which segregated informal and formal complaints as per policy. There were no complaints recorded as of the day of inspection. However inspectors identified occasions where residents and/or their representatives had expressed dissatisfaction with the service they had received. Inspectors found that they had not been recognised as complaints and therefore had not been recorded as complaints or subsequently investigated as required by Regulation 34 (b) and (f).

As the designated centre, is a respite service residents are regularly admitted and discharged with the longest recorded stay being seven days and the shortest being twenty four hours. The provider had consulted with residents and/or their representatives through the forum of a quality survey which queried the satisfaction level of the services provided and aimed to identify areas of improvement. The feedback from the 19 questionnaires returned was, in the main, positive. There were areas identified for improvement which had yet to be acted upon, for example families requested more feedback following their loved ones stay in the centre.

Inspectors also reviewed a sample of residents' personal plans and records, and found that a review was required by the person in charge to ensure that all language utilised was dignified and respectful of residents.

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

**Findings:**
Inspectors reviewed a sample agreement which is completed by the representative of the resident on each admission to the designated centre. An action arising from the previous inspection in October was that the contract did not state the standard services to be provided and the individual/body responsible for the cost. Inspectors determined that the costs were now included in the agreement for additional services such as social activities. The agreement also stated that the standard cost for accommodation, utilities and other services such as staffing is covered by the Health Service Executive. Improvements were still required to ensure that the contract adequately stipulates the support, care and welfare to be provided to residents such as the obligations/responsibilities of the provider and in turn the residents.

Inspectors also observed that due to the layout of the contract it was not clear that the provider was obliged to sign same. The layout also precluded the option of the contract being signed by the resident where applicable as opposed to their representative as required by Regulation 24 (3).

**Judgment:**
Substantially Compliant

### Outcome 05: Social Care Needs

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

**Theme:**
Effective Services
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors reviewed a sample of residents' personal plans and identified that each resident had an assessment completed prior to commencing accessing respite services. This assessment identified both social and health care needs of residents. As the purpose of the designated centre is to provide short stay respite, a more concise assessment is completed on each separate admission which aims to ascertain if a change in need has occurred since the resident's previous admission. This is completed in conjunction with information provided by representatives prior to admission. From these assessments, plans are developed for both the health and social needs of residents. Deficits were identified in the information recorded in these plans for both the health needs and the behavioural support needs of residents which is detailed in Outcome 8 and 11. Inspectors found that whilst plans were developed they did not adequately inform of the actual supports the resident required to meet that need.

The Statement of Purpose for the designated centre states that there is a key worker system in place which assigns specific responsibility to staff to ensure that residents' needs are met and that they are involved in their personal plan. Inspectors confirmed through speaking with staff and reviewing the allocation of key workers that this occurs in practice. Short term goals were developed for each resident on admission, which guided the activities that residents partook in for the duration of their stay. Progress and achievement of these goals were recorded in documentation. The goals were reflective of the likes and dislikes of the residents.

Inspectors found that staff practice was not guided by recommendations of relevant Allied Health Professionals. For example, menu planning was not guided by the recommendations of a nutritionist.

Following discharge from the designated centre, a review was completed of the resident's stay. However there was inconsistent application of learning to the residents' personal plans to improve services. For example, evidence did not support that staffing levels were reviewed in light of incidents that had occurred to ascertain if the supports provided to residents were sufficient.

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

**Findings:**
The premises is a detached bungalow located on the outskirts of the town.

The premises consists of four resident bedrooms, one staff bedroom / office, kitchen, and living area. The staff bedroom and one of the resident's bedrooms were provided with an en suite bathroom. There was also one large bathroom accessed both communally and directly from one of the bedrooms. The necessary safeguards were in place to ensure that only one door was operational at any one time. The living area was adequate for the residents. There was adequate ventilation, heating and lighting in all parts of the centre which are used by residents. There was sufficient cooking and laundry facilities provided.

Each resident had a wardrobe in their bedroom. However inspectors observed incidences of unsecured storage of cleaning supplies and continence wear within these wardrobes. There was also an oxygen cylinder stored in an unsecured manner in the staff bedroom.

The doors to the premises were provided with ramps and handrails to make it accessible to all.

Inspectors found that there were suitable arrangements for the safe disposal of general waste and clinical waste when required.

**Judgment:**
Substantially 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:
There were health and safety policies and a safety statement in place for the centre. The safety statement was signed by staff to confirm they had read and understood it.

There was a risk register in place. It was dated 4 December 2014. Inspectors found that, in the main, the risk register was reactive. The hazards identified were from past events and from deficits identified in previous inspection reports such as slips, trips and falls and electrical appliances. Inspectors identified a number of hazards on the day of inspection which were not identified in the risk register such as external pathways, oxygen use and the communal bathroom having two separate access points. Inspectors also identified that the procedure to follow in the event of a resident going missing was to fill out the profile for the resident after he / she had gone missing. This could result in unnecessary delay in the dissemination of information in the event of a resident going missing.

There was an infection control policy in place. The information contained within was not sufficient with respect to the selection of washing temperatures for laundry to control infection. Inspectors also noted the presence of polyester blankets as bed clothes in a number of the residents bedrooms which was inadequate both from an infection control point of view as the maximum washing temperature is 40 degrees and from a fire safety point of view as they are highly flammable. Furthermore there was a commode provided for the use of the residents but there were inadequate facilities provided for the emptying and cleaning of same. Inspectors identified one upholstered chair which was of a design that would not promote good infection control practices.

With respect to fire safety, the premises was provided throughout with a fire detection and alarm system. It was also provided throughout with emergency lighting and suitable fire fighting equipment. Fire doors were provided throughout where necessary in order to protect the means of escape for occupants and to prevent the spread of fire and smoke throughout the building in the event of fire. The fire procedures were clearly displayed inside the front door and there were records present to indicate staff had received fire safety training. There were service records present for the fire alarm and for the fire fighting equipment. There were no up to date records for servicing of the emergency lighting maintained in the designated centre.

Doors leading to escape routes were provided with locks that require the use of a key in order to escape. These keys were located in break glass units adjacent to the door. This could cause unnecessary confusion in the event of an evacuation. There is also the
possibility that these keys could go missing over time.

Inspectors found that records were kept with respect to fire drills. Inspectors reviewed a number of personal evacuation plans for a selection of residents. Inspectors found one incidence of a personal evacuation plan being updated in light of learning from the previous fire drill. However there was also one resident whose personal evacuation plan was not on their file.

**Judgment:**
Non Compliant - Moderate

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**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):**
No actions were required from the previous inspection.

**Findings:**
The designated centre had a policy and procedure in place regarding the protection of vulnerable adults. The majority of staff had received training in the protection of vulnerable adults. However, inspectors identified one staff member who had not received the relevant training. Inspectors informed the person in charge on inspection who stated that this would be rectified. Inspectors identified one incident in the accident/incident log in which a resident sustained bruising however the cause was not clear. This was not investigated in line with the policy in place for the protection of vulnerable adults.

Two failings were identified on the previous inspection in respect of positive behaviour support. Inspectors identified that progress had been made. However, further improvements are required in order to ensure compliance with regulation is achieved. On the previous inspection, an action required was for staff to have up to date and relevant information to inform of the strategies required to support residents who exhibited behaviours that challenge. The provider nominee has the necessary qualifications to provide the necessary training in this regard. Inspectors identified a staff who had not received training in the management of behaviour that is challenging including de-escalation techniques and intervention techniques. This staff member was documented as being on duty and supporting residents who were identified as exhibiting inappropriate behaviour.
Inspectors found that whilst work had commenced in documenting incidents of behaviours that challenge utilising an evidence based tool, no actions or interventions had been derived from the information gathered. Records demonstrated that residents were still exhibiting inappropriate aggressive behaviour without the appropriate supports available to them. In one instance, a resident was administered pain relief as an intervention as staff were querying pain as a rationale for the behaviour. However the resident did not have a pain assessment completed and there were no guidelines in place to support this practice.

As there were no residents present on inspection, inspectors were not able to observe the level of restrictive procedure implemented in the designated centre. An action arising from the previous inspection was that there was no information available to inform staff of when medication can be utilised to address behaviours that challenge. There was also an absence of a restrictive practice log. On this inspection, inspectors reviewed the template which had been designed following on from this failing and determined that it facilitated the information as required by Schedule 3 (3) (m) to be recorded. There was also evidence that there was documented instructions for the times in which medication as required could be administered.

**Judgment:**
Non Compliant - Major

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**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:**
Inspectors could not determine if any accident or incident had occurred which required notification to the Chief Inspector within a three day period as required by Regulation 31 as there were gaps in the incident report documentation.

The provider had informed the Chief Inspector in October 2014 that no incidents which were required to be notified had taken place in a six month period as required by Regulation 31 (4). However inspectors, through reviewing documentation, found evidence that restrictive procedures such as bed rails and the locking of the front door were in place in this time period. Therefore the Chief Inspector should have been notified under Regulation 31 (3) (a).
**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:**
As respite services are short-term and episodic, as stated in Outcome 5, residents’ goals related specifically to the time period in which they resided in the designated centre. Documentation supported that residents had the opportunities to partake in social activities such as eating out, drives and shopping in line with their interests and preferences. The Statement of Purpose also states that residents are supported to attend their regular day service programmes while attending respite. Documentation and staff confirmed that this occurred in practice.

**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:**
Whilst assessments were in place and plans of care developed as stated in Outcome 5, the information recorded did not adequately inform of the supports required to meet residents’ healthcare needs. For example, residents who had a diagnosis of epilepsy had epilepsy management plans in place. However, the directions provided within the plans were not consistent and in line with guidance provided by the relevant health care professional.
Inspectors noted that the number of staff required in order to meet individual residents healthcare needs had been assessed and documented, for example the staffing requirement as a result of seizure activity. However, the staffing levels noted on the roster did not always correlate with the collective needs of residents present at the centre.

Inspectors reviewed progress notes of residents which documented their dietary intake while present at the centre. Inspectors found that the food provided was not consistent with each individual residents' dietary need. Since the last inspection, staff had received nutritional training. For example, residents were identified as requiring a high fibre diet. However, there was no information available to guide staff on the menu that should be in place in order to meet that need. In a six day period, inspectors observed five of the main meals provided to a resident requiring a high fibre diet to consist primarily of processed food which did not meet their dietary needs.

**Judgment:**
Non Compliant - Moderate

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**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 registered provider was deemed to be in major non compliance with respect to medication management in the inspection of the 7 October 2014. Deficits were identified in procedure which resulted in residents being admitted with inaccurate prescription sheets or medication without the original packaging.

On this inspection, there were no residents present. Therefore inspectors were unable to observe medication practices at the centre. The person in charge provided inspectors with templates which are utilised on admission of a resident to the centre to ensure that staff have all pertinent information to safely administer medication. This template included a checklist for staff to confirm the accuracy of the resident's prescription and that the medication supplied corresponds with the prescription. A self assessment tool had also been developed to determine residents' capacity to take responsibility for their own medication. There was a separate record maintained of all medication that was administered as required. However, as stated in Outcome 8, pain relief was administered to a resident as a response to behaviour that challenged in the absence of a pain assessment tool or a positive behaviour support plan.
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:**
An action arising from the previous inspection was that the statement of purpose did not contain the necessary information stipulated in Schedule 1. The registered provider submitted a revised statement of purpose as part of their application to register as a designated centre as a result of this action. Inspectors reviewed this document prior to inspection and found it required further changes in order to contain the necessary information stipulated in Schedule 1.

On inspection, the person in charge provided the inspectors with the current version of the statement of purpose. This was found to contain all of the necessary information stipulated in Schedule 1. However, this document has not been formally submitted as part of their application to register as required by Schedule 1 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**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:
On previous inspections, inspectors found that the arrangement of the roles of provider nominee and person in charge being held by one individual was ineffective. Following on from this, an additional member of staff was recruited to the management team to separate the roles of provider nominee and person in charge.

Inspectors met with the newly recruited person in charge on arrival to the premises and provided feedback to her at the conclusion of the inspection. This person in charge is full time and is person in charge of one other designated centre. The person in charge is a registered nurse and has commenced with the implementation of systems in order to improve the quality and safety of care provided. As there were no residents present, inspectors were unable to observe if this has improved the quality and safety of care provided. This will be reviewed on the next inspection. The management structure was more clearly defined.

Inspectors were still not assured that the designated centre was consistently resourced appropriately to ensure the effective delivery of care and support in accordance with the statement of purpose, and this is further discussed under Outcome 16.

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 cumulative findings on this inspection in relation to staffing levels and inadequate training to staff led inspectors to determine that the centre was not consistently resourced to ensure the effective delivery of care and support. This is detailed in Outcome 8 and 17.

Judgment:
Non Compliant - Moderate

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:
A failing identified on the first inspection in July 2014 of the designated centre was that the number and skill mix of staff were not appropriate to meet the assessed needs of residents, as there was no evidence that the individual and collective needs of residents were considered when admissions were planned.

In October 2014, the inspector determined that this had been addressed as the sample of dates reviewed on the day of inspection, demonstrated that the staffing levels were appropriate to the identified needs of residents.

However, on this inspection, inspectors reviewed a different time period and records demonstrated that there were deficits which still required addressing. Inspectors reviewed a sample of dates, and compared the assessments of the residents who were residing in the centre on those dates with the number and skill mix of staff who had supported the residents. In one instance there were two staff on duty to support three residents. However one resident was documented as requiring one to one supervision due to an unsteady gait and at times required the support of two staff due to incidents of behaviours that challenge. A second resident was documented as requiring support from one staff. The third resident's support levels were not documented. Therefore two staff were not adequate to meet residents' needs. One of the residents engaged in four incidents of physically aggressive behaviour at his time. The written progress notes stated that any attempts at redirection were ineffective. One of the staff members
present had not received the relevant training in the management of challenging behaviour.

Staff training has been identified as a failing on all previous inspections. As stated in Outcome 8, staff files did not demonstrate that all staff had received training in the protection of vulnerable adults and the management of challenging behaviour.

**Judgment:**
Non Compliant - Moderate

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**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:**
As stated in Outcome 8, the centre was implementing a new template for the recording of all restrictive practice used in the centre. This was identified as absent on inspection dated 7 October 2014. As stated in Outcome 7, inspectors could not find up to date records for the service of the emergency lighting as required under Schedule 4 (13). Inspectors could not be assured that a record was maintained of all incidents where a resident suffered harm were maintained by Schedule 3 (n) as two records were absent from the incident report folder.

There was no directory of residents as required by Regulation 19.

**Judgment:**
Non Compliant - Moderate
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jillian Connolly
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

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tr>
<td>Date of Inspection:</td>
<td>27 January 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 March 2015</td>
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Requirements

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

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

After viewing a sample of residents personal plans and records, inspectors found that a review was required to ensure all language used was dignified and respectful of residents.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident’s privacy and

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


<table>
<thead>
<tr>
<th><strong>dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</strong></th>
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</table>

Please state the actions you have taken or are planning to take:
Each resident’s individual personal plan will be reviewed by each key worker and the Person in Charge to ensure that each resident’s privacy and dignity is respected. The Person in Charge will ensure that all personal plans will have been reviewed and appropriate amendments made by 10/04/15.

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 10/04/2015</th>
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</table>

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors identified instances where residents or their representatives expressed dissatisfaction. These were not classified as complaints and were therefore not investigated.

Action Required:
Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

Please state the actions you have taken or are planning to take:
Identified instances where residents and/or their representatives have expressed dissatisfaction have been documented in the Complaints Log Book and have been investigated. This was completed on 28/01/15. Future instances of dissatisfaction which may be expressed by residents and/or their representatives will be documented and investigated promptly as per Regulation 34 (2) (b).

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<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 10/04/2015</th>
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</table>

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
As incidences of dissatisfaction were not recognised as complaints, therefore they were not recorded as complaints.

Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.
Please state the actions you have taken or are planning to take:
Identified instances where residents and/or their representatives have expressed dissatisfaction are now recorded in the Complaints Log Book. This was completed on 28/01/15.
The nominated person will maintain a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied as per Regulation 34 (2) (f).

**Proposed Timescale:** 28/01/2015

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**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The sample agreement did not adequately stipulate the support, care and welfare of residents to be provided.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
The contract is currently being reviewed to stipulate the support, care and welfare to be provided to residents.

**Proposed Timescale:** 27/03/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The layout of the agreement precluded the option of the resident signing the agreement where capable of doing so. The layout also makes it unclear if the provider is obliged to sign the agreement.

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

**Please state the actions you have taken or are planning to take:**
The layout of the contract will be discussed when the contract is being reviewed. It will also contain a signature line for residents.

**Proposed Timescale:** 27/03/2015
### 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:

Inspectors found that while plans were developed, they did not adequately inform of the actual supports the resident required to meet the need.

**Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.

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

Each individual residents’ personal plan will be reviewed and will inform of the actual supports each resident requires to meet their assessed needs.

The Person in Charge will ensure that all personal plans are reviewed by 10/04/15.

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**Proposed Timescale:** 10/04/2015

**Theme:** Effective Services

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

Whilst reviews were completed following a residents stay at the centre, there was inconsistent application of learning to the residents' personal plans to improve services.

**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:**

Information received on admission from the resident and/or their representative will be transferred into each resident’s individual personal plan immediately.

The effectiveness of each personal plan will be assessed throughout each residents stay.

Information compiled during each residents stay will be included in their ‘Respite Summary Report’ which is completed on discharge from the designated centre.

Each resident’s key worker will made the necessary amendments to resident’s personal plan to reflect any changes in circumstances and any new developments.

The Person in Charge will review all personal plans as an ongoing process in conjunction with Respite Summary Reports to ensure that there is an application of learning to each resident’s personal plan to improve services.

**Proposed Timescale:** 10/04/2015
### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

Suitable storage was not provided as required by Schedule 6 (5).

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Wardrobes in each bedroom have been made available for the storage of resident’s occupying the rooms’ personal belongings only. This was completed on 28/01/15.

**Proposed Timescale:** 28/01/2015

### 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:

All hazards had not been identified and risks assessed in a proactive manner throughout the designated centre.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The Risk Management Policy has been reviewed on 30/01/15. Highlighted potential hazards have been identified and risks assessed. The measures and actions in place to control the risks have also been identified. Further review of the Risk Management Policy will take place to ensure that all potential hazards have been identified and risks assessed throughout the designated centre as per Regulation 26 (1) (a).

**Proposed Timescale:** 24/03/2015

### 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:

The measures and actions in place to control the risk of an unexpected absence of a
**Action Required:**
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

**Please state the actions you have taken or are planning to take:**
The Risk Management Policy has been reviewed on 30/01/15 and now contains the measures and actions in place to control the unexpected absence of any resident. The procedure to follow has also been changed to prevent the unnecessary delay in the dissemination of information in the event of a resident going missing. Each resident’s personal plan will now include a ‘Resident Profile’.

**Proposed Timescale:** 24/03/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Infection control policy did not adequately inform staff as to best practice to follow to prevent the spread of health care associated infections. Furthermore, this was reflected in practices at the centre.

**Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Please state the actions you have taken or are planning to take:**
The ‘Infection Control’ Policy will be reviewed to adequately inform staff of best practice in relation to the prevention of the spread of health care associated infections

**Proposed Timescale:** 31/03/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors noted the presence of highly flammable polyester blankets being used as bedding.

**Action Required:**
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.
Please state the actions you have taken or are planning to take:
Polyester blankets have been removed from all residents’ bedrooms as a precaution against the risk of fire. This was completed on 28/01/15.

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<tr>
<th>Proposed Timescale: 28/01/2015</th>
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<tr>
<td>Theme: Effective Services</td>
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</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of key operated locks observed on inspection is an unnecessary obstruction to the means of escape from the premises.

Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
Key operated locks will be removed from all doors leading to escape routes and replaced with thumb turn locks.
Thumb turn locks have been ordered on 10/03/15.

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<th>Proposed Timescale: 24/03/2015</th>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Theme: Safe Services</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received training in the management of behaviour that is challenging.

Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
Staff who had not received training in the management of behaviour that is challenging completed CPI training delivered by the Registered Provider on 10/02/15.
All staff now have the appropriate training in the management of behaviour that is challenging including de-escalation and intervention techniques.
Supporting evidence of training is now available in all staff files.
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<tr>
<th>Proposed Timescale: 10/02/2015</th>
<th><strong>Theme:</strong> Safe Services</th>
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<tbody>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>Due to an absence of positive behaviour support plans, every effort had not been made to identify and alleviate the causes of residents’ challenging behaviour.</td>
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<td><strong>Action Required:</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>Staff who had not received training in the management of behaviour that is challenging completed CPI training delivered by the Registered Provider on 10/02/15. All staff now have the appropriate training in the management of behaviour that is challenging including de-escalation and intervention techniques. Supporting evidence of training is now available in all staff files.</td>
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<th>Proposed Timescale: 10/04/2015</th>
<th><strong>Theme:</strong> Safe Services</th>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>Not all staff had received training in the protection of vulnerable adults.</td>
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<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>Staff who had not received training in the protection of vulnerable adults completed 'Protection of Vulnerable Adults' training on 10/02/15. All staff working in the designated centre now have the appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Supporting evidence of training is now available in all staff files.</td>
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<tr>
<th>Proposed Timescale: 10/02/2015</th>
<th><strong>Theme:</strong> Safe Services</th>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
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Inspectors identified an incident where bruising to a resident had not been adequately investigated.

**Action Required:**
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

**Please state the actions you have taken or are planning to take:**
Identified incident documented on 10/12/14 has been investigated. This was completed on 28/01/15.

**Proposed Timescale:** 28/01/2015

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### Outcome 09: Notification of Incidents

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A written report had not been provided to the Chief Inspector at the end of each quarter of each calendar year in relation to any occasion in which a restrictive procedure was used.

**Action Required:**
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

**Please state the actions you have taken or are planning to take:**
The Person in Charge submitted quarterly notification on 28/01/15 for incidents that took place in October, November and December 2014. This included reporting each occasion in which a restrictive procedure was used. Exact times and durations of restrictive procedures used are recorded in each resident’s personal care plan. The Person in Charge will ensure that all Quarterly Statutory Notifications are submitted to the Chief Inspector at the end of each quarter of each calendar year. A record of all notifications submitted is held in the designated centre.

**Proposed Timescale:** 28/01/2015
Outcome 11. Healthcare Needs

**Theme:** Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors were not assured that care planning adequately facilitated appropriate health care.

**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:**
Each resident’s individual personal plan will be reviewed to ensure that care planning adequately facilitates appropriate health care. Epilepsy Management plans are currently being reviewed to ensure that the directions provided are consistent and are in line with guidance provided by the relevant health care professional.

**Proposed Timescale:** 10/04/2015

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Food provided was not consistent with residents' individual dietary needs.

**Action Required:**
Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident’s individual dietary needs and preferences.

**Please state the actions you have taken or are planning to take:**
‘Nutrition’ has been discussed as a priority topic at staff meetings held on 29/01/15, 24/02/15 and 06/03/15. Each residents’ individual dietary needs and preferences will be considered as paramount importance for daily meal planning. Food and drink will be provided consistent to same. The Person in Charge has contacted a Nutritional Advisor on 03/03/15 to provide nutritional guidelines for residents’ individual dietary needs. A ‘Nutrition’ folder is currently being developed to guide staff and residents on planning and delivering meals based on residents’ individual dietary needs and preferences.

**Proposed Timescale:** 26/03/2015
### Outcome 16: Use of Resources

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors were not assured that the centre was adequately resourced to ensure the effective delivery of care and support.

**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:**
Staff training records and the staff roster have both been critically reviewed and the necessary actions have been taken in relation to Outcome 8 and Outcome 17 respectively.
All staff have now received all necessary training and supporting evidence of same is now available in all staff files. This was completed on 10/02/15.
The Registered Provider held a meeting with the Person in Charge and the Respite Coordinator on 05/02/15 to plan respite allocations. Further consultation took place on 16/02/15. An e-mail was forwarded to the Chief Inspector to inform of changes made. The Registered Provider and Person in Charge reviewed the staff roster and made the necessary changes to ensure the designated centre was adequately resourced the effective delivery of care and support in accordance with the Statement of Purpose.

**Proposed Timescale:** 12/03/2015

### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The registered provider did not ensure that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents at all times.

**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:**
The Person In Charge will meet with the Respite Coordinator quarterly to plan respite allocations. Individual and collective needs of residents will be discussed.
Staff roster will be done on a monthly basis in conjunction with the ‘Respite Planner’ and residents’ needs assessments which will determine staffing levels required.
Staff roster will be reviewed on discharge of residents from the designated centre to
ensure that the numbers, qualifications and skill mix of staff is appropriate to meet both the individual and collective needs of residents. Extra staff will be rostered on duty where required. Staff roster for March 2015 has been reviewed and extra staff have been rostered where necessary.

**Proposed Timescale:** 12/03/2015

<table>
<thead>
<tr>
<th>Outcome 18: Records and documentation</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Use of Information</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>The registered provider had not provided a directory of residents.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>A directory of residents has been established and is being maintained in the designated centre and includes information specified in paragraph (3) of Schedule 3. This was completed on 30/01/15.</td>
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<tr>
<td><strong>Proposed Timescale:</strong> 30/01/2015</td>
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<tr>
<td><strong>Theme:</strong> Use of Information</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>Records for the maintenance of emergency lighting were not up to date.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<td>Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.</td>
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<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>Emergency lighting has been serviced on 28/01/15. Service has been recorded in the ‘Fire Safety and Maintenance’ Log Book.</td>
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<tr>
<td><strong>Proposed Timescale:</strong> 28/01/2015</td>
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<tr>
<td><strong>Theme:</strong> Use of Information</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The incident report appeared to be incomplete.

Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
The Incident Report Book is currently being reviewed and an alternative format is being devised.

Proposed Timescale: 16/03/2015