

**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-0003907
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Eddie Denihan
Lead inspector:	Helen Lindsey
Support inspector(s):	Noelene Dowling
Type of inspection	Announced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	1

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 1 day(s).

The inspection took place over the following dates and times

From: 03 September 2014 08:00 To: 03 September 2014 19:15

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 was the first inspection of this centre by the Health Information and Quality Authority (the authority). As part of the inspection, the inspectors visited the 3 houses that made up the designated centre and met with the residents, some relatives and staff members. The inspector observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

The designated centre was made up of 3 houses:

- A dormer bungalow with 4 bedrooms, a kitchen diner, a sitting room, bathroom upstairs, and toilet downstairs. One bedroom was en suite. Three residents live in

the house. The design of the building can support the needs of one person with physical disabilities.

- A two storey detached house with four bedrooms, one en suite. There was also a kitchen, utility, dining room, living room, bathroom and downstairs toilet. four residents live in the house, two share a bedroom.

- A two storey semi detached house, with 5 bedrooms. There was also a kitchen diner, utility, sitting room, bathroom and downstairs toilet. Four residents live in the house.

Residents who spoke with the inspectors felt they were well supported in the care and support they received. They talked about the range of work and social activities they were involved in and were keen to show inspectors pictures of their trips.

Overall inspectors found that the residents received a good service, and were supported to have an active lifestyle. They were seen to live in an environment that was generally well maintained, and met their needs. The staff team that supported them were caring and knowledgeable about their needs, but supported and encouraged individuals to be as independent as possible in relation to their abilities. Personal support plans encouraged residents to set out their goals for the future, and health care plans covered all assessed needs and ensured that people received the care and support they needed to maintain a healthy lifestyle.

Areas of non compliance related to recording of verbal complaints, the contract, decoration of some areas, recording of incidents, fire records and training, records around behaviours and 'as required' (PRN) medication and keeping the staff rota up to date which are discussed further in the report and 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):

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

Findings:

Residents were consulted with and participated in decisions about their care and the organisation of the centre. They also had access to advocacy and information about their rights.

There was a resident's forum in place, and residents from different services made up the group. None of the residents from this designated centre were on the forum at the time of the inspection, but one had been in the past. Past minutes of meetings showed topics such as staffing and transport were discussed in those meetings.

Each resident has a 'service user guide' which included information about advocacy services. Residents spoken with confirmed they could speak to people if they wanted to, including the staff that supported them in their daytime activities. The guide also contained information about rights.

The organisation that provided the service had made contact with an independent advocacy service, and training was taking place for staff in September, and information was being prepared for the residents.

Residents were consulted about the day to day running of the centre. Residents spoken with said weekly meetings were held to plan the menu for the week, and any activities. Some of the houses were starting to plan redecoration of the main rooms, and residents were taking part in making decisions about colours for the walls and furnishings and furniture.

There was a complaints policy available in each of the houses, which was also displayed

on the wall. It contained pictures and short sentences to ensure the information was accessible to the residents. It contained details of who to contact, including a photograph and a telephone number. Residents said they knew who to speak to if they were unhappy about something, and were able to say how they would contact them. The policy included an independent person that complaints could be referred to if they remained unresolved. Relatives who completed the questionnaires said they knew who to complain to if they had any concerns.

Where formal complaints had been received, inspectors saw evidence that the policy had been followed. However, relatives advised inspectors of concerns that they had raised, and no recording was seen of these. The person in charge did explain to the inspectors she was aware of some of them, and was working to resolve the issue.

Staff members were seen to treat residents with dignity and respect on. Residents said they liked the staff, and were seen to be enjoying interesting conversations. Where residents were not able to communicate with speech, staff were seen to know their communication style well, and their likes and dislikes, including their preferred routines. This supported residents to receive care and support that was individual to them and respected their individuality. Family feedback was also positive about relationships between the residents and staff.

Residents individual care plans detailed individual needs, and they were recorded with focus on respecting the privacy and dignity of residents. For example, each resident had a care plan that set out their personal care routine, which focused on the skills each resident had. Most residents had their own rooms. Where they shared, residents were seen to have a good relationship, and respect each other's privacy.

There was evidence in the care plans, and daily records of regular contact with relatives and friends. Residents explained how they met with their relatives either in the houses, or by visiting them at home. Residents confirmed they could see relatives, friends and other visitors in private. Contact with family on the phone could also be done privately if the resident wished.

Each resident had a plan for meaningful daytime activity, and were involved in social events. For example residents attended different activities in the day services provided in the organisation. In their social time they visited local shopping centres, pubs and restaurants, cinema, local clubs and groups.

Inspectors saw applications for inclusion on the electoral role, so residents would be able to vote in future elections if they chose to.

Residents were supported to take risks in their daily lives, following assessments of their skills and abilities. Levels of support depended on the skills of each person. For example, some residents were being supported to travel independently; some were being supported to learn cooking skills; others were developing skills around doing their own laundry.

Each resident had personalised their own rooms with their own possessions. Resident's personal money was stored safely, and they were able to access it when they needed to,

in some cases this was via staff.

There was a policy in place that covered resident's personal possessions, and records were in place of their belongings. Some residents held their money themselves, others were supported by staff. Records were in place to ensure all monies were accounted for and this was signed by the resident where possible and the staff.

Judgment:

Non Compliant - Minor

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 assisted and supported to communicate, appropriate to their identified needs, and had any aids needed to support them. However, records were not always in place to provide information about individual's communication approach.

Staff were aware of the communication needs of the residents, and residents were seen to be speaking and communicating well with residents throughout the inspection. Staff also reported that where residents used sign language, other staff and residents had learned some of the signs they used.

Each resident had a section in their care plan that reflected their communication needs. This included any aids or adaptations they needed to support them. Equipment was available in the houses to support individuals with their communication, for example individual vibrating fire alarms for residents who were deaf.

Records were seen of speech and language therapy referrals, and occupational therapy. Most recommendations had been put in to place, and others were being used in some houses, for example picture cards. It was noted in some cases these could be used more consistently.

Most care plans were seen to include lots of photographs and documents with pictures to support the residents in understanding the routines they followed. Residents enjoyed showing these to inspectors, and using photographs and images that were personal to them meant they felt some ownership of them.

Polices were also supported by pictures to support residents to understand them. There was also an organisation policy on 'communication support for service users' and this was seen to be put in to practice across the designated centre. There was also a policy document on a 'Disability Distress Assessment Tool' which was also seen to be used in

the centres, where appropriate, for example where people were not able to describe any pain or discomfort they felt.

Residents had access to TV, radio, DVDs. Some also had access to internet and mobile phones. Staff talked to inspectors about how they would find out about local events, such as the theatre, sporting events and records showed that some residents had taken part in events that were of interest to them.

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:

Residents were supported to develop and maintain personal relationships and links with the wider community.

Residents told inspectors how they kept in contact with their families, and that they were involved in their lives. They talked about visits to the house, and trips out, and some had weekends at home with their families. Relatives who completed the questionnaires were positive about the level of contact they were able to have with their family member. No one reported any restrictions on friends and family visiting the centre.

Each resident had a care plan that explained who the important people in their life were, and how those relationships were to be maintained. Records showed each contact residents had with their families.

Records showed that families had been involved to some extent in the care planning process, and the person in charge confirmed this was an area that was being worked on further, and meetings were being set up with families.

Residents spoke with the inspectors about the activities they were involved in, both within the organisation and in the wider community. They also showed photographs of events and activities they had attended such as sporting events, shows and theatre productions and local pubs and restaurant s.

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:

Residents moving in to and out of the service were supported by appropriate planning and processes. However, although contracts of care were in place, they did not set out the details of the service to be provided, and the charges to be made.

The statement of purpose set out the service provided by the centre, and this described the service that was being provided at the time of the inspection.

There was a policy and process in place for admissions, transfer, temporary absence and discharge of residents. There had been some recent admissions to the service and plans had been put in place around these, and residents and family had been involved in the moves. Compatibility of the residents was considered as part of the process of individuals moving in to the houses. How residents were getting on following a move was an issue brought up by families during the inspection, and the person in charge had a plan in place to address the needs of individual residents. Some residents were hoping to move to more independent living in the future, and were involved in life training development as part of the preparation.

Each resident had a service user handbook, which had a basic contract included, which was in a pictorial and plain English format. However, this did not detail the service to be provided to the individual and the specific fee to be charged. For example, the support to be provided to manage the care and welfare of the residents or details of any additional costs of services not included in their agreement.

Judgment:

Non Compliant - Minor

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:

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

Findings:

Care and support provided to residents reflected their assessed needs and respected their wishes.

The personal care plans showed that residents had been involved in the assessments to identify their needs and to help them make choices. Some plans were in a pictorial format, and some had photographs to support their understanding of the information that was being recorded.

All residents had individual personal plans in place. The inspectors read a sample of the plans, and they were seen to identify the needs of the resident, and how they were to be met. They covered areas such as community involvement, personal care, safety and supervision and included any goals or achievements that residents were working towards, and the progress in meeting them.

Each resident had a copy of their daily routines that were set out in pictorial and plain English format. Those spoken with confirmed they enjoyed the daytime activities they were involved in, and wanted to continue. Residents were involved in activities such as making crafts and gardening as an example.

Where residents required involvement of other professionals, records showed that this had been supported. For example many residents had a speech and language therapy assessments, some residents saw a physiotherapist, and there was evidence of other health professionals being involved. For example psychology, psychiatry, dentist, and occupational therapy.

The plans were reviewed 3 monthly, and a full review was carried out annually. Residents were involved in these reviews, and their progress was recorded against the goals and achievements they were working towards.

Some residents were hoping to move to more independent living and were developing skills to support them in more independent living arrangements. Others were attending the houses as part of their preparation for future plans for living there full time.

Judgment:

Compliant

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:

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

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

Findings:

The design and layout of the houses that made up the designated centre were suitable in their layout and design. However, some decoration issues needed to be addressed.

The houses were located in a local community, and close to public transport and local facilities such as shops, pubs and entertainment. The inspectors found the houses met the description provided in the statement of purpose.

The houses were found to be generally well maintained, however some areas required attention, for example the hall stairs and landing in one house needed to be redecorated. The bathroom in one house needed the grouting in the bathroom to be cleaned to support a pleasant bathing environment.

Each house was homely, and residents had been involved in making decisions about how it looked. The houses met the needs of the residents, and physical adaptations had been made to specifically meet the needs of one resident. This included equipment that was seen to be in good order and regularly maintained.

On the day of the inspection the houses were found to be well lit, had heating, and ventilation in place.

Some residents were happy to show the inspector their bedroom accommodation. The rooms were found to be of a good size, and personal in nature. Residents had adequate furniture to meet their needs.

The kitchens were equipped with the facilities needed for residents to prepare and cook their own meals, or receive support from the staff. There were also facilities to carry out laundry independently or with support.

There was outdoor space in each of the houses that was accessible to the residents, and well presented. Some residents enjoyed being involved in the upkeep of the gardens.

There was a satisfactory number of baths, toilets and showers to meet the needs of the residents. Other residents had aids to support their mobility, and staff were clear on how these were to be used and maintained.

The designated centre matched the description provided in the statement of purpose.

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:

There were systems in place to promote and protect the health and safety of residents, visitors and staff. However not all staff had up to date fire training and some service records were not up to date.

Inspectors saw a range of policies and procedures relating to health and safety. This included an up to date safety statement.

A risk policy was in place that covered the measures to identify and respond to risk as set out in regulation 26 of the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Infection control policies and procedures were seen to be followed in the houses, with personal protective clothing available and used as required.

There were system in place to identify risks and documentation on how those risks would be reduced or managed both at an organisational level and at a local level. The areas covered by the risk assessments and registers included slips trips and falls, manual handling, stairs, risk of living close to a road, fire, household chemicals. The local risk registers included some generic elements, but also specific issues identified for each house. There were also individual risk assessments in place for residents, identifying the hazard and the steps taken to reduce the risk.

There was a system in place for recording incidents and accidents. During the inspection it was noted some incidents had occurred that had not been written up on the incident forms, for example incidents of aggression. Evidence was seen that the organisation was learning from incidents and other feedback, and improving the health and safety management in the organisation. Information was reviewed centrally and analysed to see if changes or improvements were needed.

Hoists were being used in the centre, and most staff had received training in how to use them. Service records showed they were being maintained and serviced regularly.

Inspectors reviewed the policy on fire prevention and management and looked at the records for servicing and drills. Records showed that the fire alarm was serviced on a quarterly basis in one house, but there were gaps in the records for two of the houses. Other service records for emergency lighting and fire equipment were in place and complete.

The records of fire drills were in place, and showed two had been completed annually.

They included who had taken part, what happened, and any actions needed to improve the response. Residents confirmed they took part in the drills and would know what to do if the alarm sounded. It was noted that the actions recorded as needing to be taken in the fire drill records were not always followed up, for example identifying a specific evacuation plan for one resident through a specific door.

Fire safety training had been carried out, however not all staff had received training within the last 12 months. A personal evacuation plan had been documented for each resident that considered their diverse abilities. The procedure to follow in the event of a fire was displayed. There was an emergency plan in place, and staff knew where to go if they were unable to remain at the building.

On the day of the inspection the fire exits were clearly marked and not obstructed. Daily checks on exit routes, equipment, lighting and evacuation plans were being carried out.

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:

There were systems in place to safeguard residents and protect them from the risk of abuse and evidence of a culture of safeguarding of residents. Staff were knowledgeable in relation to the prevention and detection of abuse.

Inspectors spoke to the residents who said that they felt safe at the service, and knew who to speak to if they were not happy or were worried about anything.

Inspectors observed that there were measures in place to safeguard residents which included a policy and procedure on the prevention, detection and response to abuse for adults and children.

Staff members had all received training in child and adult protection. Those spoken with on the day of the inspection were clear on what constitutes abuse and what action to take if they suspected or witnessed abuse taking place. The person in charge on the day of the inspection understood the role they would need to take in the investigation any allegations of actual or suspected abuse. At the time of the inspection no incidents,

allegations or suspicions had been recorded.

All residents were seen to be treated with respect by the staff. There was also a respectful relationship between the residents living together in the houses generally. Mostly residents enjoyed living together, however this was not the case in all of the houses. Reviews were taking place to ensure resident's needs were being met in the most appropriate environment.

An intimate and personal care policy had been developed, and implemented. It covered topics such as privacy, dignity, respect. All residents were seen to have an assessment as part of their personal support plan. The plans encouraged residents to maintain and develop personal care skills, but also receive the support they need to maintain good hygiene levels.

There were policies in place in the service about the use of restraint. Some residents were using bed rails and lap belts to support their safety. Individual risk assessments had been carried out where these were needed, and the assessment considered the least restrictive practice. Staff were aware of the safety checks needed where these were used, and records showed these were done regularly.

Where residents had behaviour that challenged this was recorded and there were strategies in place to manage any incidents. However, it was noted that some of the information was out of date and so did not provide clear information about what protocols should be in place. For example a current report described behaviour that staff said had not occurred for over a year. There was also an example where an incident leading to the use of medication had not been documented, and so may impact on future review of the person's behaviour management plan.

Judgment:

Non Compliant - Minor

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:

At the time of the inspection no notifications had been required. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. They were clear of what incidents needed to be notified and the timescales in which they must be completed.

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:

Residents had opportunities for new experiences, social participation, education and employment.

Residents were engaged in a range of meaningful daytime activity, for example attending school, or a range of work centres. Staff explained how they communicated with the school and work centres, and how any issues would be passed on.

Residents told the inspectors it was a good way to keep in touch with their friends, and also be involved in activities that they enjoyed. One resident enjoyed showing inspectors the craft work they were involved in creating.

Each resident had a personal support plan in place about their interests and goals they wanted to achieve in relation to social participation. This included things like outings or day trips, and also some larger plans for things like weekends away and holidays.

There were photographs in all of the houses of recent events such as birthday parties, trips to sporting events. Residents and staff told inspectors of other things that were planned including birthday parties and holidays. Residents felt they were doing lots of different activities and they enjoyed them.

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 inspector found that there were arrangements in place to provide health care for

each resident, and they had access to medical and allied healthcare professionals as needed.

The records seen by the inspectors showed that residents had good access to general practitioners (GP's) and also had an annual health check by a doctor based in the organisation. This was also supported by an 'OK health check' completed by the staff who worked with the resident. This document also reviewed any referrals for specialist involvement in resident's healthcare, and evidence was seen that these were followed up to ensure they took place.

For each of the residents identified health needs there was a nursing care plan in place with clear instruction on the support needed to manage the condition. Staff were seen to be knowledgeable about individuals needs.

There was evidence that residents accessed other health professionals such as occupational therapy, speech and language therapy, optician and hearing services. Letters and medical reports were available as part of the residents records, and the recommendations of the reports were put in to place as part of individuals care plans. For example, speech and language assessments were available for residents who had assessments around modified diets, and these were seen to be followed by the staff.

Inspectors observed meal times and residents spoke about the importance of healthy eating, and eating food that suited them. Staff had worked well with residents to reinforce this learning. The meals time was seen to be a positive social event.

Food was prepared in each of the houses, and meals were chosen by the residents who planned the menu once or twice a week.

There were also rotas for the residents to support the cooking of meals, laying the table, and clearing up, in line with the residents abilities.

Feedback about the quality of the meals was positive, and it was confirmed they were served at a time that suited the residents.

There was access to snacks and drinks for residents as they required. There was also adequate storage for foodstuff in the houses.

Where residents required support with managing their nutritional intake this was supported by the staff, who were very knowledgeable about each residents needs, and what to do if there were any issues.

There was an end of life policy in place that set out how individuals would be supported, but at the time of the inspection this was not needed as all residents were in good health.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for

Theme:

Health and Development

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

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

Findings:

The inspector found there were policies and procedures around the safe administration of medication. However, protocols around some medications were not familiar to staff, and recording of an 'as required' medication was not in line with good practice.

There was a policy in place for the administration of medication which did cover key areas such as safe administration, storage, audit and disposal of medication. The processes in place for the handling of medication were well known by staff, who were able to describe the process competently including administration and disposal.

At the time of the inspection all residents had been assessed as requiring support to take their medication. There was a policy in place for the self administration of medication and some residents were completing workbooks about their medication, ahead of assessments of their capacity to manage their own medication.

Inspectors reviewed the prescription record and medication administration records for residents and found that the documentation was complete in most cases. However, there was one exception where an 'as required' medication had been given, but had not been recorded on the medication record.

It was noted that 'as required' medication (PRN), was recorded on residents prescription card, however in one case it did not match with the guidance on the protocol that had been written by a medical professional. It was noted that the guidance on when to use 'as required' medication should be kept with the medicine records, to ensure they could be accessed quickly.

The inspector observed that the medication storage was in the kitchen in all of the houses in locked cupboards that were used solely for the purpose of medication storage.

Some residents go home on a regular basis, and there were arrangements in place for sending the correct medication with the resident.

Judgment:

Non Compliant - Minor

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:

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

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

Findings:

There was a statement of purpose that met the requirements of the regulations.

Inspectors read the statement of purpose and found that it provided information about the service. It accurately reflected the services and facilities to be provided and described the aims, objectives and ethos of the service.

The person in charge was aware of the need to keep this document up to date, and to notify the authority of any changes.

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:

Inspectors were satisfied that there was an appropriate management structure in place which supported the delivery of safe care services.

Inspectors found that the person in charge of the designated centre was suitably qualified and experienced. She was knowledgeable about the regulations and standards, and her role in meeting them. She was also very clear about the organisational structure, policies and procedures, and their implementation of this was seen clearly through the inspection. She had a very good knowledge of the support needs of the residents. Staff and residents all knew who she was and felt she was supportive.

There was a clearly defined management structure. The board was supported by the Chief Executive. For each area of the organisation there was an executive director, including for care services. There were teams within the structure to deal with specific issues. For example a multidisciplinary team was in place to approve positive behaviour support plans, and a restraints committee to approve any restraint to be used for individuals following a full assessment. There were other parts of the organisation that

supported areas such as finance and human resources.

The person in charge was responsible for 4 designated centres. She is then supported by a lead person in each of the houses that make up the designated centre. A clinical nurse manager from the centre would cover for the person in charge in her absence. At the time of the inspection recruitment was underway to appoint a deputy to the person in charge, who would support them in their role.

Staff spoken to during the inspection were very clear about their roles, and where decisions needed to be made by other people.

Reporting systems were seen to be in place for any incidents, for example medication errors, to be reviewed for themes and trends, and to identify any learning for the organisation.

A number of audits were being carried out in the designated centre, inspectors reviewed audits carried out on health and safety which were seen to be thorough and made recommendations for improvements. Records showed actions identified as part of the audits, and who was responsible to take them forward, and by when.

The provider had also commenced the annual review of quality and safety in the centres across the organisation. He reported that he found this a positive experience and would be continuing to do it personally.

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 service managers was responsible for deputising in the absence of the person in charge. The senior service manager demonstrated a clear understanding of her roles and responsibilities under the Regulations when fulfilling this deputising duty.

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:

The inspector found that sufficient resources were provided to meet the needs of residents.

On the day of the inspection there was sufficient staff to meet the needs of the residents and residents were carrying on activity in line with their plans.

Transport was available for staff to use, but was shared between a number of services, and so trips out needed to be planned.

Records of maintenance being carried out in a timely manner were seen, and upgrading had taken place as required.

The allowance for the centre provided enough groceries and household goods to meet the needs of the residents.

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 observed that there was sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.

On the day of the inspection each house had sufficient staff to meet the needs of the residents in a timely way, respecting their privacy and dignity.

A large review of staffing had been undertaken in the organisation and there was a recruitment drive taking place to ensure staffing levels remained at levels that supported residents to lead active lives. Staffing levels were reported to have been an issue over the summer period, and could result in activities being limited for residents, and restricted to the local community.

The rotas in place reflected accurately the staff working on the day of the inspection. However, it was noted that agency staff were not included on the rota in one of the houses, which resulted in an incomplete record of who had worked when.

The inspectors observed that the staff had a positive relationship with the residents, and knew them well. Residents said they liked that staff and missed the regular staff when they were not on the rota.

The organisation had completed an analysis of how many staff had undertaken the mandatory training (fire, manual handling, and adult protection). As set out in outcome seven, some staff did not have up to date fire safety training, and action was made under that outcome. On the day of the inspection a plan was provided about how this would be done, and a commitment was made that all staff would complete fire training by the end of September 2014.

Staff files reviewed contained all the required documents as outlines in schedule 2, which was evidence of a robust recruitment process. Evidence of up to date registration with the relevant professional body was seen for the nursing staff employed in the centre.

A process of staff supervision was being rolled out in the organisation. The person in charge had completed a training course on appraisal, and would be undertaking regular meetings with individuals to review. Minutes were seen of staff meetings, covering issues such as training and the regulations and standards. Staff said they felt supported by the person in charge and could arrange to meet them if they needed to discuss anything with them. They also visited the centre regularly.

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 there were systems in place to maintain complete and accurate records and the required policies were in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies were in place to inform practice and provide guidance to staff. Inspector found that staff members were sufficiently knowledgeable regarding these operational policies.

There was a policy on the retention of records, and this specified the length of time records were to be maintained.

Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner.

Satisfactory evidence of insurance cover was provided to the Authority.

Judgment:

Compliant

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

Helen Lindsey
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-0003907
Date of Inspection:	03 September 2014
Date of response:	20 October 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 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:

Not all verbal complaints had been recorded and investigated.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and

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

whether or not the resident was satisfied.

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

The person in charge will ensure all verbal concerns and complaints are recorded , if any action was taken and whether or not the resident and family was satisfied with the outcome.

Proposed Timescale: 20/10/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Residents did not have a written contract that included the arrangements for support, care and welfare of the resident, services to be provided and the fees to be charged.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The details of the service to be provided and the fees to be charged are now included in the service user handbook which is in an easy to read format.

Proposed Timescale: 17/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Not all areas of the centre were suitably decorated.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

A request has been sent to Technical Services regarding the redecoration required to be undertaken. This redecoration will be added to the list by the service provider and completed by date below.

Proposed Timescale: 31/01/2015

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:

Not all incidents were recorded in line with the organisations policy on risk management.

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 registered provider will ensure that all incidents of behaviours that challenge will be recorded on the challenging behaviour incident form which is included in the Risk Management Policy.

Proposed Timescale: 03/11/2014

Theme: Effective Services

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

Records were not available to prove all fire alarms in the centre had been serviced in line with good practice requirements.

Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

The fire alarm equipment in all three houses have being serviced in line with good practice requirements. Records are now available to show the inspector that all fire alarm equipment has been tested in line with good practice requirements.

Proposed Timescale: 20/10/2014

Theme: Effective Services

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

Not all staff had current up to date fire training at the time of the inspection.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

The staff identified at the time of inspection as requiring up to date fire training have

identified a date for training with the education and training and will complete the training by

Proposed Timescale: 30/11/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some documentation did not reflect residents current behaviours, leading to inaccurate management strategies.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The behaviour support nurse has commenced working with the resident and staff in reviewing and identifying current behaviours and putting in accurate management strategies to reduce or alleviate the cause of the behaviour

Proposed Timescale: 01/12/2014

Outcome 12. Medication Management

Theme: Health and Development

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

'As required' (PRN) medication was

- not recorded on the medication record on all occasions it was administered.
- not always recorded on the medicine record in line with the administration protocol.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The person in charge will ensure that all staff will record all medication after administration.

The person in charge will ensure that all staff will record in line with the residents administration protocol.

The administration protocol has being revised by the consultant psychiatrist and is in line with the prescription kardex

Proposed Timescale: 14/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staff rota did not always reflect the actual staff who had worked each shift.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The person in charge will ensure that the planned roster in the centre is changed by staff to reflect the actual staff on duty on a daily basis.

Proposed Timescale: 14/10/2014