<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Adult Services Designated Centre 15</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005576</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 20</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Stewarts Care Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Brendan O'Connor</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Vahey</td>
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<tr>
<td>Support inspector(s):</td>
<td>Emma Cooke</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>8</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
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: 09 March 2017 10:00  To: 09 March 2017 20:00
10 March 2017 09:00 10 March 2017 18:15

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
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<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10: General Welfare and Development</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 15: Absence of the person in charge</td>
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<tr>
<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
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</tbody>
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Summary of findings from this inspection
Background to the inspection.
This was the first inspection of the designated centre. The provider had recently reconfigured two of the centres under their remit to form this additional centre. An application was received by the Health Information and Quality Authority (HIQA) to register this new centre to accommodate eleven residents. The centre comprised three units. One unit currently had residents living in the centre, one unit was a new build and one unit was currently operating as a respite unit, with a proposal as part of this registration to provide full time residential accommodation to three residents from a different designated centre. Therefore as part of this inspection the care and
support currently in place for residents in two units were reviewed and the arrangements to meet the care and support needs for the residents proposed to reside in the remaining unit were also reviewed.

Description of the centre.
The centre comprised three units, located in community settings, close to local amenities. Public transport was available and it was intended a bus would be provided for one unit in the centre to meet the needs of the residents proposed to move into the centre. The centre had produced a statement of purpose which stated the mission of the centre was to support and empower residents to live meaningful and fulfilling lives delivering quality and person centred services. The inspectors found overall the centre fulfilled the mission as per the statement of purpose however, some improvement was required in the delivery of quality healthcare services.

How the inspectors gathered evidence.
The inspection took place over two days and was facilitated by the person in charge. The inspectors met with two residents on the evening of the first day of inspection. The inspectors also interviewed two staff members as well as the person in charge. Five resident and relative questionnaires were received by HIQA and overall residents and relatives were happy with the service provided in the centre. The inspectors also reviewed documentation such as complaints log, financial records, personal plans, risk assessments, staff rosters, fire safety records and policies and procedures.

Overall judgments of findings.
One major non compliance was identified in healthcare. Some residents' healthcare needs had not been identified and some healthcare needs were found not to be appropriately met. Timely access to an allied healthcare professional had not been facilitated.

Good practice was identified in fourteen of the eighteen outcomes inspected against. Residents' social care needs and personal development needs were assessed and residents had meaningful opportunities to engage in activities, develop relationships, participate in new experiences and develop new skills. Residents were consulted about how the centre was run and the views of residents proposed to move into a new unit had been considered in the planning of this move. Residents' communication needs were met through required interventions and technology. Good communication was maintained between residents and their relatives. Safe medication management practices were found to be implemented as well as incident management and fire safety.

Moderate non compliances were identified in the following outcomes;
Outcome 14 - relating to the arrangement for the person in charge to manage three designated centres and the lines of accountability were not clear,
Outcome 17 - relating to insufficient staffing levels in one unit,
Outcome 18 - relating to policies and procedures, residents' guide and the directory of residents.
These findings are discussed in the body of the report and the regulations which are not been met in the action plan at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors found residents were consulted with, and participated in, decisions about their care and about the organisation of the centre.

Systems were in place to maximise residents' capacity to exercise personal independence and choice in their lives. Inspectors reviewed records of service users’ weekly meetings which demonstrated how residents were consulted about how the centre was planned and run. Items discussed during these meetings included weekly menus, weekly activity plans, shopping lists, and birthday party arrangements. Residents' rights were also discussed weekly and actions were assigned to staff and residents within agreed timeframes. Additionally, there was a monthly service user council meeting being held by the provider and representatives from the council would come and meet with the residents. The purpose of this council was to provide residents with an opportunity for any issues or comments to be raised. Any items to be addressed would be communicated to the person in charge and followed up on.

Inspectors observed staff treating residents with dignity and respect. Inspectors found residents had access to advocacy services and information about their rights. There was a dedicated advocacy support section within residents’ personal plans and there was evidence that advocacy supports had recently been discussed with residents.

There was an up-to-date policy and procedure that guided the management of complaints in the centre. The complaints process was available in a user-friendly format, accessible to all residents and displayed in a public place within the designated centre. All compliments and complaints both verbal and written were logged and investigated by
the person in charge. Inspectors reviewed the complaints log and found that complaints were well-managed, logged in a timely manner, involved the relevant person who made the complaint and actions were generated out of the complaint. Inspectors also reviewed additional records in the form of minutes from meetings that demonstrated how the complaint was handled and the status of the complaint. The level of satisfaction was recorded for the complaints reviewed and residents were made aware of the outcome of any complaint. Residents told the inspectors they could talk to the person in charge or their key workers if they had any complaints.

Inspectors reviewed the system in place to ensure residents’ financial arrangements were safeguarded through appropriate practices and record keeping and found this to be the case. Residents were supported to manage their own money boxes within the centre for day to day expenses and receipts were maintained for purchases made. Systems were in place to support residents in making decisions about significant financial purchases. For example, a resident would supported to participate in a best interest meeting, which also included contributions by key workers, advocates, family members and other members to assist them in their decision making about these larger financial purchases. The person in charge carried out bi-monthly audits on residents’ financial records.

**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:**
The inspectors found effective supports were provided to ensure residents' communication needs were met.

There was a policy in place on communication with residents.

Residents' communication needs had been assessed and were highlighted in communication plans and in behaviour support plans. Where required, assessments were completed by a speech and language therapist. Communication plans incorporated interventions such as the use of an electronic device, communication passports, sign language, and where required, were linked with associated plans such as emotional and behavioural wellbeing.
The units which comprised the centre were part of the local community and residents accessed facilities such as the library and recreational facilities. Residents had access to radio, television and the internet.

**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:**
Overall the inspectors found residents were supported to develop and maintain personal relationships.

Positive relationships between residents and their families were supported. Contact with family members was supported through regular visits home and visits by family members to the centre. There was an open visiting policy in the centre and there was ample room in the units to accommodate private contact between residents and their family and friends.

The inspectors reviewed a sample of personal plans and evidence was available to confirm families were kept up-to-date on residents' wellbeing. Family members were invited to review the resident's personal plan with the person in charge. In addition, families had also attended residents' goal planning meetings.

Residents were supported to develop and maintain personal relationships, for example, social dates were facilitated and residents attended social clubs on a weekly basis.

**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:
Inspectors found admissions to the centre were in line with the centre’s statement of purpose.

There was a policy in place on admissions to the centre including discharges, transfer and the temporary absence of residents. The inspectors found proposed admissions to the centre had considered some of the needs and wishes of the residents and while some improvement was required in this process, this was identified by inspectors as a workforce and premises issue. Residents proposed to be move into the centre had visited the new premises.

Inspectors reviewed a sample of residents' contracts of care and found that each resident had a written agreement on the terms of their contract in the centre given to them on admission. Contracts of care included details of the service to be provided for each resident. Written agreement also set out the fee to be charged as well as other charges and costs and optional extra services. The written agreement was provided to residents in a clear and easy to read format.

The sample of contracts of care reviewed reflected the statement of purpose whereby one unit in the centre provided long stay residential support for service users four days per week and three weekends a year.

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):
This was the centre’s first inspection by the Authority.
Findings:
Overall the inspectors found residents were supported in accordance with their assessed needs and residents engaged in a range of meaningful activities as per their wishes. Most personal plans were developed however, improvement was a required to ensure details of personal goals were set out in the personal plans.

Assessments of need had been completed for most residents' needs and while some deficit was identified in the identification and planning of healthcare needs, this is discussed in Outcome 11. Assessments identified residents social, health and personal needs and were subject to an annual review or sooner as needs changed. Multidisciplinary team members had been involved in assessments where required.

Personal plans were developed for identified needs, for example, social care plans, safety and supervision plans, money management plans and health care plans. Plans detailed the interventions provided to support residents and overall plans were implemented. For example, safety and supervision plans outlined strategies to maximise a resident's self help skills, while ensuring identified risks were managed appropriately and records confirmed these self help skills plans were implemented on an ongoing basis.

Residents had identified personal goals with support from their family and staff in the centre. Goals incorporated social opportunities and skills development. Most goals had been developed into plans and documentary evidence confirmed these plans were implemented. However, the inspector identified an educational goal a resident had set a number of month ago was not detailed in the personal plan. The personal plan did not set out the support required in order for the resident to achieve the goal as well as the person responsible for it's implementation.

Residents attended day services five days a week and were engaged in a range of meaningful activities in the evening time and at weekends. These included attending social clubs, shopping, going for meals out, attending the gym, swimming and day trips to places of interest.

Judgment:
Substantially 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 inspectors found the location, design and layout of the centre were suitable for its stated purpose. Arrangements were made by the end of the inspection to address identified needs of residents in one premises.

The centre comprised three units all located in the community and close to local amenities and public transport. Currently one of the units was occupied by residents from this designated centre. This unit was clean, comfortable and maintained in a homely way to meet the needs of the residents. One unit was a new build and it was proposed as part of this application to register that four residents would be accommodated in this unit. The inspectors found this unit had been upgraded to ensure the assessed needs of residents could be met.

A third unit was currently use as a respite centre and as part of this application to register it was proposed three residents would live in this unit. This unit required some work to ensure the needs of the residents, including accessibility needs were met however, no assessments in relation to the premises had been completed by relevant allied health care professional up to the day of inspection. For example, the layout of a downstairs bathroom may have predisposed a resident to a potential injury, and the preference of a resident in relation to bath facilities had yet to be considered. By the end of the inspection, the person in charge requested a referral be sent to occupational therapy and physiotherapy to assess both the needs of the residents and the premises, to ensure the needs of the residents were identified and required works completed.

The remaining two units had adequate communal and private space available. Each resident had their own bedroom with suitable storage available. Residents were supported to decorate their bedrooms to their individual preference.

There was adequate communal space in both units including sitting rooms, dining rooms and kitchen areas. Ample space was available to accommodate private visits between residents and their family or friends.

Suitable lighting, heating and ventilation was available throughout the centre.

Each unit had suitable kitchens with adequate cooking facilities and seating to accommodate both residents and staff. Suitable food storage was available. Adequate laundry facilities were also available and residents were supported to launder their own clothes if they so wished.

There were ample bathroom facilities in these two units. Some residents also had ensuite facilities available. Each unit had a large external rear garden for residents' use. The inspector found the side passage, used as a route in the event of an evacuation, to have a build up of moss. The person in charge had arranged for this area to be cleaned by the end of the inspection.

Suitable arrangements were in place for the 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):
No actions were required from the previous inspection.

Findings:
The inspectors found the health, safety and welfare of residents' visitors and staff was promoted and protected. Some improvement was required in risk management.

Suitable fire safety management systems were found to be in place. Each unit was equipped with suitable fire equipment including fire alarms, emergency lighting, fire extinguishers and fire blankets. One unit did not have fire extinguishers in place on the day of inspection however, there were no residents residing in the centre and these extinguishers were due to be delivered in the coming days. One emergency light was found not to be working in one unit however, the person in charge had arranged for this to be rectified by the end of the inspection. The inspectors reviewed service records and all fire equipment was found to have been serviced recently.

There were adequate means of escape and all exits were unobstructed on the day of inspection. Daily fire safety checks were completed including emergency lighting, exit routes and fire alarms. Fire safety also formed part of a monthly site health and safety check. Site specific evacuation plans were developed along with individual resident personal evacuation plans. These evacuation plans identified the supports residents required both in the circumstances of a daytime evacuation, as well as a night time evacuation. The inspectors reviewed a sample of three staff training records and found staff had received training in fire safety.

The inspectors reviewed records of fire drills in one unit. Evacuation of the centre had been completed in a timely manner, and had included a night time evacuation.

There were policies and procedures relating to risk management and emergency planning. Site specific risk assessments were developed including those for self harm, accidental injury to residents, visitors and staff, the unexplained absence of a resident and aggression and violence as specified in Regulation 26. Additional potential environmental risks such a chemical use, slips and falls, transport and lone working had been identified and assessments outlined the control measures in place to mitigate these risks. Individual risk assessments had been developed for most identified risks for example, some identified behaviours of concern, risk of injury however, one risk assessment had not been developed for a known risk to a resident. This was discussed...
with the person in charge during the inspection.

The inspector reviewed records of incidents in the centre. Incidents were recorded and where required immediate care had been provided to assess and treat injuries. Additional support had been requested from multidisciplinary team members where required, for example, a resident had a physiotherapist review completed following a fall. An analysis of incidents was completed on a quarterly basis by the health and safety manager, the outcome of which informed the centres' risk register.

A critical response plan detailed the arrangements in place in the event of an unforeseen emergency such as flooding, fire or storms. Adequate arrangements were in place should alternative accommodation be required for residents in the event of an emergency.

There was a procedure in place in the event a resident went missing and a missing person profile was completed for each resident.

There were policies and procedures relating to health and safety including waste management and infection control. Food safety practices such as the use of colour coded chopping boards were in use in the centre. There was an up to date safety statement which outlined the responsibilities of various personnel in the Stewarts Care service in relation to health and safety as well as key health and safety work practices. Staff had been provided with training in the moving and handling of residents.

Satisfactory procedures were in place for the prevention and control of infection, for example, suitable handwashing facilities were available with antibacterial soap and alcohol hand rub provided.

Measures were in place to prevent adverse incidents such as handrails in situ to aid mobility and wet floor signs to alert residents and staff to a risk of slips.

**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:**
The inspectors found measures were in place to ensure residents were protected and appropriate action was taken in response to safeguarding concerns. Residents were provided with therapeutic interventions to support their emotional wellbeing.

There were policies and procedures for the prevention, detection and response to abuse and staff had been provided with up to date training in safeguarding. Staff spoken with were knowledgeable on what constitutes abuse and the actions to take in the event of an allegation, suspicion or disclosure of abuse. The inspectors reviewed records pertaining to safeguarding concerns and found appropriate actions had been taken in response to allegations of abuse. Measures had been put in place in response to these allegations to ensure residents were protected.

The provider had put in place systems to monitor safeguarding including six monthly unannounced visits by the provider and monthly financial audits. Safeguarding was also discussed at regular staff meetings. There was a designated person to whom all safeguarding concerns were referred.

The inspectors observed staff providing support to residents in one unit and found staff interacted with residents in a kind and respectful manner. The inspectors reviewed five resident and relative questionnaires received during the inspection. Both residents and relatives expressed in questionnaires they felt they or their loved one felt safe in the centre.

There was a policy in place on the provision of behavioural support incorporating the use of physical, chemical and environmental restraint. Residents were provided with therapeutic interventions to support them with their emotional and behavioural needs. Behaviour support plans detailed the identified behaviours of concern and interventions to prevent and respond to behaviours. Plans were subject to regular review. Residents had access to health professionals and multidisciplinary team members relevant to their identified behavioural and emotional needs, for example, psychiatrist, psychologist and a clinical nurse specialist in behaviour. The inspectors found suitable arrangements were in place to ensure the behavioural and emotional needs of residents proposed to move into one unit of the centre were met.

On the day of inspection there were no restrictive practices in use for the resident residing in the centre.

There was a policy in place on the provision of intimate care. The inspectors reviewed a sample of intimate care plans. Plans were detailed and guided the practice, to provide appropriate support and the development of self help skills while promoting privacy and dignity of residents.

**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 inspectors found a record of all incidents occurring in the centre was maintained and were required incidents have been notified to the chief inspector.

**Judgment:**
Compliant

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**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 centre supported residents to effectively exercise their right to independence, social integration and participation in community life. Residents' opportunities for new experiences, education, training and employment were facilitated and supported.

Residents engaged in social activities within and out of the centre. Residents spoke about how they loved cooking within the centre and going to the local pub weekly. From talking with the person in charge, residents preferred interests were determined by actively involving the resident, key worker and family in their personal care plans and discussing residents' wishes at resident's meetings.

Inspectors reviewed a sample of residents' personal plans and found an assessment process to establish each resident's training and employment goals. Some residents were in active employment and told inspectors how they enjoyed their work.

The centre had a policy on access to education training and development. Each resident
was assigned a key worker to maintain consistency and continuity for their general welfare and development.

**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:**  
The inspectors found appropriate healthcare had not been consistently provided. Some residents’ healthcare needs had not been appropriately identified in the centre and some residents’ identified needs were not being addressed. Further improvement was required in the maintenance of documentation for residents with specific health care needs and timely access to dieticians following medical recommendation.

Inspectors reviewed a sample of healthcare care plans and corresponding notes from allied healthcare professionals in relation to residents’ health. Inspectors found that a resident's healthcare needs had not been identified as part of the healthcare assessment process and inspectors were not assured that this need was comprehensively met. The assessed need of a resident was not met in a timely manner or as indicated within their care plan. For example, inspectors found that weekly monitoring interventions were not consistently maintained as part of an assessed need for a specific healthcare condition. Additionally, some updating of plans were required to reflect residents current health status. For example, where an intervention was no longer required it remained in the plan and as a result, staff continued to carry out this intervention for almost one year with no clinical indication or evaluation of the practice.

Residents had access to a general practitioner and allied health care services which reflected their different needs such as speech and language, psychiatry and chiropody. However, inspectors found that for some residents' medical recommendations for access to a dietician remained outstanding for a number of months and had yet to be facilitated at the time of the inspection. In addition, some residents were attending a dietician in 2014 for an identified need, however, ongoing review had not been facilitated since this time. The person in charge and provider acknowledged that actions to address this deficit in the service were currently under review at an organisational level.

The care delivered enabled residents to make healthy living choices and residents were actively encouraged to participate in regular exercises and healthy food options.
Residents were involved in decisions around weekly menus and participated in the daily cooking. Arrangements were in place in the centre to support residents with special dietary requirements. Suitable kitchen space and facilities were provided for residents who wished to prepare and make their own meals and support was available from staff to help them with this. Inspectors found that the advice of a speech and language therapist had formed parts of residents’ nutritional plans where required.

Judgment:
Non Compliant - Major

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 inspectors found residents were protected by the centre's policies and procedures for medication management.

There were written operational policies for the ordering, prescribing, storing and administration of medication. Secure storage was available in two units and in the third unit suitable medication storage arrangements were proposed to be provided. The inspector reviewed a sample of three medication prescription and administration records and found these records were maintained in accordance with current national guidelines. Administration records confirmed medication had been administered as indicated to the resident for whom these medications had been prescribed. PRN (as required) medication prescriptions stated the maximum dosage in 24 hours and the circumstances under which these medications should be administered. Prescribed PRN (as required) medications had been subject to recent review.

Medication management plans were developed for residents outlining the support residents required to manage their medication and their preferences when receiving medication. Plans were reviewed as part of the personal plan process.

Suitable arrangements were in place for the disposal of medication. Out of date or unused medications were returned to the dispensing pharmacy and records maintained were signed by the receiving pharmacist. Records were maintained of all medications received into the centre and regular stock audits were completed.

Medication management audits were completed on a monthly basis and included a
review of medication practices such as storage, administration, training needs, records and medication labelling. Where issues were identified, action plans were developed and the inspectors found these actions had been implemented.

Residents availed on the services of a community pharmacist and resident were supported to collect their medications from the pharmacist. The pharmacist had attended the centre within the last year and records were maintained of interactions by the pharmacist with the residents including a review of their prescribed medications.

**Judgment:**
Compliant

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**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 inspector found the statement of purpose described the services provided in the centre.

The statement of purpose was reviewed by the inspector on the day of inspection and some additional detail was required. An updated statement of purpose was subsequently submitted to HIQA which contained all of the information required by Schedule 1 of the Health Act (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Judgment:**
Compliant

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**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 inspectors found appropriate management systems were not in place. The arrangement for the person in charge to manage this centre along with two other designated centres was found not to be appropriate. In addition, the lines of accountability were not clear.

The inspectors found the arrangement for the person in charge to manage three designated centres comprising twelve units not to be appropriate. On the day of inspection it was identified, a vacancy for a clinical nurse manager had arisen in the preceding week. This vacancy was a full time support role for the person in charge. The person in charge worked in a full time capacity. The inspectors discussed the scope of the role with the person in charge and found the centres were not managed within the capacity and hours assigned to the person in charge. For example, the person in charge was employed for 39 hours a week however, stated they frequently worked approximately 50 hours per week or an additional day per fortnight in order to fulfil their duties. The units were geographically located at an approximate 20 kilometre radius from the base location of the person in charge and on discussion with the person in charge it was estimated that travelling time per day between centres was a minimum of 40 minutes.

The inspectors found the lines of accountability were not clear and there was no staff members identified as in charge of units on a day to day basis. From discussions with a staff member and with the person in charge it was not clear who was responsible on a daily basis for the running of each unit. The person in charge specified they were responsible for the day to day management of the centre however, given the broad scope of this role, the inspectors were not assured this was sufficient and implemented in practice. The person in charge maintained regular visits to units in the centre and these were recorded in a management book. These were drop in visits and records were maintained on the purpose of visits. These included completing clinical interventions, reviewing risk management procedures, completing audits, and visiting the residents. Records for one unit confirmed the person in charge or their deputy at the time, had attended the unit a total of eight times in a six week period. In another unit the person in charge supported by their deputy had attended the unit a total of seventeen times in a three month period.

There was regular monitoring of the centre and a range of audits were completed. These included financial audits, health and safety audits and personal plans audits. A quality audit was completed on a weekly basis by the person in charge and comprised a review of areas such as meaningful activities, residents’ meetings, healthcare needs, staffing and behaviour support. The outcome of these audits were reviewed with the person in charge and a service auditor on a fortnightly basis and an action plan developed. The inspectors found identified actions had been implemented, for example,
staff had been provided with identified training to meet the needs of the residents.

Six monthly unannounced visits had been completed by the director of care on behalf of the provider, and most actions were complete on the day of inspection. The inspectors acknowledged that due to the reconfiguration of this centre in late 2016 and annual review of the quality and safety of care and support was not due to date for this centre. An annual review for 2015 of the quality and safety of care and support for two of the three units, had recently been reviewed as part of an inspection of another designated centre.

Staff meetings were facilitated on a quarterly basis and a rolling agenda included areas such as protection and welfare, education and training, advocacy and keyworker roles. In the interim months the person in charge maintained written communication with each unit and updated staff on items as per the rolling agenda used at staff meetings. The staff meeting and interim communications included the development of actions plans to identified issues and the inspectors found these actions were implemented.

The person in charge was employed on a full time basis in the role of a clinical nurse manager 3 and had the required qualifications along with satisfactory clinical and management experience. Residents knew the person in charge well. The person in charge was committed to continuous professional development and had recently completed a Diploma in Healthcare management. The person in charge was interviewed during the inspection and demonstrated knowledge of their statutory requirements and the legislation.

Judgment:
Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**
*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspectors found suitable arrangements were in place in the event the person in charge would be absent for a period of 28 days or more. A clinical nurse manager, employed within the Stewarts Care Ltd service was appointed to act in the absence of the person in charge.
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 inspectors found the centre was adequately resourced to ensure the effective delivery of care and support to residents.

The provider had ensured sufficient resources were made available and most resource arrangements were in place for those residents proposed to move into the centre with the exception of staffing which is outlined in Outcome 17. Suitable premises were provided in two of the units and the inspector were assured by the end of the inspection the third premises would be reviewed as to it's layout in order to meet the assessed needs of residents proposed to live there.

It was proposed a bus would be provided to meet the transport requirements of residents due to move in to the centre. Sufficient funds were made provided to purchase equipment and to food and pay for support for social outings.

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:
Overall, inspectors found there were appropriate staff numbers and skill mix to meet the assessed needs of residents for two of the units within the designated centre. However, inspectors found that the proposed staffing arrangements for one unit would not meet the residents’ assessed needs.

Inspectors reviewed the assessed needs and associated risk assessments of residents due to transfer into one unit and found that the proposed staffing arrangements would not be organised around the needs of the residents. Furthermore, inspectors were not assured that residents would be adequately supervised based on their individual assessed needs. This was brought to the attention of the person in charge at the time of the inspection who acknowledged that this would require a further review.

The inspectors reviewed actual and planned rosters. There were appropriate staff numbers and skill mix to meet the assessed needs of residents within two units. The planned roster for the remaining unit was not reflective of the levels of staff required to be on duty based on resident’s assessed needs. Inspectors noted that systems were in place whereby if and when a vacancy arose, regular relief staff were used. This was found to be having a positive impact on residents and enabled continuity of care.

Inspectors reviewed recent training records and found that the education and training provided enabled staff to provide care that was relevant to the assessed needs of the residents. Staff had recently been provided with refresher mandatory training in areas such as manual handling, fire safety and safeguarding.

Inspectors found good quality supervision in place that improved practice and accountability. Staff supervision meetings were facilitated on a quarterly basis and areas such as personal goals, training needs, staff responsibilities and policies and procedures were discussed at these meetings. Action plans were developed where required and there was evidence that these actions were reviewed at subsequent meetings.

Where required staff had up-to-date registration with the relevant professional body. There were effective recruitment procedures which included the checking and recording of all required information. The inspectors reviewed a sample of four staff records and found the requirements of Schedule 2 of the regulations had been met.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities)
Regulations 2013.

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
While the centre had all of the written operational policies as required by Schedule 5 of the regulations, inspectors found that not all policies were up to date. Additionally, records pertaining to Schedule 3 and Schedule 4 were not fully maintained.

The inspector found that most of the operating policies and procedures required by Schedule 5 were either kept in the centre or available on the centre's intranet and where relevant made accessible to residents. A number of policies were found to be out of date on the day of inspection such as the risk management policy and policies relating to the creation of, access to, retention of, maintenance of and destruction of records and the provision of information to residents. Inspectors found that there were additional centre specific policies which reflected the centre's practice and residents' needs.

Most of the required records as per Schedule 3 of the Regulations were maintained in the centre however, as outlined in Outcome 11 some improvement was required in some residents' healthcare assessments and the development of health care plans. While there was a directory of residents available, it did not include the name and address of the authority, organisation, or other body, which arranged the resident's admission to the designated centre.

Not all records as per Schedule 4 of the Regulations were available and complete on the day of inspection. While there was an information booklet available for residents which contained most of the criteria as per the regulations, it did not include arrangements for accessing inspection reports in the centre. This was discussed with the person in charge at the time of inspection.

The designated centre was adequately insured against accidents or injury to residents, staff and visitors.

**Judgment:**
Non Compliant - Moderate

**Closing the Visit**
At the close of the inspection a feedback meeting was held to report on the inspection findings.
Acknowledgements

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

Report Compiled by:

Caroline Vahey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Stewarts Care Limited</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005576</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>09 and 10 March 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>06 April 2017</td>
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</tbody>
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Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

The personal plan did not outline the support in place to facilitate a resident attending a computer course in accordance with their wishes identified during a goal planning meeting.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.

**Please state the actions you have taken or are planning to take:**
The Personal plan has been developed to outline the implementation and support for a resident who is attending a computer course.

**Proposed Timescale:** 06/04/2017

**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:
A risk assessment had not been developed for an identified risk to a resident.

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

**Please state the actions you have taken or are planning to take:**
The identified risk assessment has been developed.

**Proposed Timescale:** 06/04/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some healthcare needs had not been appropriately identified, addressed and evaluated within the centre.

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:**
The healthcare needs of residents in this centre have been identified through audit, and will be addressed and evaluated to ensure needs are met and referrals made to appropriate clinicians.
### Proposed Timescale: 18/05/2017

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some residents were not facilitated to have timely access to a dietician following medical recommendations.

4. **Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
The Programme Manager has met with the Dietician to discuss referrals and timely access through a priority process in place. The resident will be reviewed by the Dietician.

### Proposed Timescale: 20/04/2017

**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 arrangement for the person in charge to manage the designated centres was found not to be appropriate given the scope of responsibility assigned to the post and the capacity of the centres.

5. **Action Required:**
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

**Please state the actions you have taken or are planning to take:**
Recruitment of a Deputy Person in Charge for this area is underway to support the person in charge to ensure effective governance, operational management and administration of the designated centre.

### Proposed Timescale: 09/05/2017

**Theme:** Leadership, Governance and Management
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Lines of accountability were not clear and there were no staff members identified as responsible on a daily basis for each unit.

6. Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
The roster now identifies the lead person on each shift.

Proposed Timescale: 06/04/2017

Outcome 17: Workforce
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The proposed roster and staffing arrangements for one of the houses did not meet the assessed needs of residents and level of supervision required.

7. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The proposed roster and staffing arrangements for this house has been reviewed to ensure the assessed needs, risk assessments and appropriate level of supervision have been considered.

Proposed Timescale: 06/04/2017

Outcome 18: Records and documentation
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some written policies set out in Schedule 5 of the regulations were not up-to-date and had not been reviewed.

8. 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 Quality Steering Committee have a schedule in place to ensure that all Schedule 5 policies will be reviewed and updated.

Proposed Timescale: 15/09/2017
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The directory of residents did not include the name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre as specified in Schedule 3 of the regulations.

9. Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Directory of residents is currently under review to ensure that the resident’s admission organisation or body is specified.

Proposed Timescale: 08/05/2017
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The information booklet provided as a resident's guide did not include how to access any inspection reports on the centre.

10. Action Required:
Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

Please state the actions you have taken or are planning to take:
The information booklet is being reviewed through the Quality steering committee to provide information to residents on where to access HIQA inspection reports.
| Proposed Timescale: 22/06/2017 |