

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Steadfast House Respite Services
Centre ID:	OSV-0001632
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Steadfast House Limited
Provider Nominee:	Malachy Marron
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 July 2017 09:00 To: 12 July 2017 14:30

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 24 November 2015. Two actions were identified following the previous inspection, the inspector found that both of these actions had been addressed as described.

How we gathered our evidence:

As part of the inspection, the inspector met with three residents who interacted warmly with staff and appeared to enjoy their surroundings. The inspector also spoke with three staff members, including the person in charge and the provider nominee. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised of a large single storey house that accommodated

up to four residents on a respite basis who have intellectual disabilities. Each resident had their own bedroom for the duration of their stay which was warm and comfortably furnished. The centre offered respite to 72 individuals who availed of this service on a shared basis. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. The house was located on the outskirts of a town where public services such as buses, taxis were available.

Overall judgment of our findings:

This inspection found compliance with the regulations under several outcomes including residents' rights, dignity and consultation, admissions and the contract for the provision of services, social care needs, premises, medications and workforce. However, the inspector also found that improvements were required in relation to outcomes including health and safety, safeguarding, healthcare and governance and management.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are 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 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:

On the day of inspection, the inspector found that the rights and dignity of residents was promoted in the designated centre.

The person in charge maintained a log of all received complaints in the designated centre. All complaints had been addressed in a prompt manner and feedback had been given to the complainant in regards to the outcome of their complaint. An easy read complaints procedure was also on display for residents and visitors.

Residents had access to advocacy services and the information on residents' rights was prominently displayed. Staff were also guided by detailed intimate care plans which were regularly reviewed and promoted the independence of residents in this area of care.

Residents attended regular meetings which discussed topics such as choice of activities, meal choice, shopping requests and how residents were enjoying their respite stay. Minutes of these meetings were also signed the residents who attended.

Accurate records of residents' finances were maintained which were regularly audited by the person in charge.

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):

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

Findings:

On the day of inspection, the inspector found that residents who were using the service had signed written agreements in place. The person in charge stated that a new written agreement was received on each occasion that a resident used the service. There were no charges for using the respite service.

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):

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

Findings:

On the day of inspection, the inspector found that each resident's wellbeing and welfare was maintained to a good standard. The action from the previous inspection had been addressed with a comprehensive assessment of need completed prior to each admission to the service.

Each resident who was using the respite service on the day of inspection had a personal plan in place. Personal plans included areas such as medical needs, communication, eating and drinking. Plans also contained a section on ' my personal history ' which

detailed information such as friends and family, where I live and hobbies and interests.

Each resident had personal goals identified on each occasion that they used the respite service. These goals were formulated in consultation with the resident and accounted for interests which had been detailed by the residents' families. Each goal had an action plan in place and notes were maintained which detailed the progress made in achieving these goals.

Daily notes also indicated that residents were regularly involved in their local community and accessed services such as restaurants, hotels and shops.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the premises met the assessed needs of residents.

Each resident had their own bedroom which was comfortably furnished and had suitable storage for personal possessions. Residents also had access to a suitable amount of bathrooms which were equipped with aids and appliances which were regularly serviced.

There was a large open plan kitchen and dining room, suitable cooking facilities were also provided. The centre also had an adequate amount of reception rooms in which residents could have visitors. The centre was also maintained in a good state of repair, suitable lighting and ventilation was also available throughout.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre; however, improvements were required in regards to fire drills.

The centre had systems in place for the identification and management of risk. The person in charge maintained a risk register for all identified risks such as fire, lone working, infection control and equipment. Residents also had risk management plans in place in areas such as epilepsy, diabetes and unsteady gait. All risk assessments in place in the designated centre were regularly reviewed and included a risk rating and appropriate control measures to mitigate the identified risk.

The centre had fire precautions in place and the fire alarm, emergency lighting and fire extinguishers were regularly serviced. Staff were conducting regular fire drills and checks of emergency lighting, fire exits, fire extinguishers, fire panel and smoke detectors. However, the inspector found that not all respite users had taken part in a fire drill

Fire doors were also in place throughout the designated centre and some of these had automatic door closers which were linked to the centre's fire control system.

Each resident had a personal emergency egress plan (PEEP) in place which clearly stated the support each resident may require to evacuate the centre. Staff members who were interviewed had good knowledge of each resident's PEEP which was regularly updated. The centre also had emergency evacuation procedures clearly on display.

The centre had procedures in place for the recording of adverse events. The inspector found that all recorded adverse events had been responded to in a prompt manner by the person in charge.

Judgment:

Substantially Compliant

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:

On the day of inspection, the inspector found that the provider had systems in place to protect residents from potential abuse; however, improvements were required in regards to restrictive practices.

The centre had a policy on safeguarding residents and staff who were interviewed had good knowledge of identifying and responding to abuse including reporting procedures used within the organisation. There were no safeguarding plans in place on the day of inspection and residents stated that they felt safe in the service.

The centre had a number of behavioural support plans in place on the day of inspection. These listed the proactive and reactive strategies used to support residents in this area of care and staff had good knowledge of these plans. Staff had also received training in the management of behaviours that may challenge.

There were some restrictive practices in place such as bed rails and lap belts and the person in charge maintained a log of their usage within the centre. However, the inspector found that consent for the use of these restrictive practices had not been sought from the resident or their representative.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

On the day of inspection, the inspector found that the best possible health of residents was promoted in the designated centre. The action from the previous inspection had been addressed with further guidance in place to support the care of residents with

diabetes. However, improvements were required in regards to one epilepsy care plan.

Each resident had a health care assessment in place which was updated as residents availed of the respite service. The inspector reviewed a sample of resident's personal plans and found that a plan of care had been developed to support residents with medical conditions such as diabetes and epilepsy. The provider also used a local medical on-call service to support residents in times of illness.

The inspector reviewed an epilepsy care plan which was in place for the administration of rescue medications. This care plan listed the timelines for the administration of a rescue medication including the required dosage and route of administration; however, this care plan did not clearly outline when emergency services should be contacted.

Healthy eating was promoted in the designated centre and a log of food offered in the service was also maintained.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that good practices were in place in regards to the administration of medications.

The centre had appropriate locked storage in place for medications and prescription sheets which had been signed by the general practitioner (GP) and contained all relevant information such as the medication, dosage, route, frequency and times of administration. Registered nurses were the only staff members who were administering medications in the designated centre.

The person in charge conducted regular audits of medication practices in the centre and examined areas such as resident's self administration assessments, storage, medication labels, prescriptions and the prevalence of as required medication administration.

The centre maintained a log of all received and returned medications. The person in charge also maintained a record of all medication errors within the centre, including any actions which were taken when responding to a medication administration error.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the centre had appropriate governance and management arrangements in place. However, improvements were required in regards to the six monthly unannounced audits which were conducted by the provider.

The person in charge was in a full time role and had a good knowledge of the residents' needs and of the regulations. The person in charge was also conducting regular audits of medications, fire safety, personal plans and attended a health and safety meeting every three months. The person in charge was supported in their role by the provider nominee and there was a clearly defined management structure in place.

The provider had conducted an annual review of the quality and safety of care. Residents and their representatives were consulted in the formulation of this report and a quality improvement plan was generated which indicated that the service may provide additional holiday breaks for residents.

The provider had conducted an announced provider audit in December 2016 which examined nine outcomes. The provider found a good level of compliance with the regulations; however, some deficits were found in outcomes such as admissions, social care needs and safeguarding. The inspector found that an action plan had not been generated to address these identified failings. The inspector also found that the subsequent announced audit had not been conducted within the required timelines.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the staffing allocation met the assessed needs of residents.

The person in charge maintained an planned rota which was found to be accurate on the day of inspection. Staff within the centre attended regular team meetings and support and supervision was delivered in a consistent manner.

The inspector reviewed the training matrix and found that staff had received training in areas such as fire safety, safeguarding, manual handling and management of behaviours which may challenge and infection control. The training matrix also indicated that all staff were up to date with training needs.

A sample of staff files were also reviewed and found to have all requirements of Schedule 2 of the regulations. There were no volunteers in place on the day of inspection.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ivan Cormican
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 Steadfast House Limited
Centre ID:	OSV-0001632
Date of Inspection:	12 July 2017
Date of response:	23 July 2017

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 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 provider failed to ensure that all residents had taken part in a fire drill.

1. 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

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

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:

The PIC has identified the residents who have not participated in a fire drill to date. All residents who currently avail of the Respite service will take part in a fire drill during their next stay. This will be completed as per the Respite Planner.

Proposed Timescale: 30/09/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure that consent had been sought from the resident or their representative for the use of restrictive practices.

2. 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:

Written consent for the use of restrictive practices will be sought from the resident and/or their representative prior to their next admissions.

Proposed Timescale: 30/09/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provider failed to ensure that epilepsy care plans clearly stated when the emergency services should be contacted following the administration of rescue medication.

3. 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:

All Epilepsy Management Plans are currently being reviewed to ensure they clearly state the accurate timeframes from onset of a seizure to contacting the emergency services.

Proposed Timescale: 01/08/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider failed to ensure that action plan had been generate to address identified failings found on the last six monthly audit.

The provider also failed to ensure that the provider had conducted an unannounced six monthly audit as required by the regulations.

4. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

An Action Plan has been developed and generated from the last six monthly audit carried out in December 2016.

The provider has completed an unannounced six monthly audit on 21/07/17 as required by the regulations and the action plan to address failings will be generated at next management and staff meetings.

Proposed Timescale: 01/08/2017