

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0004103
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Gerry Mulholland
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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 2 day(s).

The inspection took place over the following dates and times

From: 11 November 2014 08:30 To: 11 November 2014 20:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This registration inspection was the first inspection of this centre which forms part of Stewarts Care Ltd. This centre is designed to provide supported care for eight adult residents with mild intellectual disability, some challenging behaviours and age related health care needs. The residents were not deemed to require full-time nursing care. The facilities are comprised of three separate houses shared between one and three residents. There were two vacancies at the time of the inspection.

This was an announced inspection and took place over one day. All 18 of the outcomes required to demonstrate compliance with the legislation and regulations were inspected. As part of the inspection, the inspector met with residents and staff

members. The inspector received three questionnaires completed by residents. The inspector observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, policies procedures and staff files.

The inspector found that there were satisfactory management and supervision systems in place. Resident's rights were promoted and respected with satisfactory safeguarding systems in place. Residents were supported by staff to live as independently as possible within a sheltered and supported environment. There was very good access to healthcare, training, education and age appropriate supports. Family and other external relationships were maintained and supported.

Staffing levels and skill mix were satisfactory and staff demonstrated a good knowledge of their responsibilities and of the residents needs. The provider had made flexible accommodation and staffing arrangements as residents' needs changed. Overall, there were effective risk management strategies evident which took account of the residents assessed needs.

Some improvements were required in the following areas:

- referral and access to relevant assessment where challenging behaviours were identified
- staff training in manual handling
- systems to monitor the safety of some radiators and safe flooring in one of the houses
- some maintenance and decoration work was required in one of the houses.

A review of the resident's documentation in terms of effectiveness and ease of retrieval was required.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities)

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

There was evidence from documentation and from information received from residents that there was significant emphasis placed on supporting residents rights and on consultation with them. Residents from the centre participated in the resident's council. Unit meetings were held with residents, which covered issues such as activities for individual residents or changes to the unit routines. Any issues that arose were seen to be managed well by staff. It was apparent that residents had choice in their daily routines and in participating in training and in their work.

An advocacy service was available and the inspector saw evidence that the residents had been informed of this. The manner in which residents were addressed by staff was seen to be respectful and the residents' personal space such as their bedrooms were respected by staff. All bedrooms were single and they were very much personalised. There was ample space in each bedroom to hold clothing and other personal belongings according to the resident's preferences. Residents had keys for their bedrooms. There were intimate care guidelines available, which demonstrated respect for the resident's dignity while ensuring that adequate support was available where this was required. There was good contact with families and external friends and this was encouraged.

A complaint policy, including an appeals process was available. There were no complaints documented at the time of this inspection. The policy, in easy read format was posted in each of the houses and the residents were very clear as to who they could address any issues to and had easy access to the person in charge and the provider. The residents guide also informed residents of their rights and how to address

any issues.

Personal plans and assessments were obviously undertaken in consultation with the residents who had full knowledge of and access to them. They had mobile phones and space for private visits and phone calls. Residents all had their own individual daily routine which included meaningful daytime activity, work and social events. There was evidence that resident's wishes in relation to medical treatment were also sought. Their wishes and their needs were also taken into consideration when considering their accommodation.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

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

Findings:

Residents were helped and encouraged to communicate and it was apparent that staff understood the resident's communication needs. Care plans set out the individual care needs in term of communication such as whether residents had glasses, hearing aids or speech difficulties and how to managed and support them. Multidisciplinary services including speech and language therapy had been sourced to help identify the specific communication needs. The advice of these clinicians was evident. Menu books and other pictorial images were used to promote residents understanding and ensure they were informed. The care plans and pathways contained pictorial images. A pictorial resident's guide and rights charter was also available.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

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

Findings:

There was evidence from records reviewed, questionnaires forwarded to the Authority and speaking with residents that family relationships were supported and encouraged. Visits to the centre took place and visits home and to family events were organised and supported. There were numerous photographs of family events and celebrations which had taken place in the units and staff were very familiar with the significant people in the resident lives. Residents spoke of friends outside the centre and how they maintained contact with them. They also confirmed that friends could visit them in the centre for meals or activities. Family members and next of kin were identified and invited to attend the multidisciplinary meetings and there was evidence on the personal plans of planning for the maintenance of family relationships and of their involvement in the planning process.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The policy on admission was detailed and admissions to this service could be seen to be congruent with this. No new admissions had taken place in the recent past. There was evidence that admission decisions and decisions in regard to the most appropriate placement were undertaken in consultation with residents. Such decisions also took safeguarding issues into account when deciding on living arrangements. The age range of the residents differed significantly and the inspector was satisfied that placements in each of the houses considered the most suitable and compatible options. Referrals were reviewed by the admissions committee which is multidisciplinary and lead by the head of adult services. There was evidence of transition plans including life skills training taking place to support residents who may wish to move to accommodation that is more independent.

There was a pictorial contract available for residents, which detailed the services to be provided. A formal contract had been devised which outlined the service to be provided

and the fees to be charged. Relatives had signed this on the residents behalf where this was appropriate. The residents managed the own money and had access to their own bank accounts after the fees have been paid to the organisation. Detailed accounts of monies spent were maintained with the support of staff.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

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

Findings:

There was evidence of appropriate multidisciplinary involvement in resident's personal plans, which were guided by assessment of need, staff knowledge, and the residents stated preferences, behaviours and assessed risk factors. The personal plans were reviewed annually and contained individual sections on a range of needs including health care, social care, family contacts, dietary, safety and supervision needs. Individualised supports such as communication needs and personal care needs were identified in the plans.

The personal plans demonstrated that the resident's preferences were understood and the goals identified were meaningful including ongoing and relevant healthcare support, maintenance of social and familial contact, life skills and social activities. The plans were also outlined in an easy read or pictorial format. In some instances, pictorial images of proposed activities, medical appointments and training were used to help residents understand the process and ensure it was adhered to. Some residents explained this process to the inspector. The outcome and effectiveness of the plans was also evident.

There was evidence that the residents were involved in the development of the plans and were able to explain the details to the inspector. Residents choose interesting and varied activities and maintained them with the support of staff. They were involved in local clubs, had access to gyms, social and knitting clubs and meaningful occupation during the day. The told the inspector they enjoyed all of these and they were based on their personal likes and aspirations. There was also evidence of health promotion

strategies such as healthy eating or smoking reduction support.

However, two residents attended a senior citizens day care service. They were supported with transport to and from this. This required getting up quite early and needing considerable assistance to wash, dress and go to the day care. Staff are not usually present in the centre between 10:00hrs and 16:00hrs on weekdays. In deference to the residents ages one day a week had been designated as a retirement day where staff were made available during the day and residents could remain in their home. While a resident stated she enjoyed the day care, staff also reported that they were actually very tired in the mornings. The inspector could not ascertain that this arrangement was undertaken in consultation with the residents or whether this was primarily directed by staffing availability.

Judgment:
Non Compliant - Minor

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

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

Findings:

The inspector was satisfied that the premises used was suitable for the purpose and provided comfortable home for the residents. The centre is comprised of three separate houses located in the community within easy reach of the campus. There is easy access to local facilities and public transport. All of the houses are semi-detached and are no different in appearance from the neighbouring houses.

One of the units is a bungalow with two bedrooms for residents and one for staff. The residents living here had recently been relocated due to their changing health and mobility needs. The remaining two houses are two story and accommodate three residents with two vacancies currently in one house. The houses have appropriate and homely living areas, kitchens and gardens. All residents have their own bedrooms which were personalised and comfortable.

There is a level access, well-maintained and private garden to the rear of two houses. There were suitable bathroom facilities in the houses. However; the shower room in the bungalow was not suitable for easy use by the current residents. Staff did provide full support with personal care in this instance. The move to this accommodation had taken

place quickly due to the need to relocate the residents from the previous unsuitable accommodation. Both the shower room and the garden access were recognised as being unsuitable and plans were in place to address these. The inspector was satisfied that the provider would undertake these actions.

There are security alarms in place in both units and the inspector saw evidence that these and the heating systems had been serviced and maintained. The furnishings in both units were suitable, comfortable and homely. Suitable domestic style laundry and cooking facilities were provided for use by residents with some support and supervision by staff.

Minimum assistive equipment was required for mobility and a specialist bed had recently been sourced for one resident who required this. Records demonstrated that maintenance issues were promptly identified and acted on. Most of the household tasks such as cleaning were undertaken by the residents with additional support from staff. Hand and food hygiene training had been undertaken with residents although some staff were overdue for this. Residents stated that they were very happy with the accommodation, they demonstrated a sense of ownership in terms of the looking after the houses, one resident had painted one of the houses and others liked to do the gardens. They could lock their bedroom doors and said it afforded them support safety and independence.

Some remedial decorative work was required in one of the houses.

Judgment:
Non Compliant - Minor

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:

Overall, the inspector was satisfied that there were systems in place to manage and identify risk, which balanced resident's rights with the need to protect them and other residents. There was a current and signed health and safety statement available. Systems for review of safety and risk were evident. A safety audit of the units had taken place and any deficit were noted and rectified. The risk management policy complied with the regulations and included the process for learning from and review of untoward events.

A risk register was maintained and this contained evidence of identification and management of risk including environmental, corporate and clinical risks. The system for overall collation of and assessment of this data for learning and review was in progress. However, the inspector found that where environmental risks were identified they were acted upon by the person in charge. Staff were also able to articulate the individual resident's safety needs and how they helped them to manage them.

The risk management policy was supported by relevant policies including an emergency plan and a missing persons policy. The emergency plan was detailed and it contained all of the required information including arrangements for the interim accommodation of residents should this be required. A missing person's procedure was in place for each resident. The inspector found that this was specific to the individual and the location of the houses. The policy on infection control was detailed and staff articulated good practice in relation to this. Protective equipment including gloves and sanitizers were evident. Residents had undertaken training in food safety systems. Staff used their own vehicles to transport residents in some instances and they were required to produce evidence of road worthiness and insurance.

Personal plans demonstrated that residents were supported to keep themselves safe when outside with easily accessible emergency phone numbers, training in accessing transport, and letting staff know where they were going if they were out alone. The emergency numbers of the person on-call or the night manager on the campus were keyed into the resident own phones and the house phones. Residents explained these systems to the inspector. Residents were sometimes alone in the houses for short periods of time unless this was contra indicated by their assessment. They were able to use the house alarms and were aware of the safety mechanisms such as the door chains and how to use them.

The inspector reviewed the fire safety register and saw that fire drills had been carried out in each of the individual houses twice yearly, some unannounced and residents were included in these drills. Fire safety management equipment including the fire alarms, emergency lighting and extinguishers had been serviced quarterly and annually as required. Staff also undertook daily and weekly checks on the fire alarm and exits. The procedure was displayed and residents were aware of what to do in the event of the alarms being activated. Fire safety training had taken place for all staff with the exception of one and a date was planned to complete this.

A small number of factors in terms of risk required attention. The inspector noted that the tiling on the kitchen floor of the bungalow was very slippery would could pose a risk to the particular residents who lived there. The radiators were also excessively hot and required thermostatic controls. The residents living in this house were the most dependant.

Judgment:
Non Compliant - Moderate

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 reviewed policies and procedures for the prevention, detection and response to allegations of adult abuse and found that they were satisfactory and included a designated person to oversee any allegations of this nature. The provider also uses the HSE "Trust in Care" policy to guide practice. Records demonstrated that all current staff had received training in the prevention of and response to abuse between 2011 and 2013. There was a designated line of accountability identified which was readily available and known by staff and residents. Residents were also aware of the role and function of the person in charge and the provider. The inspector noted that where additional supervision was required for any residents this was implemented and there were specific and detailed instructions for staff available. This included detailed instruction for staff when on outside activities. Staff were aware of these directions. From records seen and interviews, the inspector was satisfied that any allegations were recorded, reported and the investigation policy was adhered to.

The safety plans and other documentation indicated that residents were encouraged with education and advice about maintaining their own safety and managing relationships respectfully.

At the time of the inspection there were some behaviour support plans in place. The plans demonstrated an understanding of the meaning of the behaviours for the residents. The plans provided guidelines for staff in supporting the residents and there was evidence that staff implemented these successfully on many occasions. Multidisciplinary involvement was evident and there was good support provided by the psychology department and the behaviour support nurse.

However, in two instances the inspector was not satisfied that all avenues necessary to treat the underlying cause of the behaviour or assess the risk of the behaviour continuing had been explored. In one instance there was evidence that a correlation had been made between presenting behaviours and an underlying physical condition. Psychotropic medication was administered on a PRN (as required) basis to manage this behaviour on occasions. However, despite the identification of the trigger this did not result in the appropriate referral to a specialist to deal with the issue and perhaps improve the quality of life of the resident. There was also evidence that a more robust

and recent assessment was required to determine the current risk status of a resident which would allow adequate planning to take place for the resident's future care. This had been identified by the organisation previously. The inspector acknowledges the complexities involved in such situations.

There was also a policy and procedure in place where the use of restrictive practice was identified. Any restrictive practices in place at the time of this inspection had been assessed and in the inspectors view were appropriate.

Most of the residents managed their own finances including savings with some guidance and support from staff. Where any monies on behalf of residents were lodged directly into the providers account it was identified on behalf of the resident and there was evidence of the residents consent to this.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

A review of the accident and incident logs, resident's records and notifications forwarded to the Authority demonstrated compliance with the obligation to forward the required notifications to the Authority.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

There was evidence that resident's wishes and developmental needs were acknowledged and supported in their work, training, general activities and life style. Plans for residents included work and training, building and maintaining relationships, managing their own healthcare needs, mental health support and personal preferences such as going to matches concerts, going on holidays and local clubs.

The residents told the inspector about their jobs and training and they had access to laptops or tablets which they used. They were very aware of their healthcare needs and how to manage them by diet or medication. They attended training or day care services managed by the organisation and said they enjoyed these activities. They had active social lives and friends.

Residents were assisted to develop and maintain life and self care skills and did shopping, cooking, laundry and managed their finances with staff support. They were very proud of their certificates and achievements.

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 resident's health care needs were varied. However, the records available and the residents spoken with confirmed that there was regular access to medical care including general practitioner (GP) and out-of-hours service if required. There was evidence from documents, interviews and observation that a range of allied health services are available and accessed on residents behalf. This included occupational therapy, dietician services, psychiatric and psychological services which are integral to the organisation. Treatment and interventions were detailed and staff were aware of these. A detailed health check template was completed by staff annually and this provided both current and underlying health information. The annual health check was undertaken by the GP that was seen to include age and gender related needs. External specialists such as neurologists were also sourced.

There was evidence that where a residents health care needs changed the staff noted and responded to this promptly. Nursing support and acute care services were accessed promptly. The care plans were also amended to reflect the changing needs of the resident. However in one instance where wound care had been required the documentation available did not demonstrate assessment, treatment plan and review as required by current evidence based practice. This is especially pertinent as the non nursing staff are delivering the care albeit under the supervision of the nurse. The inspector was satisfied that the appropriate care had been provided and the wounds had been resolved. This was a deficit in the records and treatment documentation and not in the treatment provided. The matter is actioned under Outcome 18 Records and Documentation. Additional dietary support and equipment such as a specialist bed had been provided. A review by occupational therapist was also being sourced for suitable seating and other preventative measures.

Policy on end of life care had been developed. The inspector saw records indicating that where residents' care needs were changing consultation with families had taken place. No decisions had been made regarding ongoing treatment or resuscitation at the time of this inspection. However, the centre had the capacity to provide nursing staff to support and care for residents at this time in the centre if that was their wish. There was access to palliative and pastoral care available.

Residents shop for and prepare their own meals with some support and supervision from staff where this is required. Menus were decided upon by the residents according to their preferences. There was documentary evidence of dietary advice where this was required for specific conditions. Resident's general health in relation to nutrition was monitored by staff. Healthy eating plans were in place and residents talked to the inspector about these. There was evidence of advice regarding the consistency of meals and staff were very knowledgeable regarding this.

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:

Current policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for medication were satisfactory. There were appropriate

documented procedures for the handling, disposal of and return of medication. The residents GP and the prescribing psychiatric service reviewed medication regularly as required. No resident was deemed suitable for self medication at the time of this inspection with the exception of the use of inhalers which they carried with them. A draft policy had recently been developed in relation to self medication.

Suitable arrangements were in place to ensure the correct medication was provided when residents go home or away for holidays. There were communication systems between the day care and centre staff in regard to medication administered by them. The care assistant staff had received training in the management of medication and were found to be knowledgeable on the use of medication and its possible side effects. An audit of medication practices had been undertaken and there was evidence that all medication was reviewed and its impact monitored.

However some prescriptions were found not to have the maximum dose of Pro-re-nata (PRN) medication detailed. This is actioned under Outcome 18 Records and Documentation.

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):

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

Findings:

The statement of purpose, which was forwarded to the Authority, was found to comply with the regulatory requirements. Admissions to the centre and care practices implemented were congruent with the statement.

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:

A number of processes were used to monitor and oversee the safety and quality of care and these form part of the significant restructuring of the organisation. There was evidence of good reporting systems in place between the various departments including clinical care programs, and facilities. Governance was supported by a range of systems including corporate risk and development.

The person nominated to act on behalf of the provider undertook unannounced visits to the centre to review specific issues including the existence of, and staff understanding of the policy on intimate care, dignity, staffing and social care plans for residents. This process is ongoing. These processes, along with the analyses of incidents, residents and relatives surveys will provide the information for the annual review report.

The inspector found that the person in charge was suitably qualified and experienced. She was knowledgeable about the regulations and standards, and her role in meeting them. She was engaged full time in post and was also involved in the development of the service. She was well known to the residents. She was also the nominated person in charge of three other designated centres but there was no evidence that this impacted negatively on the services. A clinical nurse manager from the centre was assigned to deputise in her absence. The inspector found that the person in charge and the assistant were actively involved in the running of the centre and in monitoring the delivery of care.

There were a range of meetings undertaken including fortnightly meetings of the program managers for the various services. Weekly meetings of all the persons in charge were held. The function of these meetings was to monitor the implementation plans for achieving compliance with the regulations and standards.

A number of audits had been undertaken by the person in charge on issues such as medication, personal plans and hand hygiene practices. A documented staff appraisal system had commenced. Action plans were implemented for deficits noted. There was an appropriate and documented on-call system in place and residents and staff were aware of and had access to the phone numbers required.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

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

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The provider had appropriate contingency plans in place to manage any such absence. One of the senior nurse managers was responsible for deputising in the absence of the person in charge and for supporting the person in charge in managing the four services on a daily basis. She was suitably qualified and had additional training in age related care to support the older residents.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

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

Findings:

Sufficient resources for fundamental care such as staffing, food, health care, activities, maintenance of the premises and vehicles used were available and utilised.

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:

The inspector was satisfied from observation and records available that the numbers of staff and the skill mix was satisfactory to meet the needs of the residents. In accordance with the statement of purpose and the residents' dependency levels the residents do not require full-time nursing care but have full-time staff support when they are in the centre. Advice and supervision by nursing staff was available as required. The residents were very familiar with and observed to be very comfortable with the staff. The small number of staff could be seen to have a positive impact as they knew the residents very well and provided continuity of care.

Examination of a sample of three personnel files showed that the required documentation including references and Garda Síochána vetting had been sourced. Professional registration numbers were available for all staff that required them. Examination of the training matrix demonstrated that three of the staff were overdue for manual handling training. Monitoring and supervision systems have commenced with the person in charge receiving training in performance management, supervision and support. Documented appraisal systems had commenced with some staff.

Judgment:

Non Compliant - Minor

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:

The inspector found that all of the required policies were in place and had been revised. Documents such as the residents guide and directory of residents were also available. The inspector saw that insurance was current and in line with the regulations. Reports of other statutory bodies were also available. Written evidence of compliance with the statutory fire authority had been forwarded to the Chief Inspector as part of the application for registration.

However, some improvements were required as outlined in Outcome 11 Healthcare. While the records and documentation in relation to the residents were copious some information was not easily retrieved. There were numerous references to the organisations policies available but the detail in some documents did not adequately guide the care to be provided. Additionally the prescription documentation did not adequately direct the administration of Pro-re-nata (PRN) medication.

Judgment:

Non Compliant - Minor

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:

Noelene Dowling
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-0004103
Date of Inspection:	11 November 2014
Date of response:	5 December 2014

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

In some instances the personal plans did not demonstrate that the changing needs of the residents including attendance at day care were considered.

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

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The person in charge in consultation with the service and staff will ensure the PSP will reflect the changing needs of the service users as and demonstrate the action plan required to meet them.

Proposed Timescale: 30/06/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some remedial decorative work was required in one of the houses.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The technical services manager has being sent a request for the decorative work to be completed.

Proposed Timescale: 31/03/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Flooring and heating systems in one of the houses required a review for safety and suitability for the residents.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The technical service manager has being informed and has reviewed and will make recommendations for the flooring and heating system to ensure safety and suitability for the residents who live there.

Proposed Timescale: 31/01/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Deficits were identified in making referrals to the relevant professional where either underlying conditions were identified as contributing to behaviours or assessments were significantly out of date.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Referrals will be made through consultation with the relevant disciplines to assess and investigate any underlying condition that may be contributing to the behaviour of one resident.

All residents' assessment will be reviewed and updated with the psychology department.

Proposed Timescale: 30/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Training in moving and handling of residents was out of date for some staff.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The staff have identified dates with the education and Training department to complete training in moving and handling of residents and will have completed this training by the 31st January 2014.

Proposed Timescale: 31/01/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some documentation did not sufficiently guide the care to be delivered to the resident;

Specifically: The documentation for wound care and administration of medication.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All records and documentation will be amended to clearly demonstrate and guide the care of the resident.

Proposed Timescale: 31/12/2014