



Report of an inspection of a Designated Centre for Disabilities (Children)

Name of designated centre:	Stoneywood House
Name of provider:	MMC Children's Services Limited
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	11 September 2018
Centre ID:	OSV-0005521
Fieldwork ID:	MON-0022087

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The service provided was described in the providers statement of purpose. The centre was located in a rural setting within a short drive to a local village. It provided a long stay residential service for children in the age range of 9 to 18 years with an intellectual and or physical disability in the mild to profound range, including those with additional needs. The centre catered for a maximum of three children. At the time of inspection, three children had been living together in the centre for an extended period.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
11 September 2018	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

Views of people who use the service

As part of the inspection, the inspector met and spent time with the three children living in the centre. Two of the children were siblings and had a natural bond to each other. The third child appeared to get on well with the two siblings and regularly engaged in outings with the other children. Two of the children told the inspector that they were happy living in the centre and enjoyed spending time with staff and the other residents. Although the third child was unable to tell the inspector about their views of the service, the inspector observed warm interactions between the child and staff caring for them and that all of the children were in good spirits.

The inspector did not have an opportunity to meet with the representatives and or family of any of the children. However, there was evidence that they had expressed their satisfaction regarding the service being provided for their loved one. Each of the children attended a full time school placement which they appeared to enjoy. For two of the children, their school placement was a considerable distance away but staff travelled with the children to and from their school and they did not appear to mind the journey. The third child attended a school which was a shorter distance by car from the centre. Some activities were being provided which were assessed to meet the children's ability and it was noted that the children appeared to enjoy participating in these activities.

Staff spoken with outlined how they advocated on behalf of the children and how they felt that the children enjoyed living together in the centre.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to the children's needs. However, the provider had not completed an annual review of the quality and safety of care as per the regulatory requirements, the contract of care in place were not adequate.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the service manager who in turn reported to the director of services. The person in charge reported that he felt supported in his role and had regular formal and informal contact with his manager.

The provider had completed six monthly unannounced visits to the centre so as to provide assurances that the quality and safety of the service delivered, as per the regulatory requirements. However, the provider had failed to undertake an annual review of the quality and safety of the service. There was evidence that the service manager visited the centre on a regular basis. The providers auditing team had undertaken some audits in the centre and there was evidence that actions were

taken to address issues identified. There were regular staff meetings. These meetings were noted to focus on the residents well being and progress against goals established. The person in charge from this centre met with the person in charge from another centre nearby to enable shared learning between the two centres. This centre and one other were the only two disability centres operated by the provider.

There were appropriate arrangements in place for the admission and discharge of residents to and from the centre. The residents living in the centre were in line with admissions proposed in the centres statement of purpose. Each resident had a placement agreement in place. However, it did not adequately detail the support, care and welfare of the resident or the details of the services to be provided in accordance with the regulatory requirements.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge was in a full time post and was not responsible for any other centre. He had worked within the service for more than 10 years and had been manager in the centre for more than three years. He was supported by three shift coordinators. He held a bachelor of science in psychology and was in the process of completing a diploma in management practice at the time of inspection. Staff members spoken with told the inspector that the person in charge supported them in their role and supported a culture of openness where the views of all involved in the service were sought and taken into consideration. The person in charge was not available on the day of inspection but a telephone interview was completed with him subsequent to the inspection. The inspector found that he was knowledgeable about the requirements of the regulations and standards and that he had a clear understanding of the support needs and plans for each of the residents.

Overall the staff team had the right skills, qualifications and experience to meet the assessed needs of residents. However, there were a number of staff vacancies at the time of inspection, especially at night. These vacancies were covered by agency staff members and there was evidence that generally the same agency staff were used. This meant that residents had some continuity of care from their care givers. A staff communication book and staff handover sheets were completed on a daily basis.

Training had been provided to staff to support them in their role and to improve outcomes for residents. A training programme was in place which was coordinated by the providers training department. Staff members spoken with were knowledgeable about policies and procedures in place. Training records showed that staff were up-to-date with mandatory training requirements. There were no volunteers working in the centre at the time of inspection.

There was a written statement of purpose, dated February 2017. It set out the aims, objectives and ethos of the designated centre. It also stated the facilities and services which were provided for residents. However, the statement of purpose had not been reviewed on a yearly basis as per the requirements of the regulations. The section relating to the reviews of personal plans did not contain sufficient detail.

The policies and procedures as required by schedule 5 of the regulations were

contained within a number of larger policy documents. This meant that they were difficult to access and evidence of appropriate review of each of the policies was not evident.

Regulation 14: Persons in charge

The centre was managed by a suitably qualified, skilled and experienced person.

Judgment: Compliant

Regulation 15: Staffing

Overall, the staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. However, there were a number of staff vacancies at the time of inspection, especially at night.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Suitable training had been provided to staff to support them in their role and to improve outcomes for residents.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained and found to contain all of the information specified in schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership, governance and management arrangements in

place with clear lines of accountability.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Access to residential care in the centre was determined on the basis of a fair and transparent criteria. However, the placement agreements in place did not adequately detail the support, care and welfare of the resident or the details of the services to be provided in accordance with the regulatory requirements.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had not been reviewed on a yearly basis as per the requirements of the regulations. The section relating to the reviews of personal plans did not contain sufficient detail.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies and procedures as required by schedule 5 of the regulations were contained within a number of larger policy documents. This meant that they were difficult to access and evidence of appropriate review of each of the policies was not evident.

Judgment: Substantially compliant

Quality and safety

The residents received care and support which was of a good quality, safe, person centred and which promoted their rights. There were some areas for improvement in relation to the review of the resident's personal plans, out door facilities and medication management.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Placement plans and placement support plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social needs and choices. However, an appropriate review of the personal plan with the involvement of the multidisciplinary team, to assess the effectiveness of the plan had not been appropriately completed for each of the residents, in line with the regulatory requirements.

The residents were supported to engage in meaningful activities in the centre and within the community. Two of the residents attended a school some distance away which required a lengthy car journey in the morning and evening which was facilitated by staff. The third child attended a school which was a shorter car journey away from the centre. Staff facilitated and supported the residents to travel to and from their school placements and to participate in activities that promoted community inclusion such as, the cinema, nature walks, visits to a local tourist attraction, local childrens' farm and community sensory rooms.

Residents' communication needs were met. There was a policy on communication. Individual communication requirements were highlighted in residents' personal placement plans and reflected in practice. There was a user friendly communication book for each of the residents. One of the residents was non-verbal with another of the residents having limited verbal communication. There were communication tools, such as picture exchange, electronic communication devices and object of interest in place, to assist this residents to choose diet, activities, daily routines and journey destinations. Communication devices were updated by staff on a daily basis, with information to support the resident in their school placement.

The centre was found to be suitable to meet the children's individual and collective needs in a comfortable and homely way. Adaptations had been undertaken to the houses and grounds to ensure accessible. This promoted the resident's independence, dignity and respect. Each of the residents had their own bedroom which had been personalised to the resident's tastes and choices.

The residents were provided with a nutritious, appetizing and a varied diet. All appropriate supports were provided to assist the residents at meal times. Food was appetising and served in an appropriate way to ensure that the residents enjoyed their food. The timing of meals and snacks throughout the day were planned to fit around the needs of the residents. Adequate guidance was provided to staff to ensure the food and nutritional needs of the residents were being met and in line with recommendations from the resident's speech and language therapist, and dietician.

Suitable fire precautions were in place to keep the residents safe in the event of fire. The fire fighting equipment and fire alarm system were appropriately serviced and checked. Staff who spoke with the inspectors were familiar with the fire evacuation procedures and had received appropriate training. Fire drills involving the residents were undertaken at regular intervals.

Overall, the health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy which met the requirements of the regulations. Site specific and individual risk assessments had been undertaken. However, a number of these had not been reviewed for an extended period. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences. Overall, there were a low number of incidents in the centre.

The improvements identified as required, at the time of the last inspection in relation to the management and administration of medication had been addressed. The processes in place for the handling and management of medicines were safe and in accordance with current guidelines and legislation. A new prescription kardex and administration record had been introduced. All medication was now provided by the pharmacy in blister packs, with all medications pre-prepared for administration at prescribed times. However, on the day of inspection, the inspector identified a number of recording omissions. For example two of the residents were prescribed a specific medication on alternate days during the week. This medication was prepared, within the blister packs provided by the pharmacy, to be administered on alternate days. However, staff administering the medication had recorded on a number of occasions that the medication was administered on a day which was contrary to day for which it was prescribed. A number of administration records were not signed by staff, and it was noted that medications discontinued had not been appropriately signed off by the resident's general practitioner. Medication was reviewed at regular intervals as documented in the resident's personal plans.

There were measures in place to keep the residents safe and to protect them from abuse. There was an atmosphere of friendliness, and residents' dignity, modesty and privacy was observed to be respected. There had been one child protection notification in the previous 12 month period which had been appropriately managed. The residents were protected by practices that promoted their safety. There was a policy on intimate and personal care to guide staff in best practice in this area. The resident's personal placement plan included a section on intimate care which provided sufficient detail to guide staff in meeting the intimate care needs of the resident.

Regulation 10: Communication

The residents' communication needs had been appropriately assessed and were being met by the care provided in the centre.

Judgment: Compliant

Regulation 17: Premises

The centre was homely, accessible and promoted the privacy, dignity and safety of the residents. However, as previously identified at the time of the last inspection, there were limited play equipment or facilities in the outdoor area for children to play with.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The nutritional needs of the residents had been assessed and were being met in the centre. Residents were provided with a nutritionally balanced and varied diet.

Judgment: Compliant

Regulation 26: Risk management procedures

Site specific and individual risk assessments had been undertaken but a number of these had not been reviewed for an extended period.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable fire safety arrangements in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A number of recording omissions were identified. For example, two of the residents were prescribed a specific medication on alternate days during the week. This medication was prepared on alternate days within blister packs provided by the pharmacy. However, staff administering the medication had recorded on a number of occasions that the medication was administered on a day which was contrary to

day for which it was prescribed. A number of administration records were not signed by staff, and it was noted that medications discontinued had not been appropriately signed off by the resident's general practitioner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The residents each had personal placement plans and placement support plans in place which detailed their assessed needs and the supports required to maximise their personal development and quality of life. However, an appropriate review of the personal plan with the involvement of the multidisciplinary team, to assess the effectiveness of the plan had not been appropriately completed for each of the residents, in line with the regulatory requirements.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of each of the resident had been appropriately assessed and were being met by the care and support arrangements in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support.

Judgment: Compliant

Regulation 8: Protection

The residents were protected from abuse and neglect and their safety and welfare was promoted.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stoneywood House OSV-0005521

Inspection ID: MON-0022087

Date of inspection: 11/09/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Since September 20th the centre has gained a 2nd full time night staff which resolves the staffing issue at night and also provides the children with more consistency. The centre has also gained two full time Residential Support Workers in September which gives a full team compliment. This provides a team of 14 including the centre manager. Agency staff will be used when possible to make up the any deficits due to annual leave etc.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The centre manager of Stonewood will meet with the second disabilities manager within MMC Children's Services to create a suitable placement agreement document which adequately details the support, care and welfare of the resident and the details of the services to be provided in accordance with the regulatory requirements.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has now been reviewed and will continue to be reviewed on a yearly basis, rather than every second year. The section on personal plans has also been updated to include more detail to better inform the reader.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Schedule 5 policies have now been removed from the larger policy document to</p>	

ensure ease of access when trying to locate them. They are to be kept separate from other organisational policies and at the front of the policy document.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In relation to an outside play area for the children, the Director has cleared an invoice for payment to a company who will install outdoor equipment suitable to meet the needs of the residents for outdoor play.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The risk assessment documents including the Risk Matrix and Site-Specific Risk Assessments will be reviewed on a weekly basis and the recording of doing so will be more clearly marked off and dated to ensure greater clarity.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A number of recording errors occurred in relation to medications being signed off as given even though they were not due on that particular day. The blister packs prevented the medication being administered. This will be addressed with the staff responsible and discussed at a team meeting to prevent further errors similar in nature. Competency assessments will also be carried out on all staff. A request will be made to the GP of the children for any medications that are to be discontinued by a certain date, to be recorded as such on the Kardex with the GP dating the date of discontinuation. Any medications that are to be discontinued without knowledge prior to their prescribing will be signed off as such by the GP.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: In relation to personal plans, an appropriate review of these with the involvement of the multidisciplinary team, to assess the effectiveness of the plan for each of the residents will be requested from the respective social worker at the end of each plan. Any outcomes from these review meetings will be attached to the back of the plan.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall 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.	Substantially Compliant	Yellow	10/12/2018
17 (3)	Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.	Substantially Compliant	Yellow	14/02/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/12/2018
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for	Substantially Compliant	Yellow	31/10/2018

	responding to emergencies.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/01/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10/12/2018
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	10/12/2018
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	10/12/2018
05 (6) (a)	Ensure that personal plan reviews are multidisciplinary.	Substantially Compliant	Yellow	31/01/2019
05 (6) (c) and (d)	Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/01/2019