



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Steadfast House Respite Services
Name of provider:	Steadfast House Company Limited By Guarantee
Address of centre:	Monaghan
Type of inspection:	Short Notice Announced
Date of inspection:	19 November 2020
Centre ID:	OSV-0001632
Fieldwork ID:	MON-0030801

About the designated centre

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

Steadfast House Respite Service is a five bedded home, established in 2010, situated outside a town in Co. Monaghan. Steadfast House Respite Service can accommodate a maximum number of four adult residents per night. The centre provides care for people with low, medium, high and maximum dependency needs. The range of needs that the centre intend to meet for residents are intellectual disabilities including those with complex care needs and physical and/or sensory disabilities. It consists of five bedrooms including two en-suites; bedroom five has an overhead hoist fitted that links to the main bathroom. It also has a kitchen dining area, sitting room and a back kitchen. Steadfast House Respite Service has its own garden to front and back of house, with tiled patio area at back of house with outdoor seating provided.

The staffing arrangements include nurses, a social care worker and health care assistants and the staffing rosters are planned in accordance with admissions to the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Thursday 19 November 2020	11:05hrs to 17:05hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

The inspector was met by the person in charge and a staff member on the morning of the inspection. One resident was in the centre during the morning and two residents returned later in the evening to the centre after day services closed. The inspector found a warm and welcoming environment and residents appeared relaxed and comfortable. Staff were observed to be supportive and kind towards residents, and to facilitate activities residents wished to engage in. For example, one resident was completing an art and craft activity, and all residents told the inspector they would be baking later in the evening.

The inspector met with the three residents in the centre on the day of inspection. The residents told the inspector they really enjoyed staying in the centre, and that the staff were kind and helpful. One resident told the inspector they enjoy relaxing when in the centre, and the inspector observed the environment and arrangements in the centre supported and respected this resident's preference. The residents also told the inspector they could choose the activities they would like to do during their stay and the staff would support them to complete these.

The residents told the inspector they were happy with the food choices available in the centre and they could choose whatever meal they wished. Residents also said they really enjoyed getting a takeaway meal during their stay and had planned the takeaway they were getting that night.

All residents stated they felt safe in the centre, and could talk to any staff and the person in charge if they had any worries or issues.

Capacity and capability

The provider had management systems in place to ensure the service provided was safe, effective, consistent, and regularly monitored. The model of service centred on the provision of short breaks which were resident led, focusing on opportunities for residents to enjoy activities and social interactions in relaxed, homely and welcoming surroundings. The provider had ensured that the support provided was safe and appropriate to residents' needs, and had effectively resourced the centre in this regard.

There were sufficient staff in the centre, with the right skills, experience and knowledge to meet the needs of residents. The staffing arrangement consisted of nurses, a social care worker and healthcare assistants and rosters were arranged to respond to the individual needs of residents. For example, there were two staff on during the day and one staff at night time, and on the occasions where residents

presented with more complex needs, an additional staff member was provided at night time on a sleepover basis. The inspector reviewed a sample of rosters, which showed staff on duty at any time during the day or night. Shifts were filled by regular permanent staff, reflecting continuity of care was provided. Nursing care was provided in line with the assessed needs of residents. There was currently one part-time post vacant and a recruitment drive had recently been completed.

Staff had been provided with a range of training enabling them to safely and comprehensively meet the range of residents' needs and to respond to changing circumstances. For example, staff had completed mandatory training in safeguarding, fire safety and behaviours that challenge. Additional training had also been provided, for example, in manual handling, epilepsy and the administration of emergency medicine, first aid, cardiopulmonary resuscitation, infection control, hand hygiene and donning and doffing personal protective equipment. Staff were appropriately supervised and informal supervision was provided by the person in charge, who was in attendance in the centre three times a week. The inspector reviewed two staff supervision records and formal supervision had been facilitated on a quarterly basis.

The centre was managed by a full-time person in charge. The person in charge also had responsibility for the management of a nearby residential centre, and was in attendance in this respite centre for two and a half days a week. The person in charge was a registered nurse in intellectual disability and had a number of years experience in disability services. The inspector was assured, given the high level of compliance found on inspection, that the person in charge had the appropriate skills and knowledge necessary to manage the centre.

There was a clearly defined management structure in the centre. Staff reported to the person in charge, who in turn reported to the person participating in management. The person participating in management reported to the board of directors. Staff meetings were held monthly and a range of issues were discussed at these meetings. For example, incidents were reviewed and safeguarding, admissions, health and safety and person centred plans were discussed at meetings. A staff member spoken with, outlined the person in charge was available for support, and staff could raise concerns about the quality of care and support with the person in charge, if the need arose. An on call management support service was also provided on a 24 hour basis.

There was an arrangement in place for the management team to meet on a monthly basis, and the inspector reviewed minutes from two meetings this year. A range of issues were discussed and where required actions were developed. Arrangements had been put in place in response to the recent pandemic to facilitate management meetings remotely.

The centre was monitored on an ongoing basis. The person in charge completed a range of audits for example, weekly financial audits, and monthly safeguarding, complaints, and incident audits. Person centred plans were self-audited by staff in the centre. Six monthly unannounced visits had been completed by the provider. The inspector reviewed reports from visits conducted in March and September of

this year. Actions arising from issues identified during these visits were complete on the day of inspection. An annual review of the quality and safety of care and support had been completed and all actions arising from the review were also completed.

Admissions to the centre were based on the needs of residents and the process for admission considered the need to protect residents. Admissions to the centre were planned in advance and assessment of the compatibility of residents formed part of this process. Each resident had a contract of care which was provided to residents' representatives prior to admission. The contract of care outlined the services to be provided and the additional fees for which residents may be liable, for example, the cost of social activities. There were no fees for using the services in the centre.

A directory of residents was maintained in the centre and contained most of the information as required in Schedule 3 of the regulations. However; the name and address of the authority, organisation, or other body, which arranged resident admissions to the centre was not recorded in the directory of residents.

Copies of all of the policies and procedures as per Schedule 5 of the regulations were available in the centre and had been reviewed within the past three years.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the necessary skills, knowledge and experience to manage the centre. The person in charge also had responsibility for a nearby residential centre and was in attendance in the centre regularly throughout the week.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff in the centre, with the right skills and qualifications to meet the needs of the residents attending the centre. Nursing care was provided in accordance with the needs of residents and continuity of care was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training, including refresher training. Staff were

supervised appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and contained most of the information as required in Schedule 3 of the regulations. However, the name and address of the authority, organisation, or other body, which arranged resident admissions to the centre was not recorded in the directory of residents

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured the centre was appropriately resourced. There was effective delivery of care and support to residents, appropriate to their needs, and the service was consistent and effectively monitored on a continuous basis. There was a clearly defined management structure in the centre. Six-monthly unannounced visits had been completed by the provider. An annual review of the quality and safety of care and support had also been completed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions to the centre were based on the needs of residents and the process for admission considered the need to protect residents. Each resident had a contract of care which outlined the services to be provided and the additional fees for which residents may be liable, for example; the cost of social activities. There were no fees for using the services in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Copies of all of the policies and procedures as per Schedule 5 of the regulations

were available in the centre and had been reviewed within the past three years.

Judgment: Compliant

Quality and safety

The inspector found that the care and support provided in the centre, enabled residents to experience a relaxed, enjoyable and pleasant stay while availing of services in this respite centre. Residents' needs were met in accordance with assessments and their wishes, and the well being and safety of residents was considered in all aspects of service delivery.

Each resident had an up-to-date assessment of need completed, which was reviewed annually or as their needs changed. Assessments took into consideration information provided by residents, their representatives and healthcare professionals; and updates on residents' needs and wishes were sought prior to each admission to the centre. The inspector reviewed records pertaining to six residents. Personal plans had been developed in line with each resident's identified needs and outlined the supports to be provided to them. Plans were reviewed regularly, to assess their relevance in meeting residents' needs or to update plans in line with identified changes of need. Residents were supported to develop and achieve goals while staying in the centre. For example, prior to the recent pandemic residents had been supported to go on day trips and concerts, use shopping amenities in the local town and participate in activities in the centre. The inspector spoke to three residents who outlined that they had also enjoyed going to the cinema, going bowling and getting a takeaway. While the recent restrictions had reduced the availability of some activities in the community, it was evident from a review of records, that residents were supported to enjoy meaningful activities such as art and crafts, baking, walks and bus trips. Records were maintained on the outcome of goals as to assess their effectiveness.

Residents were provided with timely healthcare appropriate to their needs. The information provided by general practitioners, family representatives and allied healthcare professionals formed the basis of healthcare plans and interventions. The healthcare needs of residents were monitored on an ongoing basis when residents were in the centre, for example; nutritional intake, epilepsy interventions and blood monitoring. Support and advice was provided from a range of allied healthcare professionals as residents' needs changed, for example; an occupational therapist and a speech and language therapist.

Residents were supported to manage their emotional needs, and where required behaviour support plans were developed. Plans identified behaviours of concern and outlined the proactive and reactive strategies to support residents and to promote safety. A staff member spoken with was knowledgeable on the indicators of a resident's change in emotional presentation and the response required as specified

in a behaviour support plan. There were some restrictive practices in the centre, relating to the use of bed rails and lap straps and all of these practices had been recommended following a review by an allied healthcare professional. Records were maintained each time a restrictive practice was used in the centre. Staff had been provided with training in the management of behaviours of concern including de-escalation and intervention techniques.

The provider had systems in place to ensure residents were protected from abuse. Intimate care plans were developed, outlining the support residents required to manage their personal care needs, while ensuring residents' dignity and privacy was maintained. Since the last inspection, there had been one notification relating to an allegation of abuse. The person in charge had initiated an investigation and the incident had been reported to the relevant personnel. A safeguarding plan had been developed and from a review of incident records it was evident that no additional safeguarding concerns had arisen. Three residents told the inspector they felt safe in the centre and could discuss concerns with the person in charge or any of the staff if they needed to. Staff were knowledgeable on the types of abuse that may occur and the response to take to safeguarding concerns. All staff had up-to-date training in safeguarding.

Residents were supported to manage their finances when availing of services in the centre. The inspector reviewed financial records for two residents. Accounts were maintained of all money received on behalf of residents. Receipts were maintained and recorded of all purchases residents made when in the centre. Individual storage was provided, to promote residents maintaining control of their possessions when staying in the centre, and residents could avail of secure storage for their money should they wish to.

The centre was laid out to meet the individual and collective needs of residents. Each resident was provided with their own bedroom for their stay. In response to the current pandemic admissions to the centre had reduced to a maximum three residents at any one time, and consequently each resident had access to their own bathroom. The heating in one bathroom was not working on the day of inspection, however; this issue was rectified by the end of the inspection. The centre was clean and well-maintained overall and assistive equipment was provided to meet individual mobility needs of residents.

Potential hazards in the centre had been identified and risks had been assessed, with a management plan in place to control and mitigate these risks. Risks included both individual and site specific risks, for example; medication management, unexplained absence of a resident, behaviours of concern and lone working. Risk management plans were subject to regular review, or as needs changed. For example, risks were reviewed following adverse incidents in the centre, and a comprehensive risk management plan relating to COVID-19 was in place in response to the recent pandemic. The inspector reviewed incident records for the preceding two years and found incidents had been recorded and investigated. There was evidence of follow up with the relevant personnel if required and adverse incidents were subsequently discussed at staff meetings.

Suitable measures were in place for the prevention and control of infection. The provider had developed a COVID-19 contingency plan and the inspector found the measures outlined to prevent the spread of infection were in place in the centre. Suitable hand washing facilities and hand sanitising equipment was provided. Staff were observed to be adhering to public health guidelines, for example; through social distancing and wearing face masks. There was a sufficient supply of personal protective equipment (PPE) in the centre and enhanced PPE was available should an outbreak of COVID-19 occur in the centre. A deep clean was completed once residents were discharged from the centre. Accessible information was on display in relation to COVID-19. A clear and concise plan was in place in the event of a confirmed case of COVID-19 occurring in the centre. Staff had been provided with a range of training related to infection prevention and control. Admissions to the centre had been reduced to a maximum of three residents, to promote social distancing, and infection prevention measures.

There were effective fire safety management systems in place. Suitable fire detection and fire-fighting equipment was provided and there adequate measures in place for the containment of fire. All fire equipment had been serviced as required, such as; the fire alarm, emergency lighting, and fire extinguishers. There were adequate means of escape. Weekly checks of the fire alarm and monthly checks of emergency lighting, fire extinguishers and blanket were completed. Fire drills were completed when residents were admitted to the centre and the inspector reviewed a sample of fire drill records. Residents had been supported to evacuate the centre in a timely manner. Each resident had a personal emergency evacuation plan developed and a staff member spoken with was aware of residents' support requirements.

There were appropriate and suitable practices in the centre relating to the receipt, prescribing, administration, storage and transfer of medicine. Medicines received into the centre were checked against prescription records, and a balance of medicines received and medicines transferred on discharge were recorded. A locked medicine cupboard was provided. Prescription records were updated a minimum interval of six months with each resident's general practitioner, as part of the admission process to the centre, or as medicine prescriptions changed. The inspector reviewed a prescription and administration records for a resident, which were found to be complete, with all medicine recorded and administered as prescribed. PRN (medicine given as the needs arises) prescriptions stated the circumstances under which medicine should be given, and the maximum dosage in 24 hours was clearly stated. Each resident had an assessment completed with regards to self-administration of medicine.

Regulation 12: Personal possessions

Residents were supported to manage their finances when availing of services in the centre. Individual storage was provided to promote residents maintaining control of their possessions when staying in the centre, and residents could avail of secure

storage for their money should they wish to.

Judgment: Compliant

Regulation 17: Premises

The centre was laid out to meet the individual and collective needs of residents. An issue relating to heating in a bathroom was rectified on the day of inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

Potential hazards in the centre had been identified and risks had been assessed, with a management plan in place to control and mitigate these risks. Arrangements were in place for the recording, investigation and learning from adverse incidents in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable measures were in place for the prevention and control of infection. Staff had been provided with a range of training in infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety management systems in place. Suitable fire detection and fire fighting equipment was provided, which was regularly serviced. Suitable arrangements were in place for the containment of fire. There was a system in place for reviewing fire safety systems.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate and suitable practices in the centre relating to the receipt, prescribing, administration, storage and transfer of medicine. Residents had been assessed with regards to self-administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need completed and personal plans were developed based on identified needs. Plans were subject to regular review. Residents were supported to develop and achieve goals during their stay in this respite centre, and the outcomes of goals were reviewed to assess their effectiveness.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate healthcare in line with their assessed needs, and up-to-date healthcare information was sought from a range of healthcare professionals and residents' representatives prior to admission to the centre. The healthcare needs of residents were monitored on an ongoing basis while the residents were in attendance in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs. Behaviour support plans were developed, guiding the practice in proactive and reactive strategies to respond to behaviours of concern. Restrictive practices were applied in accordance with best practice and their use was monitored on an ongoing basis. Staff had been provided with training in managing behaviours of concern including de-escalation and intervention techniques.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured systems were in place to protect residents and to ensure safeguarding concerns were reported and investigated as required. Staff were knowledgeable of the types of abuse and of the response to safeguarding concerns. Staff had been provided with up-to-date training in safeguarding.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Steadfast House Respite Services OSV-0001632

Inspection ID: MON-0030801

Date of inspection: 19/11/2020

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Directory of Residents has been reviewed and updated to ensure it contains all information as required in Schedule 3.</p>	

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	01/12/2020