



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

Issued by the Chief Inspector

Name of designated centre:	Steadfast House Residential Service - Group Home
Name of provider:	Steadfast House Company Limited By Guarantee
Address of centre:	Monaghan
Type of inspection:	Short Notice Announced
Date of inspection:	06 October 2020
Centre ID:	OSV-0001631
Fieldwork ID:	MON-0030570

About the designated centre

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

Steadfast house residential service provides person centred care to five female residents on a full time basis. Residents are supported on a individual basis in line with their assessed needs, wishes and preferences. The centre has a clear and professional management and staffing team in place to oversee the operation of the service. The centre is located within walking distance of a town, and residents can access a range of amenities and activities in the local community. Residents are supported by two staff during the day and one staff overnight. One resident attends day services in a local centre in the community, and day services are provided to three residents in the designated centre, as was their preference. One resident is supported by staff to undertake meaningful day activities. The centre is laid out to meet the individual and collective needs of residents in a homely environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 6 October 2020	10:50hrs to 16:50hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

There were five residents living in the centre. The centre was comfortable and homely and staff were observed to have a warm and respectful approach with residents. Each resident had their own room and one of the residents showed the inspector their room, which was individually decorated with personal items.

On the day of inspection one resident was attending a day service and the inspector met with the remaining four residents in the centre. Residents told the inspector they really liked living in the centre that they were well cared for by staff. It was evident from speaking to residents that their choices were respected and acted on, for example, one resident had requested to retire, and all residents had asked for individual outings with staff to start again, both of which were facilitated. Another resident told the inspector they preferred the new arrangement of day service staff providing support in the centre, as the day centre was too noisy. One of the residents told the inspector it was very peaceful in the centre, that she enjoyed spending quiet time in the garden, and of the activities she hoped to do in the centre as part of retirement.

Residents told the inspector of places they liked to visit in the community and things they liked to do in the centre, and that staff supported them in areas of their life they needed help with. One resident told the inspector that they see a physiotherapist who helps with her mobility, and another resident told the inspector they can visit their general practitioner in the local town if they need to.

Residents also told the inspector that they can talk to the manager or the staff if they have any worries, and that the person in charge was in the centre everyday. The inspector observed that staff respectfully provided guidance and support to residents to help them manage social distancing and hand hygiene.

Capacity and capability

The inspector found the provider had appropriate resources and systems in place to ensure residents needs were met. The model of care and support was person centred and focused on residents' quality of life, respecting the rights and wishes of residents living in the centre, while creating a warm, homely and comfortable place for residents to live in. Residents expressed they were very happy living in the centre and that staff provided very good support to them. Some aspects of the service required improvement, specifically relating to the process of auditing services and staff refresher training.

There were sufficient staff employed in the centre, with the right skills and qualifications to meet the needs of the residents. The staff complement comprised of healthcare assistants, who were supported in their role by a clinical nurse manager as person in charge of the centre. There were two staff on duty during the day time and one staff on a sleepover shift at night time. Staff could access support from an on call nursing service, provided by the person in charge and the person participating in management.

The inspector reviewed a sample of rosters in a three month period. Planned and actual rosters were maintained showing staff on duty during the day and at night time. The provision of regular permanent staff in the centre ensured that residents received continuity of care and support.

The inspector reviewed the staff training matrix which outlined the types of training staff had received and the dates staff next required refresher training. Staff had been provided with a range of mandatory training including safeguarding, fire safety, and managing behaviours of concern. Additional training had also been provided in order to meet the needs of residents, and in response to the recent COVID-19 pandemic. These included for example, first aid and cardiopulmonary resuscitation, personal development planning, manual handling, infection control, hand hygiene and donning and doffing personal protective equipment. All staff had received training in the safe administration of medication, however improvement was required to ensure staff were knowledgeable on the types of medication prescribed to residents, and on the potential side effects, in particular of high risk medications. Therefore the system to assure the provider of staff competence, and to identify staff who required refresher training in medication management required review.

The provider had resourced the centre effectively to ensure residents received a good quality of care and support. There was a clearly defined management structure in the centre. Staff reported to the person in charge, who in turn reported the person participating in management. The person participating in management reported to the board of directors.

The management systems in place had ensured the service provided was safe, appropriate to residents' needs and consistent, reflective of the good levels of compliance found on this inspection. The person in charge completed a range of audits on a monthly basis for example, safeguarding, adverse incidents, residents' finances and complaints, and actions arising from these audits were found to be completed on the day of inspection.

The provider had completed an annual review of the quality and safety of care and support in January 2020 and residents views were sought as part of this review. The provider identified a number of areas to be addressed in an action plan. However, a number of these actions were not completed as specified, and not subsequently reviewed by the provider for a further ten months, as part of the six monthly unannounced visit. Consequently the arrangements the provider had in place to ensure effective monitoring of the service was found not to be robust.

The provider had nominated the person participating in management to complete six monthly unannounced visits in February 2020 and October 2020. A sample of actions from the unannounced visit in February 2020 were reviewed and found to be completed. The most recent unannounced visit has been completed four days prior to the inspection, and an action plan had been developed for areas of concern identified. Some of these actions had been completed on the day of inspection, and the remaining actions were not yet due for completion.

There was system in place to support, develop and performance manage staff working in the centre. Staff supervision was facilitated twice a year and a performance development review was completed annually. One staff spoken with told the inspector they could raise concerns about the quality of care and support provided to residents with the person in charge or with the person participating in management should the needs arise. Staff meeting were facilitated on monthly basis in the centre.

Residents had been provided with a contract of care, which specified the services to be provided, the fees to be charged, and any additional charges which residents may be required to pay.

Regulation 15: Staffing

There were sufficient staff employed in the centre, with the right skills and qualifications to meet the needs of the residents, and residents received continuity of care. Planned and actual rosters were maintained appropriately. An on call nursing service was available if required.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and additional training in order to meet the needs of residents. Training had been provided in a range of infection control precautions in response to the COVID-19 pandemic.

The system to assure the provider of staff competence in medication management, and to identify staff who required refresher training required review.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had resourced the centre effectively to ensure residents received a good quality of care and support. There was a clearly defined management structure in the centre. The management systems in place had ensured the service provided was safe, appropriate to residents' needs and consistent.

The arrangements the provider had in place to ensure effective monitoring of the service required some improvement. For example; an annual review of the quality and safety care had been completed; however, not all actions identified as part of this review had been completed as specified, and a significant amount of time had passed from the date actions were due to be completed and the date the actions were subsequently reviewed by the provider.

There was a number of regular auditing processes completed by the person in charge. Six-monthly unannounced visits were also completed by a person nominated by the provider.

There was system in place to support, develop and performance manage staff working in the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had been provided with a contract of care, which specified the services to be provided, the fees to be charged, and any additional charges which residents may be required to pay.

Judgment: Compliant

Quality and safety

The inspector found residents were supported through a person centred model of care, ensuring their needs were met, and their preferences were respected. Arrangements had been put in place to meet the needs of residents, and the provider had ensured identified risks were managed appropriately, while respecting the rights of residents in the centre. Some improvement was required to ensure personal plans were developed for all identified needs. Additionally personal planning required improvement, to ensure residents were given the opportunity to identify goals, and reviews of goals were facilitated.

An up-to date assessment of need was completed for residents, which identified their health, personal and social care needs. Assessments of need were informed by

the individual preferences of residents, and completed assessments by health care professionals, and were regularly updated as residents' needs changed. The inspector reviewed five personal plans for residents. In most cases personal plans had been developed for identified needs which outlined the care and support to be provided in order to meet these needs. However, plans relating to mental health care needs were not developed in order to guide practice. Residents had been supported to develop goals, however; new goals had not been developed for residents once previous goals were achieved, to take into account changes in circumstances and opportunities for further personal development for residents. For example, one resident had achieved all goals identified up to February 2020; however, a goal relating to a preferred trip had been put on hold due to public health restrictions and no further goals had been developed in the interim. This had been identified as an issue by the provider in the six monthly announced visit completed in October 2020 and an action plan developed.

Residents were facilitated with a range of activities of their choice within the centre and in the community. Records of activities were maintained in daily notes, and the inspector found a range of activities, in line with the identified interests of residents were provided. One of the residents attended a day service and three of the residents were supported by day service staff within the centre. One resident told the inspector they had chosen to retire recently and this choice had been respected. The residents had expressed a wish for individual outings with staff to recommence and two residents spoken with confirmed this had been facilitated. On the day of the inspection one of these residents had enjoyed a day out with staff, and told the inspector they had been shopping to choose a new colour scheme for their bedroom.

Residents were provided with timely access to healthcare and were facilitated to attend reviews with a range of healthcare professionals, for example, a general practitioner, speech and language therapist, occupational therapist and physiotherapist. Ongoing monitoring of residents' healthcare needs was provided in the centre in line with specified healthcare plans, for example, nutritional intake, blood pressure monitoring and blood tests. Where changes arose with residents' healthcare presentation, the person in charge had ensured appropriate follow up with the relevant healthcare professionals was provided, in order to assess, plan for and provide care.

Appropriate support was provided to residents to manage their emotional needs and staff described the presentation of indicators in residents in which de-escalation or redirection techniques were employed. Efforts were made to identify and alleviate the underlying cause of residents' emotional issues. Staff had received training in behaviours of concern including de-escalation techniques and intervention techniques.

There had been a number of safeguarding concerns reported to HIQA relating to allegations of financial abuse and peer to peer issues. The inspector reviewed seven of these incidents. All incidents had been reported by the person in charge to the relevant personnel, and a subsequent investigation was completed. Safeguarding plans had been developed and all control measures outlined in these plans had been

implemented in practice. Suitable arrangements were in place to safeguard residents' finances, and the inspector reviewed records pertaining to two residents' finances. The provider had also initiated a review of the policy relating to residents' finances, as an outcome to recent safeguarding concerns. The inspector met with four of the residents, and told the inspector they were well cared for, felt safe in the centre, and that they could talk to the person in charge or staff if they had any worries.

The inspector spoke with two staff members, who were knowledgeable on the types of abuse and the measures in place to respond to, and mitigate safeguarding risks in the centre. The inspector reviewed staff training records, and all staff had up-to-date training in safeguarding. Additional refresher sessions had been provided to staff in response to safeguarding concerns in the centre. Intimate care plans had been developed for each resident and specified the support residents required, while respecting residents preferences, privacy and dignity in this regard.

Support was provided to residents to manage their finances in the centre. From a review of two residents' finance records, suitable recording arrangements were in place and payments were in line with the arrangements set out in residents' contract of care. Each resident had a contract of care which outlined the services to be provided and the fees to be charged. Details of additional fees were also set out in the contract of care.

Risks had been identified and assessed in the centre. Risk management plans were developed and specified the measures and controls in place to mitigate identified risks. Risk management plans were regularly updated to reflect adverse incidents in the centre and changing needs of residents. The inspector reviewed incident records for the preceding ten months. All incidents had been reported and followed up with the relevant personnel. For example, maintenance issues were attended to, safeguarding plans were implemented and referrals had been made, where required, to allied healthcare professionals.

Suitable arrangements were in place for the prevention and control of infection. Adequate personal protective equipment (PPE) was provided and staff were observed to adhere to the measures outlined in public health guidance, for example, wearing face masks when social distancing could not be maintained. The person in charge had developed a contingency plan for the management of COVID-19 in the centre, and these measures were found to be in place, for example, promoting social distancing, monitoring residents and staff symptoms and providing staff training on infection control. Suitable arrangements were outlined in the contingency plan in the event of an outbreak of COVID-19 in the centre for example, enhanced PPE, and redeployment of staff. Arrangements were in place to manage visitors to the centre in line with public health guidance. There was a range of information available on COVID-19 and staff were observed to provide support to a resident to manage hand hygiene where required.

Regulation 12: Personal possessions

Appropriate support was provided to residents to manage their finances. Records were maintained of residents' finances and transactions were in line with the details set out in residents' contract of care.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate procedures were in place to identify, assess, manage and review risks in the centre. Control measures outlined in risk management plans were implemented in practice. There was a system in place to report and investigate adverse incidents in the centre and incidents were appropriately followed up with the relevant personnel.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable arrangements were in place for the prevention and control of infection. Infection control procedures were in line with current public health guidelines. Residents were supported to manage the risks associated with COVID-19 including support with hand hygiene, and the provision of information. A COVID-19 contingency plan was developed which outlined the measures the provider was taking to mitigate the risk of an potential outbreak, and the responses to a suspected or confirmed case of COVID-19 in order to ensure residents and staff safety, and maintain continuity of care.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had up-to-date assessments of need which were informed by assessments and reviews by relevant healthcare professionals. Personal plans were developed for most identified needs of residents; however, plans relating to mental health care needs were not developed. Improvement was also required to ensure timely development of new goals for residents once previous goals had been achieved, and to take into account changes in circumstances and personal development for residents.

Residents had access to a range of activities both within the centre and in the community, and were also supported either in the centre or in a local centre with day services.

Judgment: Not compliant

Regulation 6: Health care

Residents were provided with timely access to healthcare and were facilitated to attend reviews with a range of healthcare professionals. There was ongoing monitoring of residents' healthcare in line with specified healthcare plans, and appropriate follow up for residents with healthcare professionals in the event of a change of clinical presentation.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate support was provided to residents to manage their emotional needs and staff were knowledgeable on residents support requirements in this regard. Efforts were made to identify and alleviate the underlying cause of residents' emotional issues. Staff had received training in behaviours of concern including de-escalation techniques and intervention techniques.

Judgment: Compliant

Regulation 8: Protection

Appropriate measures were in place to ensure residents were protected from abuse. Safeguarding concerns had been reported and investigated in line with national policy, and measures had been put in place to mitigate the risks associated with such concerns. Staff were knowledgeable on the types of abuse, reporting procedures, and the control measures outlined in safeguarding plans. All staff had up-to-date training in safeguarding.

Intimate care plans had been developed for each resident and specified the support residents required, while respecting residents preferences, privacy and dignity in this regard.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Steadfast House Residential Service - Group Home OSV-0001631

Inspection ID: MON-0030570

Date of inspection: 06/10/2020

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has completed a training needs analysis with all staff and refresher training for Safe Administration of Medication and Safeguarding vulnerable adults at risk of abuse has been scheduled for 28 October 2020 for all staff members in the designated centre. This training analysis will be reviewed by the PIC quarterly at staff supervision meetings as part of a continuous professional development programme to respond effectively to the needs of the residents.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Action Plans arising from Annual Review Report and six monthly unannounced visits will be reviewed at each monthly management meeting to ensure effective monitoring of the service. Through this system, the registered provider shall ensure that management systems are in place in the designated centre to ensure that subsequent actions from these reports are addressed within specified timeframes to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. This will commence on 02 November 2020.	

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Plans relating to mental health care needs will be developed and incorporated into person centred plan in a clear and concise way to inform continuity of care for residents where necessary.</p> <p>The PIC will ensure timely development of new goals for residents once previous goals had been achieved, taking into account changes in circumstances and personal development for residents. The PIC will track progress of goals achieved for each individual resident with each resident and key worker on a monthly basis. This will commence on 30 October 2020.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/10/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	02/11/2020
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre,	Not Compliant	Orange	30/10/2020

	prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Not Compliant	Orange	30/10/2020