

**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 Stepping Stones Residential Care Limited
Centre ID:	OSV-0005407
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stepping Stones Residential Care Limited
Provider Nominee:	Steven Wrenn
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
05 April 2016 10:30	05 April 2016 18:30
06 April 2016 10:00	06 April 2016 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the centre's first inspection by the Authority. The purpose of this inspection was to inform a decision of registration under the Health Act 2007 following an application for registration as a centre for four adults with a disability. There were presently no residents living in this centre as it was not operational as yet. All proposals outlined and plans agreed will be checked and verified at the next inspection.

The inspector reviewed the proposed documentation to be used such as care plans, logs, policies and procedures. The person in charge and provider nominee were available on both days of inspection and the inspector spoke with them throughout the course of the process. Both were found to be knowledgeable of their remit to the Health Act and Regulations.

Systems were in place to ensure that the health needs of residents would be provided for. The person in charge discussed arrangements in place to meet the social care needs of residents that would be admitted to the centre to ensure they would have opportunities to participate in activities appropriate to their interests and preferences.

The health and safety of residents, staff and visitors would be promoted in the centre. There were appropriate fire equipment and fire detection systems in the centre. Some fire and smoke containment systems were not adequate. There were no fire doors in the centre or smoke seals on doors to prevent the spread of smoke or fire in the centre. However, shortly after the inspection these fire compliance issues were addressed.

While a good level of compliance was found by the inspector, a pre-admission assessment for a resident identified to move into the centre had not been carried out. Therefore the inspector was not able to make an evidenced based judgment if the provider and person in charge could meet their specific needs. Therefore Outcome 4: Admissions and Contract for the Provision of Services met with Moderate non-compliance.

The findings of this inspection are set out in the body of this report with actions and the provider and person in charge's action plan responses at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found evidence that the intended resident moving into the centre would have their rights, privacy and dignity promoted and their personal choices supported and encouraged.

The inspector reviewed the complaints policy and found that it met the requirements of the Regulations. In addition the complaints procedure was displayed in a prominent position and in an easy read format in the centre. The complaints procedure identified who the complaints officer and deputy complaints officer was for the centre. Contact details of both were available.

The inspector reviewed a complaints log template that would be used to document complaints should one be logged by the resident or their representative and saw that it contained adequate detail with regard to recording a complaint, the investigation process, the actions required to address the complaint and the complainant's satisfaction regarding the outcome of the complaint.

The person in charge outlined to the inspector there are a number of ways they intended to ensure the resident intended to move to the centre would have supported consultation. One example given was a weekly resident and keyworker/staff meeting. Ongoing consultation would occur with the resident and their feedback and choice would be considered and supported at all times through supportive care practices and consultation.

Residents had access to independent advocacy services. On the first day of inspection the inspector spoke with the intended resident's independent advocate. The resident had been supported to access the independent advocate's services by the organisation and had met the resident on a number of occasions and attended meetings relevant to them. They outlined to the inspector that the resident was fully informed of the intended move to the centre and that it was in line with their wishes.

The independent advocate informed the inspector their role was to represent the wishes of the resident. They informed the inspector that the resident had visited the centre previously and liked it and the staff that worked there.

The inspector was assured from discussions with the resident's advocate that the resident's move to the centre was in line with their goals and aspirations. The advocate played an important role in the support of the resident in their transition to the centre. The advocate would continue their support with the resident until their move to the centre had occurred.

The person in charge outlined processes in place which would ensure the resident's finances would be robustly managed to ensure the resident had supported access to their finances yet ensuring their finances were managed in a way that safeguarded them. Some examples described by the person in charge included financial ledgers where monetary logs in and out would be regularly documented and receipts for purchases maintained. The resident would have their own bank account with a bank card and PIN number. They would be supported to access their finances supported by their key worker. The person in charge would also carry out random checks on residents financial ledgers during the month and address any discrepancies.

The person in charge had researched activities in the locality that the resident would enjoy when they moved in. Some activities identified included visiting the local library, cinema, football matches, a wildfowl reserve, Johnstown Castle, Hook Lighthouse, golf and nearby heritage park.

The centre had adequate privacy options in place for the intended resident. All bedrooms, bathrooms and toilets had privacy locks. Bedroom windows also had privacy options where they ensured adequate lighting but ensured privacy from the outside.

All discussions regarding the intended resident moving into the centre were carried out with the inspector in a respectfully. The provider nominee, person in charge and staff spoke of the resident in a manner that conveyed their respect for the resident and their understanding of their needs and personality.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

There was evidence to indicate the intended resident's communication needs would be supported in accordance with their assessed needs and preferences. There was a policy on communication in place to guide staff practice and procedures.

The resident's communication needs would be identified in their personal planning documentation and the supports they required would be put in place where needed. The person in charge described how a communication passport would be developed which would contain detailed person centred information such as 'all about me', 'special people in my life' and 'how I communicate', for example.

A lot of the information however was available in an easy to read format and the person in charge assured inspector that if required the resident would be supported to avail of the services of a speech and language therapist (SALT).

Where requested internet access could be provided and there were adequate radios and TV's throughout the centre.

As the resident had attended the centre previously as part of their day activities programme, the person in charge and staff working in the centre knew the resident's communication style well.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

From the information available to the inspector it was evident that the resident's family, friends and representatives would be encouraged to be involved in their life at all times.

The person in charge outlined how staff would facilitate residents to maintain contact with their families. This included access to phone facilities, transport home if needed and an open visiting policy to the centre.

During the inspection the inspector spoke with a family member of the resident. The inspector discussed with the family member their hopes for the resident and how they found the service in relation to transparency and sharing of information. The parent of the resident was complementary of the staff and person in charge of the centre and hoped their child's move to the centre would make them happy as they knew it was their wish.

There was sufficient space available in the house to facilitate a resident to receive visitors in private if and when they wished.

The location of the centre was rural however it was in close proximity to the local small town. There were facilities in the locality the resident could access and frequent which would ensure they had a presence in their local community and an opportunity to expand their connection and presence in their local community.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place to guide the admissions process. However, the inspector found the intended new admission of a resident to the centre was not in line with the organisation's own admission policies and procedures and statement of purpose.

Written agreements were to be in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged.

While a contract of care had been written and agreed improvements were required in relation to the resident's admission to the centre.

An initial needs assessment had not been carried out. The organisational policies and procedures for the centre clearly set out that an initial needs assessment was required to ensure the centre could meet the assessed needs of any potential resident's admission to the centre.

At the time of inspection the resident's intended admission was not in line with the admission criteria as set out in the centre's own statement of purpose.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Systems were in place to ensure a comprehensive assessment of needs for the resident could be implemented.

The inspector reviewed the policy and procedures for personal planning which informed that each resident would be supported by a comprehensive personal plan that would be reviewed accordingly, taking into account any developments in the residents' lives. The policy clearly stated that each resident would be involved in their personal planning process and outlined the responsibilities of staff members in supporting the residents with their personal plans.

A sample admission assessment template was reviewed by the inspector. The assessment would be comprehensive when completed. It would identify residents' care needs and proposed plans to address those needs. For example, the plan took into account the residents overall health and well being, daily occupation, how community inclusion would be supported, independent living skills, goals to be achieved, healthcare

needs and also document family members and other people who important in their lives.

The resident was to be assigned a key worker and there would be regular meetings between the key worker and resident. Personal plans were also to be reviewed on a regular basis with an overall assessment of needs reviewed and carried out at least annually. Daily records would also to be maintained of the how the resident spent their day.

While no formalised transition plan had been drafted the resident had visited the centre on numerous occasions in the past as they had participated in a day service which was run from the centre in the past. The resident also had knowledge of the staff that worked in the centre as they had supported them when using the day services.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The centre was suitable and safe for the proposed number of residents the provider had applied to register the centre for. The centre was homely and very well maintained. Each resident admitted to the centre would have their own bedroom. There were adequate bathing/showering and toileting facilities in the centre. All of which were of a modern standard. The inspector viewed the bedroom the intended resident would move into. They were informed the resident had chosen the room and it had been painted recently in colours the staff knew the resident liked. The inspector was informed that the resident could decorate the room how they wished when they moved in. Their bedroom had suitable storage options and a pleasant view from the window.

The centre had a well equipped and spacious kitchen-dining room. There was a pleasant large conservatory off the kitchen which residents could use for relaxing or entertaining family members and friends if they so wished. There was also a separate spacious sitting room that was suitably furnished and pleasantly decorated.

Laundry facilities were available in a utility room which was off the kitchen and the person in charge informed the inspector that residents would be encouraged and supported to attend to their own laundry if they so wished.

A room was set aside downstairs for a staff office. All files, important documentation could be securely stored there.

There were pleasant garden areas to the front and rear of the house and the person in charge confirmed that this would be further developed depending on the needs of the residents. The gardens were very well maintained with new flower beds to the rear.

There was adequate parking available to the front and side of the centre and the inspector observed that suitable arrangements were in place for the safe disposal of general waste.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The health and safety of residents, visitors and staff would be promoted in the centre however, some improvements were required. These included lack of adequate fire and smoke containment measures. Some environmental risks had not been adequately risk assessed and required assessment and control measures in place to mitigate risk of injury to residents. The temperature of water in sinks/showers and baths was extremely hot which could pose a risk of scalds.

The person in charge and provider nominee assured the inspector these issues would be addressed as a priority before any resident moved into the centre. Subsequent to the inspection the inspector received evidence in the form of photographs and invoices to evidence the provider nominee and person in charge had addressed the risk issues identified to a good standard. One outstanding action however related to the risk management policy which did not meet the matters as set out in the regulations.

There was a Health and Safety Statement in place which was specific to the centre. It was up to date. The Health and Safety Statement made reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There was also a policy on risk management. The purpose of the policy was to promote a working environment that encouraged the use of professional judgement with regard to calculated risk taking. However, the policy did not contain all the matters as set out in the regulations. For example, it did not include sections relating to self harm, absence of a person, management of accidents and incidents and aggression and violence. The policy required improvement in order to meet with the regulations.

A fire alarm system had been installed in the centre and had received an up to date service. Fire equipment was available in the centre also such as fire extinguishers, smoke detectors and a fire blanket was available in the kitchen. A fire register had been established whereby regular checks of the centre would be documented on a daily, weekly, monthly and quarterly basis. All proposed staff to work in the centre had attended fire training. A personal emergency evacuation plan would be developed for any resident moving into the centre as part of their admission. Emergency lighting was also in operation in the centre.

On walking around the centre however, the inspector observed there were no designated fire doors in the centre. Doors to rooms where a risk of smoke and/or fire were more likely to occur, for example the utility room and kitchen did not have measures in place to prevent the spread of smoke or fire in the centre, for example, smoke seals or intumescent strips.

Shortly after the inspection the person in charge made contact with the inspector via email and photographs to confirm that doors in the centre had been fitted with self closing devices connected to the fire alarm. These devices would ensure doors in the centre closed in the event of the fire alarm sounding preventing the spread of fire and smoke. Doors had also been fitted with intumescent strips and glass in some doors had been replaced to increase the fire compliance of the doors. These measures implemented by the provider addressed the non compliance found by the inspector during the inspection.

Some environmental risks identified by the inspector had also been addressed shortly after the inspection. Some door saddles that were high and posed a trip hazard. The person in charge emailed the inspector evidence to indicate the door saddles had been modified to reduce the risk of trips without compromising the fire compliance and seal of the doors. Decking in a seating area to the rear of the centre had also been risk assessed with control measures put in place to mitigate risks until a more permanent risk reduction measure could be put in place.

There were appropriate infection control measures in place given the purpose and function of the centre. Colour coded mops and buckets were in use which were designated to clean specific areas and prevent cross infection. There was adequate hand washing facilities in the centre with hand soap and paper towels for hand drying purposes. Alcohol hand gel was also available in the centre.

The inspector noted there was a risk of scalds to residents, staff and visitors due to the temperature of hot water in the sinks. The inspector brought this to the attention of the person in charge and provider nominee during the course of the inspection. Shortly after the inspection, the person in charge emailed the inspector evidence in the form of

photographs and invoices that the water temperature issue had been addressed. The provider had procured a hot water thermostat regulator which they fitted to the hot water source in the centre. This device would regulate the temperature of the hot water ensuring it did not reach too high a temperature. This measure adequately addressed the non compliance found by the inspector.

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):

This was the centre's first inspection by the Authority.

Findings:

There were adequate systems in place, which if implemented, would safeguard residents living in the centre.

There was a policy in place on procedures for safe practices which was reviewed and updated in January 2016. The aim of the policy was to minimise the likelihood of abuse occurring in the centre. This included all forms of abuse. The centre also had a policy on the safeguarding of vulnerable adults which informed that all employees must take care to ensure that all residents are protected from abuse of any kind and that the welfare of the residents was paramount at all times. The policy was also informative on how to recognise abuse and how to respond to it.

The inspectors spoke with a staff member who was to work in the centre once it opened. The staff member in question was able to inform the inspector on what abuse was, how to respond to it, who the designated person was and all the required reporting procedures. The staff member in question also had up to date training in the safeguarding of vulnerable adults.

Systems in place would provide residents with emotional, behavioural and therapeutic support that would promote a positive, non aversive approach to behaviour that challenges. There was a policy in place guiding the management of behaviours that challenge which was reviewed and updated in 2015. The policy promoted the use of proactive strategies in managing challenging behaviour and informed that all staff would

be appropriately trained and that there would be adequate multi-disciplinary input as required. This included access to the behaviour specialists, psychotherapists, psychologists and psychiatrists. The person in charge told the inspector that, if required, multi element behaviour support plans would be developed for the residents.

The inspector reviewed a sample of training records which informed that staff had received specific training in this area. The centre had access to an online learning platform and the person in charge informed inspectors that plans would be in place to provide additional training to staff to meet the needs of the residents if and when required.

There was a policy in place for the use of restrictive practices which was reviewed and updated in January 2016. The person in charge and staff spoken with informed inspectors that restrictive practices were only ever used as a last resort and where they were in use they were subject to regular review. The person in charge also informed inspectors that she did not envisaged the need for the use of any physical restrictions in the centre. At this stage it was unclear if any resident would be prescribed PRN (as required) chemical restraint. However systems in place would ensure all PRN medication would be kept under regular review, there was a policy in place to guide its usage and that there was strict criteria and guidelines to be adhered to before it was administered to any resident.

An intimate care policy was in place which was reviewed and updated in 2016. The policy was to provide safeguards to both residents and staff involved in providing personal care. It was informative on how to provide personal care to residents while at the same time maintaining the dignity, privacy and respect.

The centre also had a policy on bullying which was updated in January 2016. The policy was informative of what bullying was and what the appropriate steps were to manage and report it so as all residents could experience their environment to be emotionally and physically safe.

The inspector also reviewed the money management policy and was satisfied that the practices outlined were safe and transparent with appropriate records to be maintained. The purpose of the policy was to ensure all residents would be supported to manage their own finances, but where required support would be provided. The policy was last reviewed and updated in January 2016.

The inspector also reviewed a sample of independent money management plans that would be developed for each resident in the centre. Key workers would be responsible for supporting the residents with their money management plans and the person in charge would have overall responsibility that all monies were monitored and accounted for. Individual safes were also to be provided in each resident's room.

Judgment:
Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge and provider nominee were aware of their legal requirement to notify the Chief Inspector regarding any incidents and/or accidents occurring to residents living in the centre.

The person in charge assured the inspector there were systems in place to maintain a detailed log of all incidents and/accidents occurring in the centre. Incidents would be documented, risk rated and any adverse incidents analysed.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The inspector was assured that when the plans discussed were implemented, the general welfare and development needs of resident living in the centre would be promoted. Evidence available during the inspection indicated residents would be afforded opportunities for new experiences, social participation, education, training and employment.

The person in charge and staff spoken told the inspector that a life skills assessment would be carried out with residents as part of their admission process and from the assessment appropriate educational and/or training opportunities would be identified for each resident.

It was intended that residents would direct their own educational and personal development programmes. They would depend on individual resident's interests and life skills assessment.

Life skills training would be available for each resident living in the centre. This would promote residents' independent living skills. For example, they intended to support the residents to learn how to cook for themselves and tidy up afterwards.

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):

This was the centre's first inspection by the Authority.

Findings:

There was evidence to indicate that residents' healthcare needs would be adequately assessed and regularly reviewed with appropriate input from multidisciplinary practitioners where and when required.

A health assessment action plan was to be developed for the resident intending to move to the centre and any other resident admitted thereafter. Healthcare systems for the organisation ensure residents' overall healthcare needs could be adequately assessed and provided for in line with their assessed needs. The provider nominee informed the inspector that specialist healthcare assessments and services would be sourced for any resident living in the centre should a need arise.

The person in charge also informed the inspector that the centre had access to a range of mental health supports such as psychology and psychiatry if and when required and the resident intending on moving to the centre would be supported to keep their general practitioner, dentist and other allied health professionals involved in their care and welfare.

The inspector was assured that the proposed practices would meet residents' nutritional needs to an appropriate standard. The person in charge also discussed how healthy eating options would be encouraged. Residents would be involved in planning the weekly menus. The person in charge had begun collecting a number of meal recipes which she had discussed with a nutritional consultant to ensure they were healthy and nutritious.

A nutrition management policy was in place to guide staff on the monitoring and documentation of nutritional intake. However, the policy required some review in order to comprehensively guide staff practice in resident's nutritional health. This is further discussed in Outcome 18; Records and Documentation.

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):

This was the centre's first inspection by the Authority.

Findings:

The proposed medication management policies and procedures for the centre were found to be safe and in line with the regulations.

The centre had a medication management policy in place. The aim of the policy was to ensure the safe administration and management of medication for all individuals living in the centre. The inspector reviewed the policy which was comprehensive and gave guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. The policy was also informative on how to manage medication errors.

The policy promoted the self administration of medication where support was required it staff working in the centre would support residents. The person in charge told inspectors that all residents would have completed a risk assessment to see if they can safely manage their own medications and that if this is not possible then staff would assume responsibility for this.

From a sample of files viewed the inspector saw that all staff identified to work in the centre had undertaken a medication management training programme which included competency assessments.

Safe storage facilities were provided in the centre. Residents' medication would be stored in a locked press in a designated room which could only be accessed by staff using a key.

Monthly audits would also be undertaken to ensure compliance with the centre's policy and that all required documentation is correctly completed and up to date.

The person in charge had already established links with the local pharmacy prior to the

intended resident moving to the centre. The resident's pharmacist would dispense the intended resident's medication. The resident's pharmacist would print out the resident's administration chart which would be signed by the resident's prescribing doctor. From this staff would administer medication to the resident.

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):
This was the centre's first inspection by the Authority.

Findings:
The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. It described the service that will be provided in the centre and the person in charge informed inspectors that it will be kept under regular review.

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):
This was the centre's first inspection by the Authority.

Findings:

The inspector found evidence that the quality of care and experience of the residents living in the centre would be monitored on an ongoing basis. Effective management systems would be in place to support and promote the delivery of safe, quality care services.

The person in charge outlined the auditing system she intended to introduce in this new centre. Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre.

Prior to the inspection the nominated person had carried out an audit of the centre and had identified some actions that required addressing which the person in charge had addressed. For example, the decking to the rear of the centre had been identified as a possible trip hazard. The person in charge had made arrangements for the area to remain inaccessible until a more permanent measure was put in place to make the area safe for residents to use.

Plans were also in place to ensure that the annual review of the quality and safety of care was carried out as required by the Regulations. The inspector spoke with the provider nominee who outlined a system whereby a designated person within the organisation would undertake unannounced inspections in the centre and produce a report on their findings. The findings from the six-monthly unannounced inspections would be used to produce an annual report for the centre.

The person in charge and other staff members would also have responsibility for carrying out regular audits in the centre. This was to include areas such as infection control, hygiene and fire safety. The inspector discussed the person in charge's intended management of auditing within the centre. To demonstrate the person in charge outlined how she planned to carry out her own unannounced visits to the centre to ensure staff practices were being appropriately managed. She had also developed some auditing tools that she would implement, for example a medication management audit and detailed systems for ensuring the cleanliness and upkeep of the centre.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She was knowledgeable about the requirements of the Regulations and Standards. She was also committed to her own professional development with qualifications in psychology, behaviour support and management.

She was supported in her role by the team leader for the centre identified as a person participating in management, who was in the centre throughout the inspection process and met with the inspector to outline her role. She would assume responsibility of the centre in the absence of the person in charge and direct care practices and supervise staff to ensure organisational policies and practices were implemented for the care and support of residents.

The provider nominee for the organisation had been recently appointed and operated in a role as director of services. Since the commencement of their post they had taken an active role in drafting all Schedule 5 policies for the organisation in order to meet the requirements of the regulations. They had an extensive background the area of social care and disability and demonstrated a good knowledge of the resident intended on moving into the centre and their specific social care needs which the provider nominee gave assurances the centre could adequately meet.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The provider nominee and person in charge were aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

A person participating in management/team leader worked in the centre and was the person identified to assume responsibility of the centre in the absence of the person in charge.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found no evidence to suggest that sufficient resources would not be provided to ensure the effective delivery of care and support in accordance with the centres' statement of purpose.

The centre was maintained to a very good standard and was near ready for occupation. The centre had access to an on-call maintenance department which responded promptly to any maintenance issues in the centre.

The provider nominee gave the inspector assurances that the centre was adequately resourced and financially viable.

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):

This was the centre's first inspection by the Authority.

Findings:

Management systems for the centre indicated that staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and saw that they met the requirements of Schedule 2 of the Regulations.

The person in charge told the inspector that the staffing levels would replicate the staffing numbers allocated to support the intended resident in their current residential setting.

A sample roster was reviewed for the resident who had been identified for admission to the centre. This indicated there would be two staff allocated to support the resident during the day with a waking and sleeping staff compliment in the centre at night time. The provider nominee informed the inspector that the staffing ratio would be adjusted based on the needs of the resident at any given time. The planned staffing

arrangements were in line with the statement of purpose.

The inspector saw that there was an induction and appraisal system in place. In addition, supervisory meetings were to be held with each staff member on a monthly basis. The person in charge outlined the purpose of these meetings which included the provision of support, identifying training needs and the opportunity to voice any issues or concerns.

A training plan was in place for the organisation. Records of staff training were maintained. There was evidence that staff had attended a range of training in areas such as the management of behaviour that challenge, safe administration of medication, manual handling and fire safety training. An extensive range of online programmes were also available to staff.

Staff working in the centre or intended to work in the centre had received training in management of behaviours that challenge. The provider and person in charge were aware of the resident's needs with regards to behaviours that challenge. Staff had undergone specific training to ensure they had the necessary skills to implement behaviour support interventions and de-escalation techniques to support the resident intended to move into the centre once registered.

The health and safety statement for the centre set out that all staff required training in food hygiene to ensure the safe preparation of meals in the centre. However, not all staff had received this training.

There were no plans in place at present to have volunteers in the centre. Should that change, the provider nominee was aware of the requirements of the Regulations in this regard. The provider nominee also participated in any interviews of staff working in the organisation and had specific criteria they expected potential candidates to demonstrate during interviews. The criteria they looked for was a strong knowledge of vulnerable adult safeguarding and resident's rights and dignity.

Judgment:
Substantially Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to maintain complete and accurate records in the centre. All schedule 5 policies had been recently drafted by the newly appointed provider nominee. However, the policy on monitoring and documentation of nutritional intake was not adequate.

The designated centre had all the written operational policies required by Schedule 5 of the Regulations.

Up-to-date insurance cover was in place for the designated centre.

The residents' guide provided detail in relation to all of the required areas. The document included a summary of the services and facilities to be provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

There were systems were in place to ensure that medical records and other records, relating to residents and staff, would be maintained in a secure manner.

Although not yet required an appropriate template for the completion of the directory of residents in line with the Regulations was available.

While all Schedule 5 policies had been recently drafted by the provider nominee however, the policy on monitoring and documentation of residents' nutritional intake was not adequate. Reference was made to how staff monitored residents' nutrition in the organisation's 'care policy on health, nutrition and wellbeing' in section 5.6. diet and nutrition.

It did not set out how staff would monitor residents' nutritional intake or how they recorded it or monitor to ascertain if residents were at nutritional risk or would require review by allied health professionals with a remit for the management of nutritional risk.

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:

Ann-Marie O'Neill
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 Stepping Stones Residential Care Limited
Centre ID:	OSV-0005407
Date of Inspection:	05 April 2016
Date of response:	13 May 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 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:

At the time of inspection the resident's intended admission was not in line with the admission criteria as set out in the centre's own statement of purpose.

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

1. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The admissions process is underway with one resident in line with the statement of purpose and function. The Director of Service and Person in Charge will ensure that all admissions follow the process set out in the Admissions Policy and the Statement of Purpose and Function. A flowchart has been designed and circulated to all relevant staff to assist with this.

Proposed Timescale: 09/05/2016

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:

The policy did not contain all the matters as set out in the regulations. For example, it did not include sections relating to self harm, absence of a person, management of accidents and incidents and aggression and violence.

2. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

The Policy in relation to Risk Management has been updated to include all the requirements of the regulations.

Proposed Timescale: 01/05/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The health and safety statement for the centre set out that all staff required training in food hygiene to ensure the safe preparation of meals in the centre. However, not all staff had received this training.

3. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All staff members have completed MAPA training. The person in charge has sourced training in the area of food hygiene. Staff have been allocated dates for this training. All staff will have completed the training by 24/06/2016. The person in charge will maintain a training audit to ensure that all staff receive required training and refreshers as required.

Proposed Timescale: 24/06/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy on monitoring and documentation of residents' nutritional intake was not adequate. Reference was made to how staff monitored residents' nutrition in the organisation's 'care policy on health, nutrition and wellbeing' in section 5.6. diet and nutrition

4. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The Registered Provider has developed a policy on the monitoring and documentation of residents nutritional intake which sets out how staff should monitor and record residents' nutritional intake and how to act in the case that a resident requires review by allied health professionals with a remit for the management of nutritional risk. This policy will be reviewed in line with the requirements of the regulations.

Proposed Timescale: 10/04/2016