

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Adults Services Palmerstown Designated Centre 2
<b>Centre ID:</b>	OSV-0003899
<b>Centre county:</b>	Dublin 20
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Stewarts Care Limited
<b>Provider Nominee:</b>	Brendan O'Connor
<b>Lead inspector:</b>	Caroline Vahey
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	30
<b>Number of vacancies on the date of inspection:</b>	0

## **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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 17 November 2016 09:30 To: 17 November 2016 19:00

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 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection.

This was the fourth inspection of the designated centre. The purpose of the inspection was to follow up on the actions from the previous inspection in June 2016, in which a significant number of non compliances had been identified. Seven outcomes were inspected against on this inspection.

How the inspector gathered evidence.

The inspection took place over one day and the five units which comprised the centre were visited during the inspection. The inspection was facilitated by the person in charge and by a person participating in management. The inspector spoke to a resident in relation to the service they received and observed staff providing support to other residents throughout the day. Four staff members also discussed with the inspector, the needs of the residents and the care and support provided to residents to meet those needs. Documentation was reviewed such as personal plans, staff rosters, residents' meetings, activity planners and food menus.

Description of the service.

The statement of purpose outlined the mission of the centre was to support and empower residents to live meaningful and fulfilling lives by delivering quality, person centred services. The inspector found significant improvements had taken place since the previous inspection which had aimed to ensure residents had a meaningful day

and the delivery of services was based on the needs of residents. There were ongoing efforts to empower residents to make choices in their everyday life and to realise these choices through the services provided. The centre comprised of five units, four of which were based on campus and one based in community setting. The centre was close to a local village and residents availed of amenities in the village and in the broader community. Transport was shared with five other designated centres and was made available through a booking system managed locally. The centre provided services to both male and female residents and there were 30 residents living in the centre on the day of inspection.

#### Overall judgment of findings.

The inspector found significant improvements had been made since the last inspection and the centre was in compliance or substantial compliance in four of seven outcomes inspected against including, communication, social care needs, health and safety and risk management and governance and management. Residents were supported to access meaningful activities in line with their assessed needs, wishes and goals and residents contributed to the organisation of the centre on an ongoing basis. The provider had undertaken a comprehensive audit of the services provided in the centre, the outcomes of which informed actions to improve the quality of life for residents. This audit was in the process of being rolled out to all designated centres within the providers remit as part of a continuous quality improvement strategy.

Moderate non compliances were identified in the following outcomes.

- Outcome 1 - relating to the practice of checking residents at night time which was not consistently based on up-to-date information.
- Outcome 8 - a restrictive practice was not applied in accordance with the service policy.
- Outcome 17 - the numbers of staff on duty were frequently below the required levels.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Overall the inspector identified improvements had been made in access for residents to meaningful activities and in facilitating choice for residents in their daily life. Residents contributed to the running of the centre and the focus of the service had improved towards a resident led service in line with residents' needs and wishes. Further improvement was required to ensure that the practice of checking residents at night was in line with their assessed needs.

Since the last inspection the practice of checking residents at night time had been reviewed and a guide for this practice had been developed. The inspector reviewed this guide in one unit and also spoke to a staff member who works night duty on a rotational basis. However, for some residents this guide was not up-to-date and in some cases the rationale for regular checking was due to historical clinical presentations.

Resident meetings were facilitated on a weekly basis and staff reported that residents enjoyed the social aspect of these meetings. Activity choices and meal choices for the upcoming week were discussed at these meetings, as well areas such as changes in the centre and planning for upcoming seasonal events. Meal choices were based on a proposed menu forwarded by the catering department at the beginning of the week, and residents could choose from this menu. The inspector found the choice was varied and there were sufficient portions available should a resident wish to avail of an alternative. In addition, alternative light meals could be prepared in the centre and a cooked breakfast was prepared by staff at the weekends for residents. Residents were supported to participate in sessional baking activities and meal preparation as part of

planned activities during the week and the inspector observed this activity on the day of inspection.

The inspector found the planning and organising of the centre was informed by residents' choices, wishes and by their needs. While staffing issues were identified, which could impact of the type of activity available, the inspector found from a review of residents' activity records that an improvement in the overall variety and access to meaningful activities had taken place since the last inspection.

A review of environmental restrictive practices in a unit had been completed since the last inspection and residents could now freely access their own possessions.

**Judgment:**

Non Compliant - Moderate

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Communication plans had been developed for residents since the last inspection.

The inspector observed outstanding communication plans had been developed for residents in one unit and the inspector reviewed a sample of two plans. Communication plans outlined residents' communications methods as well as pertinent information such as the resident's likes, dislikes and support needs.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Overall the inspector found residents social care needs were met in line with their assessed needs, wishes and goals. Improvement was required in the detail of some personal plans in to relation individual goals.

Social care needs for residents had been reviewed since the last inspection. In addition, some social care opportunities for residents were identified through individual goals. Personal plans set out how these social needs would be met, either through community based activities, home based activities or through individual goal plans. The inspector reviewed records of implementation of these plans and found residents had been supported to access those opportunities identified in plans, both in the community, activities on the campus, and activities at home.

Plans were developed at the beginning of each week in consultation with residents, with an aim to facilitate two to three meaningful activities per day for each resident. In addition, where needs had been identified to increase residents' coping and tolerance skills for community based activities this was incorporated into goals. For example, residents were using local shops and shopping centres, availing of local amenities such as barbers, restaurants and pubs, went out regularly on the bus, went to the cinema and to meet with significant others for coffee. Trips to other towns and cities were facilitated every few weeks. Home and campus based activities included gym activities, walks, multisensory sessions, massage, and baking or cooking in the centre.

Individual goals had been developed with residents and identified short and long term aspirations and included holidays, increased family contact, participation in sporting events, using public transport and improving social opportunities. Goals were set out in personal plans. In some units these plans clearly set out the actions required to achieve goals however, this was not consistent across all units. However, on review of records it was evident that goals were implemented. The centre had recently developed a goal tracking system. Goals were reviewed on a monthly to two monthly basis and where actions had been achieved, further actions were developed.

**Judgment:**

Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

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

<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Since the last inspection a night time evacuation had been completed in one unit where required and residents had been evacuated in a timely manner. The inspector observed all fire doors were maintained in an appropriate position to ensure they were functional in the event of a fire.</p>
<p><b>Judgment:</b> Compliant</p>

**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.*

<p><b>Theme:</b> Safe Services</p>
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<p><b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b> Overall the inspector found residents were supported with their emotional and behavioural needs and comprehensive plans were in place to guide practice. Outstanding safeguarding training had been provided to those staff requiring it and the recommendations arising following a previous safeguarding concern had been completed. Some improvements were required in restrictive practices.</p> <p>The policy on the use of restrictive practices had been updated since the last inspection to include the use of environmental restrictive practices. The inspector reviewed a number of restrictive practices in the centre. One environmental restrictive practice had been reviewed and discontinued since the last inspection. Most restrictive practices had been applied in accordance with the service policy, and were subject to a minimum of quarterly review by a service committee. The review of practices with this committee included a staff from the centre. Corresponding risk assessments were available for these practices and guidelines for their use formed part of behaviour support plans.</p>
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However, the inspector identified the use of one environmental restriction, locking of a front door, was not applied in accordance with the service policy on restrictive practice. This was discussed with the person in charge and the person participating in management who outlined this was in place due to a potential of residents to abscond. However, no information was available on when the behaviour had last occurred and as such the actual risk.

Comprehensive behaviour support plans were developed and guided practice to prevent the occurrence of a behaviour and to respond in the event of an escalation of behaviour. Behaviour support plans had recently been reviewed by a clinical nurse specialist in behaviour.

Outstanding safeguarding training had been provided to those staff requiring it and the recommendations arising following a previous safeguarding concern had been completed.

**Judgment:**

Non Compliant - Moderate

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found appropriate systems were in place to ensure the service provided was safe, and was consistently and effectively monitored to ensure it met the needs of the residents.

Since the previous inspection, significant improvements were identified in the quality of life for residents and in particular residents' rights, choices and social care needs. A system of auditing the quality of the service which was provided to each resident had been developed and where issues were identified action was taken by the person in charge or their deputy. This audit was completed on a weekly basis by the person in charge or their deputy. A plan was in place for the outcomes of these audits to inform the six monthly unannounced visits by the provider going forward.

The inspector identified improvements in the planning of support and care for residents, and staff reported a more focused and effective system, resulting in increased positive outcomes for residents.

While staffing levels remained an issue, the service aimed to reduce the impact of these ongoing shortages by implementing contingencies. There was also an ongoing recruitment process to fill vacancies throughout the service.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector found that the numbers of staff on duty were not sufficient at times. Staff did have the required experience and skills to meet the needs of the residents.

Additional staff resources had been provided since the last inspection and the inspector found staff had the required experience and skills to meet the needs of the residents. A vacancy in a unit, had recently been filled by an agency staff to ensure continuity of care and support.

The inspector reviewed rosters in three of the units and found the required staffing levels were not provided. For example, for a 63 day period across the 3 units, staffing was below the required level for 31 days. Contingency arrangements were put in place to reduce the impact of residents and to facilitate alternative home or campus based activities to promote a meaningful day for residents. There was an ongoing recruitment campaign to fill vacancies in the centre.

**Judgment:**

Non Compliant - Moderate

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## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

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

### ***Report Compiled by:***

Caroline Vahey  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Stewarts Care Limited
<b>Centre ID:</b>	OSV-0003899
<b>Date of Inspection:</b>	17 November 2016
<b>Date of response:</b>	09 December 2016

### 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The practice of residents being checked regularly throughout the night required review to ensure it was informed by the needs of residents and up-to-date clinical presentations.

**1. Action Required:**

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

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Night time checks have been reviewed. Staff in the living area have been given responsibility for developing a needs sheet for residents who require regular checks, in relation to frequency of night time checks. A meeting to be held for staff in the designated centre to discuss night time checks.

**Proposed Timescale:** 15/01/2017

**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:**

Personal plans did not consistently set out the actions required to support residents achieve their identified goals.

**2. Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

The Person In Charge will review goals for residents in relation to their social care goals as identified in their personal support plan. Monthly keyworker meetings and weekly service user meetings will identify the staff responsible to implement social goals as identified on each residents personal support plan. The Person In Charge will monitor weekly activities, weekly service user meetings and monthly keyworker meetings through the use of the established quality assurance monitoring system.

**Proposed Timescale:** 15/01/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The use of an environmental practice was not applied in accordance with the service policy on restrictive practice as outlined in the body of the report.

**3. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

A meeting with the Restrictive Practices Committee is scheduled to discuss and review the use of restrictive practices for the designated centre in line with organisational policy by 23/12/16.

**Proposed Timescale:** 23/12/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The numbers of staff on duty were frequently below the required level.

**4. Action Required:**

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

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

The provider has reviewed the staffing levels and skill mix in the Designated Centre to ascertain the required levels to meet the needs highlighted in this report. The Person In Charge has undertaken weekly reviews of staff with the Programme Manager to ensure that the staffing levels meet the requirements to provide a quality and safe service to residents by 01/12/16. The Human Resources Department will recruit 4WTE staff for this designated centre.

**Proposed Timescale:** 28/02/2017