

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003909
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Gerry Mulholland
Lead inspector:	Julie Pryce
Support inspector(s):	Karina O'Sullivan
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 November 2015 10:30	11 November 2015 18:30
12 November 2015 10:30	12 November 2015 17:00

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This follow up inspection of a designated centre operated by Stewarts Care Limited was conducted by the Health Information and Quality Authority (the Authority) in order to proceed with the application to register the centre.

As part of this inspection, inspectors met with managers, staff and residents. Inspectors observed practice and reviewed documentation such as personal plans, healthcare plans, accident and incident records, risk assessments, medication records, meeting minutes, governance and management documentation and staff records.

The designated centre comprised six houses which accommodated 26 residents. The homes were well decorated and furnished, and equipped according to the needs of the residents. Residents appeared to be comfortable and content in their homes.

Inspectors found evidence of a good quality service in the main, and improvements had been made since the last inspection, for example, in the personal plans. However, some further improvements were required, for example in the area of financial management and medication management. These issues are discussed in the main body of the report and included in the action plan at the end.

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 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 were satisfied that there was a system in place regarding admissions into the designated centre. There were policies and procedures in place to guide admissions process.

Signed written agreements of care were now in place outlining the services provided and identifying any fees incurred..

Judgment:

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):

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

Findings:

Inspectors were 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. Each plan began with an 'about me' section containing pertinent information about the residents.

There was clear evidence of the involvement of residents and their families in the development of personal plans. For example, one of the residents wrote directly into the personal plan themselves.

Various assessments were in place, including an assessment of daily routine and activities and an assessment of any identified areas of need. All identified areas of need examined by the inspectors had resulted in a plan of care. In addition, goals were identified for residents, and these included plans for the development of residents' potential as well as essential issues. For example, there were goals in place in relation to safety issues and the management of long term medical conditions, and goals in place in relation to maximising independence, such as the management of 'alone' time.

There was evidence of a meaningful day for many of the residents, for example, people attended parties, went on holidays and made use of facilities in the local community. However, not all goals in relation to a meaningful day for residents had been progressed. For example, no steps had been taken towards meeting goals of residents in relation to managing retirement.

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):

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

Findings:

Inspectors 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. Inspectors found that staff were 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.

However, not all learning from fire drills had been implemented. For example, a fire drill undertaken in August 2014 indicated that further teaching was required for residents, but this teaching had not been provided. In addition, the record of a fire drill held two months prior to the inspection stated that the personal evacuation plan for one of the residents required updating due to mobility issues, but this had not been done.

Risk assessments were available, both environmental and individual. For example, risk assessments were in place in relation to independence in the community, garden safety and medication management. However, not all risk management plans adequately addressed the risk. For example, a lone worker risk assessment required a resident to call for help in an emergency in which a staff member was unable to do so, but in one of the houses in particular there was no evidence that any of the residents had the ability to make such a call.

A risk register was available and there were structures and processes in place in relation to the management of any accidents and incidents, including the identification and monitoring of any required actions.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

Some improvements had been made since the last inspection, for example written behaviour support plans were in place for all residents who required support in this area. These plans provided detailed guidance, and staff were familiar with the details of the guidance. However, the implementation of the plans was not recorded so that it was unclear as to whether the strategies employed were successful, or even whether they were consistently applied.

In addition not all the recommendations in the behaviour support plans had been implemented, for example, the recommendation for one resident was that a visual

timetable should be introduced to assist understanding of the day's routine. This had not been put in place.

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

Where restrictive practices were in place to support residents these were documented, and a risk assessment was in place. However, there was insufficient evidence that all alternatives to the restriction had been considered in accordance with national guidance on the use of restraint. For example, the decision relating to the locking of doors to prevent the egress of residents from the houses had not considered other methods of managing the risk of a resident leaving without staff knowledge.

Practices in relation to residents' finances required review. Inspectors were concerned that major items had been purchased by residents on a shared basis. For example, in relation to a significant and costly piece of equipment which had been purchased by four men sharing one of the houses, and it was unclear as to how these residents had been involved in the decision to make this major joint purchase. In addition one of the men no longer resided in the house, and his share of the purchase cost had not been reimbursed to him.

The provider reported that this issue had already been discussed at senior management level, and that there were plans to reimburse the all the residents. He undertook to complete this process by the middle of February 2016, and to inform the Authority when the process was complete.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

Inspectors were satisfied that residents' healthcare needs were met with appropriate input from multidisciplinary practitioners as required. There was a healthcare assessment in place for each resident, and an annual medical review. Residents had access to healthcare professionals in accordance with their needs, for example, general

practitioner, dentist, and dietician. Records were maintained of all appointments. In addition, since the previous inspection an out of hours general practitioner service had been sourced for residents.

There were healthcare plans in place for all of the identified healthcare needs of residents reviewed by the inspectors. For example, healthcare plans were in place for catheter care and for weight reducing. The implementation of these plans was clearly documented in the personal plans, in accordance with the actions agreed following the previous inspection.

Inspectors were 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:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Improvements had been made in the management of medications since the last inspection. For example, a protocol was now in place relating to the safe transfer of medications between the centre and the homes of residents for visits. In addition, protocols were now in place to provide guidance as to the circumstances under which PRN (as required) medications should be administered. However, not all these protocols included sufficient information, for example, one of the protocols referred to agitation, but did not include any detail as to what this meant for the individual resident.

Prescriptions still did not include the times of administration. Of particular concern were once daily medications, where the time of day was not identified by the prescriber. The inspectors were concerned that this would lead to inconsistency of administration and subjective decision making. Staff members who were engaged in the administration of

medications stated that they were uncomfortable administering medications from such prescriptions.

Structures were in place in relation to the safe ordering, receiving and storage of medications. Medications were supplied in blister packs, and stock checked during the course of the inspection was correct. An audit of medications had taken place in each of the two previous months, and any areas for improvement identified.

Staff had received training in the safe administration of medications, and this training included assessment of competency prior to independent practice.

Judgment:

Non Compliant - Moderate

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:

Improvements had been made in the governance and management arrangements since the last inspection. Inspectors were satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services, including appropriate deputising arrangements for the person in charge. Within this structure various team meetings were held, both formally and informally, and the recording of these meetings took place in the form of minutes, or in communications books.

Various audits had been conducted, for example, finance audits, medication management audits and audits covering various issues including policy dissemination, documentation, food and nutrition and garden safety. In addition a quality survey questionnaire had been sent out to families by the quality steering committee.

Unannounced visits had been conducted by the provider in accordance with the regulations, and an action plan was developed from these visits. In addition, an annual review of the quality and safety of care and support conducted in November 2014 was available.

The person in charge of the centre 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 an in-depth knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and provided evidence of continuing professional development.

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 inspections, for example, in staffing numbers and scheduling. Staff levels were now appropriate to meet the assessed needs of residents.

Staff training was up to date in all mandatory areas, and additional training had been provided in other areas relevant to the needs of the residents, for example, in relation to bereavement training and communication.

Inspectors reviewed a number of staff files and found that they contained most of the information required by the regulations. However a full employment history was not available in all the files. Whilst the person in charge reported that a formal staff appraisal system was now in place for staff, there was no documentary evidence of this available to inspectors.

Staff engaged by inspectors were knowledgeable about the individual needs of the residents, the organisation of the centre and their responsibilities under the regulations.

Judgment:
Substantially 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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003909
Date of Inspection:	11 and 12 November 2015
Date of response:	18 January 2016

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 05: Social Care Needs

Theme: Effective Services

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

Not all arrangements were in place to meet the assessed needs of residents.

1. Action Required:

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

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

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

A dependency needs assessment has recently been revised in this Centre which has identified changes required to staffing models in some areas. There was also a review of individual support plans for each resident. A business plan has been developed and has been submitted to the HSE to meet these requirements. Individual goals for service-users have been reviewed at time of this report and have progressed in implementation, which is ongoing.

Proposed Timescale: 30/07/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Some risk assessments for lone working did not identify suitable control measures.

2. 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:

A Buddy system and handover has been developed across the centres to ensure effective supports.

Proposed Timescale: 14/11/2015

Theme: Effective Services

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

Required actions identified in fire drills had not been implemented.

3. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Individual fire evacuation plans are currently being reviewed for all Service users by the Person In Charge, with a system of regular review. Information and discussion on fire drills and safe evacuation has commenced at service-user meetings as part of information sessions. This includes some easy read pictures to discuss the need to evacuate when fire alarm is activated. Four drills are carried out each year with the

Service Users to support practical skills training.

Proposed Timescale: 30/04/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all therapeutic interventions were implemented or recorded.

4. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The implementation of behaviour support plans and record of their use and effectiveness will be regularly reviewed and monitored by the Person In Charge. Staff will be supported in recording Behaviours that challenge and their interventions through revised recording guidelines and regular review at area meetings.

Proposed Timescale: 31/03/2016

Theme: Safe Services

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

Not all alternatives to restrictive interventions had been considered.

5. 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:

A review of Restrictive practices has been undertaken. An alternative measure has been implemented. At time of response there are no restrictive practices in the Designated Centre.

Proposed Timescale: 06/01/2016

Theme: Safe Services

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

Residents had not been protected from inappropriate money management.

6. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The provider has ensured that all purchases on behalf of service users comply with local and national policy- requiring best interest review, asset register and prohibited communal purchases. Where service users had in the past purchased a piece of equipment, the provider has ensured that the service users have been reimbursed.

Proposed Timescale: 06/01/2016

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:

Prescriptions did not include times.

Not all instructions relating to PRN medications was clear.

7. 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 PRN medication protocols are currently under review and the prescriber is ensuring that the information which forms the guidelines for administration suitability is clearly recorded. This will be completed by April 2016 across the Centre.

The process has commenced to record prescription times on Kardex', through consultation and agreement with prescribing physicians across the designated centre for all service users. The system of recording will automatically state time of administration when prescriber records onto the kardex.

Proposed Timescale: 31/08/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Some of the information required under schedule 2 was not available in staff files.

8. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Human Resources have implemented a process in relation to attaining a full work history for all staff in this Centre to comply with schedule 2 requirements.

Proposed Timescale: 30/06/2016

Theme: Responsive Workforce

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

There was no documentary evidence of staff appraisals.

9. 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:

Staff appraisals have been completed for all staff in this centre and are ongoing. Copies of supervision appraisals are included on the Staff Files and available for inspection.

Proposed Timescale: 31/12/2015