

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adults Services Community Tallaght Designated Centre 29
Centre ID:	OSV-0005672
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Lead inspector:	Thomas Hogan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 November 2017 09:30 To: 16 November 2017 14:30

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection:

This was an announced inspection of the designated centre to inform a registration decision after an application for registration was made to the Health Information and Quality Authority by the Stewarts Care Limited. This was the first inspection of this designated centre. At the time of inspection there were no residents living in the designated centre and it was not in operation. All proposals outlined and plans agreed and/or described by the person in charge will be checked and verified at the next inspection of this designated centre.

How we gathered our evidence:

The inspector met with a person in charge for the designated centre and was spoken with at length regarding the service to be provided.

A review of documentation was completed by the inspector which included policies and procedures, logs of records maintained, individual transition plans, training plans, risk register and risk assessments, statement of purpose, residents' guide, and draft staff rotas. In addition the inspector did a full observational walkthrough of the designated centre in the company of the person in charge.

Description of the service:

The centre is comprised of a semi-detached one story house which has the capacity to support two residents. There were two bedrooms in the centre to accommodate residents, one of which had an en-suite bathroom. There was a separated bathroom area with toilet, over bath shower and hand basin. In addition, there was a staff office and sleepover room. There was a modest sized living room with separate kitchen/dining area. One bedroom and the living room had exits to a garden space to the rear and side of the property. The front of the building provided for parking for two to three vehicles in a paved area. The service had produced a statement of purpose which outlined the services to be provided within the centre.

Overall judgment of our findings:

10 outcomes were assessed against during this inspection. Nine of the outcomes were found to be in compliance while one outcome was found to be in a level of moderate non-compliance with the Regulations. Issues of non-compliance related to the management of policy and procedures documents in the designated centre.

These findings, along with further details, can be found in the body of the report and accompanying action plan.

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 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:

The inspector was satisfied that, when implemented, the care and support as described by the person in charge would be consistent and sufficiently provide for the residents' assessed needs.

The person in charge outlined that two residents would move into the centre, however, while the residents had been identified, a date for admission to the centre had not been formally set at the time of inspection. The inspector found that transition plans had been completed for both residents and were comprehensive in nature and contained templates for post transition reviews.

The person in charge confirmed that comprehensive assessments of need would be completed for residents prior to being admitted to the centre, and that no later than 28 days after admission a plan addressing residents' health, personal and social care needs would be prepared. It was confirmed to the inspector that each assessment would have multidisciplinary inputs. Plans would be made available to residents in an accessible format. 'Residential needs assessments' had been completed for both residents and these were made available to the inspector. Areas which were examined in these assessments included environment, occupation, interests, relationships, clinical supports, health and safety, and staffing.

The person in charge outlined the procedures that had taken place, and would continue to take place, regarding consultation with residents who had been identified to transition to the designated centre. Direct consultation had taken place with residents and family members. Moves would take place on a phased basis in order to allow individuals to

adjust to the new environment and would be led by the resident.

With regards to training in the life-skills required for the new living arrangement, the person in charge highlighted areas of importance such as opportunities for residents to engage in shopping for groceries in a local supermarket and engaging with residents to identify their choice of local general practitioner and pharmacy. The person in charge confirmed that the designated centre would have its own transport vehicle made available on a full-time basis and that this would have wheelchair access to support residents to engage in meaningful activities.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

Overall the inspector found that the location, design and layout of the designated centre was suitable for its stated purpose. It was found to be spacious, homely and well furnished throughout.

The person in charge outlined that each resident would have their own bedroom, one of which had an en-suite facility. In the separate communal bathroom there was a bath with an overhead shower facility.

There was accommodation provided for staff who were required to sleep in the centre at night time. This room also contained an administration area and storage for documents and items required for the running of the designated centre.

The centre had a well equipped kitchen/dining area. The person in charge informed the inspector that residents would be supported to prepare meals in this area where appropriate. In addition there was a modest sized sitting/living room area.

A spacious outdoor and garden space to the rear and side of the property was found to be accessible through a side gate at the front of the building, and doors from one bedroom and sitting/living room.

Adequate facilities for residents to launder their own clothes if they so wished, were found to be in place in the designated centre.

Suitable arrangements were found to be in place for the disposal of general waste. The person in charge informed the inspector that no clinical waste would be in use in the designated centre.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted in the designated centre.

There was a site specific safety statement in place in the designated centre which was dated October 2017. It made reference to the health and safety management; responsibilities; risks arising from work activities; consultation with staff members; safe plant and equipment; safe handling and use of substances; information, instruction and supervision; competency for tasks and training; accidents, first aid and work-related ill-health; monitoring procedures; and emergency procedures - fire and evacuation.

The person in charge was knowledgeable in the areas of health and safety and risk management and outlined the processes in place for managing incidents which occurred. They explained that staff members would be trained in fire safety and manual handling and that refresher training would be completed at appropriate intervals. As there was no staff team in place in the designated centre at the time of inspection, the inspector was unable to review training records.

The designated centre had a fire alarm system in place and emergency lighting. Smoke detectors were fitted throughout the building and the inspector observed that carbon monoxide alarms were also present in two areas of the centre. The person in charge informed the inspector that systems would be in place to ensure the regular maintenance and service of fire alarms and emergency lighting. In addition, the person in charge outlined that fire fighting equipment was to be serviced and maintained at regular intervals by appropriate personnel, and systems would be in place for the regular maintenance and servicing of any vehicles used by the designated centre.

The inspector requested that the person in charge submit confirmation of the specific type of fire detection and alarm system which had been installed in the designated centre. This was submitted by the person in charge post inspection and a review of this information was completed by an HIQA fire consultant. It was found that the system in place in the designated centre at the time of inspection did not meet the minimum standard required, however, subsequent undertakings on the part of the provider ensured that the system was upgraded to the standard required. Documentary evidence of this upgrade was provided to HIQA post inspection.

Judgment:

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):

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

Findings:

The inspector was satisfied that adequate measures would be put in place in the designated centre to protect residents from abuse.

The inspector spoke with the person in charge and found that they were very knowledgeable in this area. The person in charge was clear on the types of abuse, the procedures to follow in the event of an allegation or suspicion of abuse, and the measures they would take to protect residents from abuse. The person in charge explained that they were undergoing training in the area of train the trainer in 'Safeguarding Vulnerable Adults' and was found to be knowledgeable of the responsibilities of notifying HIQA and other relevant authorities in the event of an allegation or suspicion of abuse.

With regards to oversight of safeguarding and protection of residents, the person in charge informed the inspector of a number of measures that will be in place. These included, the risk of abuse being recognised and listed on the designated centre's risk register; all staff receiving training in safeguarding vulnerable adults prior to the designated centre being operational; developing and sustaining a culture of awareness of abuse amongst the staff team; a shift handover sheet formally recognising any current safeguarding issues; team meetings having a standing agenda item of

safeguarding; the matter being discussed at every one-to-one supervision meeting with staff members; and regular audits being completed by the person in charge of safeguarding plans and related matters.

The inspector was satisfied that residents would receive behavioural and therapeutic supports that would promote a positive, non aversive approach to behaviours which may challenge. The person in charge outlined the training arrangements in place in the designated centre for staff training in the this area. An individualised approach has been adopted within the organisation which focused on the needs of residents and this reflected the level of training required by staff. Positive behavioural support plans were found to be in place for residents who required them, and the person in charge outlined that multi-elemental positive behavioural support plans would be prepared for each resident in January 2018.

The person in charge outlined that restrictive practices currently in place for the two identified residents would be reduced considerably upon transition to the designated centre. Long term chemical, physical and environmental restraints would cease and only prescribed environmental restraints relating to positioning of one resident in bed would be in place. The person in charge explained that full oversight of this will be in place through a multidisciplinary team, and once established a referral will be made to a human rights committee that was in the process of being established in the wider organisation.

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 inspector was satisfied that the healthcare needs of residents would be regularly reviewed with appropriate input from members of the multi-disciplinary team as and when required.

Assurances were provided to the inspector that assessments of healthcare needs of residents, annual medical check up reviews, and health check lists would be completed for both residents prior to transitioning to the designated centre. Health care plans will be put in place for individual identified health care needs within 28 days of residents being admitted to the centre. The person in charge explained that all staff will complete

training in care planning and that this would commence in early 2018. Clinical oversight would be provided through audit processes which will be carried out by a registered nurse. Nursing support will be available to residents and the staff team through an on-call phone support in place. In addition, day service supports in place for one resident included nursing supports. The person in charge stated that they were confident that if further nursing supports were required in the longer term that these would be made available to the designated centre.

The person in charge highlighted that residents would be facilitated to choose a general practitioner and pharmacy of their choice upon transitioning to the designated centre and that this process may take up to three months to arrange.

The person in charge explained that all preparation of meals for the designated centre will take place locally in the centre with residents partaking in this process where possible. Input from a dietician and speech and language therapist was also available to support healthy eating for residents and to support with communication, eating, drinking and swallowing needs of residents. The inspector was satisfied that once the proposed practices were implemented, residents' nutritional needs would be met to an acceptable standard.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector found that the person in charge was clear on the procedures regarding the administration, ordering, storage, and disposal of medication. There was no anticipation that controlled medication would be in use in the designated centre and any PRN (medications taken as the need arises) medications would have protocols in place to guide staff regarding their administration.

The person in charge outlined that care staff administering medications would have specific training in this area before residents are admitted or transferred to the designated centre. The training would involve two day training with an exam and follow up practical assessments.

The inspector found that capacity assessments relating to the self administration of

medications by residents were completed and a plan was in place for the completion of associated risk assessments. This plan will be completed by the time of admission or transfer of residents to the designated centre.

A range of audits to be completed in the designated centre relating to medication management were outlined to the inspector by the person in charge. These included weekly prescription sheet audits, monthly stock control medication audits, nightly loose medication counts, and medication error audits in line with accident and incident processes.

The inspector viewed the storage facilities for medications and found that they were appropriate.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

Findings:

The inspector found that there was a written statement of purpose in place in the designated centre which described the services previously provided. The statement of purpose was found not to contain three points of information as required [according to Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013]. This was brought to the attention of the person in charge and a revised version of the statement of purpose was submitted to the inspector. The revised version of the statement of purpose was found to contain all of the required information.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure

that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the quality of care and experience of the residents would be monitored and developed on an ongoing basis in the designated centre. The person in charge outlined that effective management systems would also be in place to support and promote the delivery of safe, quality care and support services.

The person in charge confirmed to the inspector that arrangements would be in place for an annual review of the quality and safety of care in the designated centre. Arrangements would also be in place for unannounced visits to the designated centre on at least a six monthly basis where audits would be completed by a member of the management team.

It was explained to the inspector that the post of the person in charge was to be at least a 0.5 whole time equivalent and would be supernumerary.

The inspector found the person in charge to be knowledgeable about the requirements of the Regulations and Standards. There was a clearly defined management structure in place with lines of authority and accountability.

Support would be provided to the person in charge by Programme Managers, a Director of Care and a Chief Executive Officer.

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:

At the time of inspection a staff team was not in place and the designated centre was not in operation.

The person in charge highlighted that arrangement would be put in place for both formal and informal supervision of staff. Informal supervision will take place through ongoing observations and unannounced visits to the centre, and through regular team meetings, while formal supervision and performance management will take place on a quarterly basis.

A sample of draft staff rotas were reviewed by the inspector and it was found that they provided for sufficient numbers of staff members to meet the assessed needs of residents.

The person in charge outlined how a training plan in place for the designated centre reflected the collective needs of the residents. It was confirmed that all staff would have completed all mandatory training required before commencing employment in the designated centre.

Staff files were not reviewed as part of this inspection.

The person in charge confirmed that no volunteers would be employed in the designated centre in the short term future.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

A review of policy and procedure documents as listed by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013, was completed by the inspector in the company of the person in charge. It was found that a policy relating to staff training and development was not in place in the designated centre at the time of inspection. In addition, the inspector found that the following policies had not been reviewed and in the required timeframe:

1. Admissions, including transfers, discharge and temporary absence of residents.
2. Incidents where a resident goes missing.
3. Provision of personal intimate care.
4. Residents' personal property, personal finances and possessions.
5. Communication with residents.
7. Recruitment, selection and Garda vetting of staff.
8. Monitoring and documentation of nutritional intake.
9. Provision of information to residents.
10. The creation of, access to, retention of, maintenance of and destruction of records.
11. Health and safety, including food safety, of residents, staff and visitors.
12. Risk management and emergency planning.
13. Medication management.
14. Access to education, training and development.

Assurances were provided in written format by the representative of the registered provided regarding the review and implementation of policy and procedure documents and associated timeframes for completion of this action.

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

No further aspects of this outcome were not assessed.

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:

Thomas Hogan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0005672
Date of Inspection:	16 November 2017
Date of response:	09 January 2018

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 18: Records and documentation

Theme: Use of Information

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

The inspector found that a policy relating to staff training and development was not in place in the designated centre at the time of inspection.

1. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement

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

all of the policies and procedures set out in Schedule 5 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:

A letter has been submitted to the Authority identifying the timeframes in which all policies required under schedule 5 shall be reviewed.

Proposed Timescale: 30/03/2018

Theme: Use of Information

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

The inspector found that 14 policy and procedures documents referred to in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 had not been reviewed in at least a three yearly timeframe.

2. 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:

A letter has been submitted to HIQA identifying the timeframes in which all policies required under schedule 5 shall be reviewed.

Proposed Timescale: 30/03/2018