



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

Issued by the Chief Inspector

Name of designated centre:	Highwater Lodge
Name of provider:	Stepping Stones Residential Care Limited
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	26 August 2020
Centre ID:	OSV-0005407
Fieldwork ID:	MON-0029971

About the designated centre

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

Highwater Lodge is a dwelling for four people, male or female, over the age of 18 years, who receive a service from Stepping Stones Ltd. The centre currently supports 3 individuals. The provider describes the aim of the service to be to provide a residential setting that is homely, and promotes the privacy, dignity and safety of those who access the service. The centre operates all year round and staffing is provided day and night to meet support the needs of the residents. The designated centre is a large detached, modern house in a rural setting near a small town. There are spacious and nicely laid out gardens, and various private and communal living areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 August 2020	10:30hrs to 17:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with residents in the centre on the day of inspection. One resident spent the time to show the inspector around the centre and tell them a bit about themselves. They had a love of Elvis and showed the large poster they kept in the conservatory. In their bedroom they showed the inspector the visual schedules they utilised for such things as washing their hands. These schedules had also been observed in the kitchen area of the centre to support residents plan their day.

The residents had a cat in the centre with staff supporting residents to care for it. Residents were observed interacting with the cat on the walk around. The resident showed the inspector their bedroom and photos of their family. They also showed off their favourite suit. A photo of the resident in this suit was on display in the living room. The resident chatted to the staff and the inspector and appeared very comfortable in their interactions. They stated that they liked living in the centre but maybe would like to get their own place sometime.

Another resident was observed to be busy moving around the kitchen and requested for the inspector to leave the area. This was respected. Staff present informed the inspector that the resident chose not to interact with people when they were completing their chosen house hold chores.

After lunch residents headed out and about on their scheduled activities with the support from staff. An accessible vehicle had been allocated to the centre to ensure that all residents could access the local and wider community. Interactions observed between residents and staff were all perceived to be positive and professional in nature.

Capacity and capability

The inspector completed this inspection to ascertain the compliance of the registered provider with the regulations. To determine compliance the inspector reviewed the capacity and capability of the provider to deliver an effective service to the three residents currently residing within the centre. Whilst some areas of good practice were evidenced some improvements were also required, for example centre level monitoring of service provision.

A clear governance structure was in place within the centre. The registered provider had appointed a suitably qualified and experienced person in charge to the centre two days prior to the inspection. This individual possessed a good knowledge of their regulatory responsibilities. They had been appointed to manage two

designated centres of which this was one, and they were supported in each by team leaders. The person in charge reported directly to the person participating in management.

At organisational level, the registered provider had delegated responsibility to the person participating in management to complete a number of activities to monitor the service provided to the residents, currently residing in Highwater Lodge. An unannounced visit to the centre in June 2020 highlighted a number of actions required to ensure an effective service. For example, review of resident's personal care and support plans. This visit occurred alongside an annual review of service provision and development of a Quality Improvement plan for 2020. However, arrangements had not been employed to monitor the achievement of goals and adherence to actions plans at centre level. Further actions identified by the provider included the need for centre level monitoring systems, review of risk assessments and the review of the health needs of residents. The new person in charge was aware of this issue and was in the process developing an action plan to address this. Whilst the systems were used to identify issues they were not currently used to drive service improvement.

As discussed above, it was identified by the provider in June 2020 that there was a need for increased monitoring at centre level to identify any concerns in a timely manner. This remained an outstanding issue at the time of inspection. Actions identified from organisational monitoring systems had not been prioritised with no clear lines of accountability of whom was responsible for their completion. A weekly progress report had been completed by the previous person in charge on a weekly basis and sent to the person participating in management. Whilst this included tasks completed there was no system to monitor/verify completion and/or the standard of this work. For example, the effective and accurate review of risk in the centre.

The registered provider had allocated appropriate staffing numbers to the centre on the day of the inspection. Residents were in receipt of appropriate supervision. However the provider stated nursing care is provided within the centre within a number of risk assessments and the statement of purpose. On the day of the inspection, a nurse was not on duty and was not named within the staff team. Whilst a staff nurse had been recruited there was no interim plan in place to maintain supports as required. Staffing arrangements and numbers required clarity in the statement of purpose.

The registered provider had ensured the development of a complaints policy. This incorporated guidance for staff on procedures to adhere to, should a complaint arise. There was evidence within the complaints log that residents were encouraged and supported to submit a complaint should they be unhappy with any aspect of their support. However, within this log a number of areas required review including clear evidence of follow through of all aspects of complaints, the use of correct documentation and ensuring the satisfaction of the complainant was obtained. Staff had for example, complained on behalf of a resident with regard to three aspects of care, records were only maintained on one aspect. The residents' satisfaction had also not been documented

Regulation 14: Persons in charge

The registered provide has recently appointed a suitably qualified and experienced person in charge to the centre. This individual possessed a good knowledge of their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had allocated appropriate staffing numbers to the centre on the day of the inspection. However, this allocation required clarification with regard to documentation such as risk assessments and the statement of purpose as the staffing levels allocated to the centre at all times of the day were not clear.

Nursing care was not provided within the centre on the day of inspection as set out in the statement of purpose.

Judgment: Not compliant

Regulation 23: Governance and management

A clear governance structure was now in place within the centre.

At organisational the registered provider had completed a number of systems to monitor the service provided to the residents. This included an unannounced visit to the centre in June 2020 and a quality improvement plan for 2020. However, arrangements had not been employed to monitor the achievement of goals and adherence to actions plans at centre level. Whilst the systems were used to identify issues they were not currently used to drive service improvement. For example, due to the minimal implementation of centre level monitoring systems areas of concern or in need of improvement were not identified in a timely manner.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development of a statement of purpose, a document which set out the objectives and function of the designated centre. However, this had not been reviewed to reflect all changes in the operations of the centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had ensured the development of a complaints policy to provide guidance for residents and staff. However, within the complaints log a number of areas required review including clear evidence of follow through of all aspects of complaints, the use of correct documentation and ensuring the satisfaction of the complainant was obtained.

Judgment: Substantially compliant

Quality and safety

The inspector also reviewed the quality and safety of the service afforded to residents in Highwater lodge. Overall, residents were supported to participate in an active role in their local community. On the day of inspection residents were out and about while adhering to national guidelines. Residents were also active within their home. One resident was observed helping staff to complete chores in the kitchen with the house a hive of activity. Improvements were required however in a number of areas to achieve compliance with regulations.

The person in charge had ensured that each resident had an individualised personal plan in place. However, these were not of a consistent standard. For example, a resident had transitioned to the centre in the past six months, their plan had not been updated since their admission and did not reflect the change in their assessed needs. The registered provider had developed an effective tool to plan, review and progress social goals for all residents. These had not been completed steadily for all residents and opportunities to develop goals not been engaged.

Staff informed the inspector of a number of health concerns that residents required support to manage. This included epilepsy and catheter care. Whilst residents were supported to attend all hospital and relevant appointments, guidance had not been developed to ensure all staff provided these supports in a consistent manner. Health

care plans had been developed in the past but this information had not been updated or transitioned to up to date folder. Yearly health needs assessment had not been completed to reflect all changing needs of each resident. For example, since the transition to the centre the health of one resident had improved but this was not reflected within the plan.

The registered provider had ensured that staff were provided with clear guidance and knowledge to support residents with behaviours which may be challenging. Staff were aware of this guidance and clearly voiced the appropriate supports. The use of restrictions within the centre was done so to maintain the safety of all and for the shortest duration required. This were minimal in nature and only incorporated environmental restrictions, such as window restrictors.

The registered provider had ensured the development of a risk management policy including a risk matrix to ensure all assessed risks were defined in the same manner. A risk register was in place. Whilst this documented that reviews were completed on a regular basis, reviews were not completed that reflected a change in circumstances. For example, the reduction in a risk was not recorded, the level of risk was not clear and some risks continued to address the capacity of the centre as two not the current capacity of three. There was not clear evidence of the effectiveness of control measures being assessed as part of the review also, for example control measures continued to refer to two to one staffing for one resident but staff informed the inspector that this was no longer the case.

The area of safeguarding was reviewed on this inspection and residents were found to be well protected and safeguarded by policies, systems and practices in place. Measures were in place regarding the detection, response and management of fire with clear systems, equipment and preventative and responsive control systems in place. Safeguarding policies and practices were clearly understood by staff and there was evidence in place of follow up and appropriate investigation where allegations were made.

Regulation 13: General welfare and development

The registered provider had ensured each resident was supported to participate in a range of meaningful activities according to their unique likes and interests. Residents were also supported to develop and maintain personal relationships in the local and wider community.

Judgment: Compliant

Regulation 17: Premises

The centre presented as a homely, warm and personalised environment. Each resident had their own personal bedroom which they were supported to decorate. Some areas required high during to ensured the cleanliness of the premises was maintained. Also, some areas of the premises required review to ensure the interior of the premises was well maintained.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management procedure, including the information set out in Regulation 26.

However, the registered provider had not ensured that effective systems were in place for the ongoing assessment, management and review of risk.

Judgment: Not compliant

Regulation 27: Protection against infection

The registered provider had ensured effective measures were in place to ensure adherence with best practice with regard to infection control.

Judgment: Compliant

Regulation 28: Fire precautions

Fire precautions and the required fire safety systems were found to be in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each individual had a comprehensive personal plan in place. However, plans did not provide staff with clear guidance on support needs of residents. Personal goals reflected the aspirations of individual however these were not consistently implemented. Goals had not completed steadily

for all residents with opportunities to develop goals not employed

Judgment: Not compliant

Regulation 6: Health care

Guidance for staff was not present on procedures to adhere to support identified health concerns. Health assessments were not completed to a consistent standard.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff were provided with up to date knowledge and skills to respond to behaviour that is challenging.

Where a restrictive practice was utilised this was done so for the shortest period of time required and to maintain the safety and well being of residents.

Judgment: Compliant

Regulation 8: Protection

Appropriate safeguarding policies and operational procedures were in place. Staff were provided with appropriate safeguarding training and were very aware of safeguarding matters and protocols.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Highwater Lodge OSV-0005407

Inspection ID: MON-0029971

Date of inspection: 26/08/2020

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Clarification on the staffing levels allocated to the center will be provided. The roster format will be changed to reflect adequate staffing levels at all times as per the risk assessments and the statement of purpose. This will be completed by the PIC by 25/09/2020</p> <p>Nursing care will be available within the centre as per the statement of purpose from the 28/09/2020.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Plan to monitor the achievement of goals and adherence to action plans at centre level.</p> <ol style="list-style-type: none"> 1. A weekly check system schedule will be designed by the PIC. 2. The team leader will have responsibility for these weekly checks. 3. These will be monitored monthly by the PIC. 4. The PIC will also design a schedule of monthly audits incorporating the action plans from HIQA inspections and the existing quality improvement plan. 5. The PPIM will review progress on all of these actions by the 24/10/2020. 6. PPIM will continue to monitor this system through monthly review of actions and updates to the Quality Improvement Plan. 	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The PIC will review the Statement of Purpose by the 29/09/2020</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> 1. Complaint reporting documentation to be updated by the PIC to include actions taken. The documentation will clearly demonstrate the current status of the complaint, resolved to complainants satisfaction=closed, not yet resolved=open. This will be achieved by the 25/09/20. 2. A complaints log will be designed and maintained by the PIC. This will show the status of all complaints in a summarized format by the 25/09/20 3. Complaints documentation will be audited monthly by the PIC starting from the 25/09/2020 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The PIC will add a weekly high clean to the cleaning schedule PIC will monitor and confirm achieved by the 25/09/2020 2. The PIC will conduct their own detailed monthly environmental audits in addition to the weekly environmental walk-around conducted by the Team Leader. 30/10/2020 	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Assessment, management and review of risk:</p> <ol style="list-style-type: none"> 1. All risk assessments will be reviewed by the PIC. 30/10/2020 2. The PPIM and the PIC will review risk assessments as part of monthly management meetings from the 30/10/2020. 3. Risk assessments will be audited by the PPIM before 10/12/2020 	
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> <ol style="list-style-type: none"> 1. The PIC will monitor and support the completion of high standard personal planning documentation to be completed before 30/10/2020 2. A Personal Planning Audit will be completed by the PPIM before the 30/11/2020 3. Staff will receive in house training and support on personal planning documentation systems by the PIC before the 30/10/2020. 4. Knowledge on personal planning documentation will be checked by PIC in the next 3 rounds of staff supervision. 	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ol style="list-style-type: none"> 1. Staff will receive in house training and support on procedures to adhere to in order to 	

support identified health concerns by the PIC before the 30/10/2020.

2. The PIC will monitor and support the completion of high standard health assessments and procedures for supporting identified health needs to be completed before 30/10/2020

3. A Health Audit will be completed by the PPIM before the 30/11/2020

4. Knowledge of health assessment, procedures and documentation will be checked by PIC in the following 3 rounds of staff supervision.

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 15(1)	The registered provider shall 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.	Not Compliant	Orange	30/09/2020
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Orange	30/09/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	30/10/2020

	kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	25/09/2020
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	24/10/2020
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.	Not Compliant	Orange	30/09/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Not Compliant	Orange	30/10/2020

	ongoing review of risk, including a system for responding to emergencies.			
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Not Compliant	Orange	30/09/2020
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	25/09/2020
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	25/09/2020
Regulation 05(6)(c)	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 assess the effectiveness of	Not Compliant	Orange	24/10/2020

	the plan.			
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	24/10/2020
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	24/10/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	24/10/2020