

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Steadfast House Residential Services - Group Home
<b>Centre ID:</b>	OSV-0001631
<b>Centre county:</b>	Monaghan
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Steadfast House Limited
<b>Provider Nominee:</b>	Malachy Marron
<b>Lead inspector:</b>	Ivan Cormican
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 22 February 2017 09:00 To: 22 February 2017 16:30

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

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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 6 May 2015. As part of this inspection, the inspector reviewed the seven actions the provider was required to take since the previous inspection. The inspector found that these actions had been addressed in line with the provider's response

How we gathered our evidence:

As part of the inspection, the inspector met with four residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. The residents also spoke openly with the inspector and all agreed that they were satisfied with the service, one resident also stated that "I love my house". The residents' bedrooms were individually decorated with items of personal interest, certificates of achievement and photographs of family and friends. The inspector also spoke with four staff members, including the person in charge and a person participating in the management of the centre. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk

assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised a single story house that accommodated up to five residents who have intellectual disabilities. Each resident had their own bedroom which had en-suite facilities. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also two communal rooms available for residents to have visitors such as family and friends. The house was located in a suburban area of a large town and suitable transport was made available to residents who wished to access the community.

Overall judgement of our findings:

The inspector found compliance with the regulations under several outcomes including residents social care, premises, safeguarding, general welfare, healthcare, governance and management, workforce and records. However, improvements were required in relation to health and safety and medication management.

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

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

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the social care needs of residents was maintained to a high standard.

Each resident had a personal plan in place. The inspector reviewed a sample of these plans which detailed aspects of the residents' lives including family, friends, work and day services, hobbies, personal goals, health, medications and 'where I live'. Each plan had a detailed list of personal activities and a monthly summary report, which was completed by the residents' key workers.

Residents were supported to choose and achieve personal goals through regular person centred planning meetings. These meetings were organised by each resident who decided the agenda for these meetings and attendees. Both long and short term goals were supported by families, friends, co-workers and paid professionals. Each goal also had a clear action plan and timelines for its completion.

**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:**

Effective Services

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

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

**Findings:**

On the day of inspection, the inspector found that the premises met the assessed needs of residents. The action from the previous inspection had been addressed with all areas of the designated centre now accessible for all residents.

The centre was warm and clean with appropriate ventilation and lighting throughout. There was a large sitting room which was comfortably furnished for residents to relax in and a separate visitor's room. The centre had a large open plan kitchen and dining room which were suitably equipped to meet residents' needs.

Each resident's bedroom was of an appropriate size, had an en-suite facility and suitable storage. The centre also had a suitable amount of shared bathrooms, which were equipped to meet the assessed needs of residents.

**Judgment:**

Compliant

**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):**

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

**Findings:**

On the day of inspection, the inspector found that the health and safety of residents, visitors and staff was promoted in the designated centre. The centre had an up-to-date health and safety statement and the actions from the previous inspection had been addressed with an updated, centre specific risk register now in place. Suitable fire doors and revised arrangements for residents exiting the building, in the event of a fire, had also been implemented since the previous inspection. However, inspectors found that improvements were required to fire precaution and personal risk assessments.

Staff within the centre were carrying out regular checks of fire exits and fire equipment such as emergency lighting, fire extinguishers, the fire panel, smoke detectors and door

releases. Staff were also conducting regular fire drills which were recorded. However, staff were unsure of fire zones within the centre and information displayed on the fire panel failed to adequately inform of each individual zone.

Each resident had a personal emergency egress plan (PEEP) which supported the evacuation of residents in the event of an emergency. However, some PEEPs failed to accurately describe the support, if any, which residents needed to evacuate the building.

The centre also had a centre emergency evacuation plan (CEEP). This CEEP stated that there may be a full or partial evacuation; the inspector found that this did not reflect actual evacuation procedures.

The centre maintained a risk register which detailed collective risks within the centre. Each resident had also been assessed in terms of personal risk. The inspector found that resident's personal risk assessments detailed control measures but failed to clearly identify specific risks for each resident.

The centre maintained a log of accidents and incidents within the centre, all of which the person in charge had responded to in a prompt and appropriate manner.

**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):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the centre had policies and procedures in place to ensure that residents were protected from potential abuse.

The centre had a policy in place for the safeguarding of vulnerable persons at risk of abuse, and all staff had been trained in the safeguarding of vulnerable adults. Staff interviewed on the day of inspection could identify potential abuse and had a good understanding of the role of the designated person to manage allegations of abuse. Staff were also able to detail the organisational procedure for responding to and

reporting any alleged abuse.

The inspector noted that some restrictive practices such as the use of bed rails and lap belts were in use in the designated centre. Each restrictive practice had a risk assessment and protocol for its use in the centre, including the proposed actions to minimise the use of the restrictive practice.

**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):**

No actions were required from the previous inspection.

#### **Findings:**

On the day of inspection, the inspector found that residents had access to further education and employment opportunities.

Residents were supported by their key workers and day centre staff to fulfil their personal development goals. Residents bedrooms were decorated with certificates of achievements in areas such as pottery, computers and learning. One resident stated that they had a paid job. Other residents also stated that they would be supported by staff if they wished to take up employment.

**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):**

No actions were required from the previous inspection.



**Findings:**

On the day of inspection, the inspector found that the best possible health of residents was promoted in the designated centre. However, improvements were required to the recording of residents medical histories and associated care plans.

Each resident had a medical history in place, however, these were found to be incomplete in some areas and as such associated care plans were not in place to support the delivery of care to residents. Each personal plan had a hospital passport in place which included information such as allergies, next of kin, medications and any relevant diagnosis.

Residents were regularly reviewed by a general practitioner and had access to specialists such as endocrinology and mental health professionals. Residents were referred to allied health professionals, when required, and associated care plans were implemented by staff.

The centre had adequate amounts of food in place and information on maintaining a healthy diet was available throughout the centre.

**Judgment:**

Substantially Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the centre had procedures and a policy in place for the receipt, storage and administration of medications. However, improvements were required in relation to the prescribing of medications and staff awareness of reporting procedures in the event of a medication error.

The centre maintained prescription sheets which detailed all prescribed medications including, dosage, frequency, route and administration times. However, one prescribed medication had not been signed for by the general practitioner.

The person in charge carried regular audits of medications within the centre including the receipt and return of medications to the pharmacy. The centre had a recording procedure in place to monitor any administration errors. There were no reported

administration errors on the day of inspection. Staff had been trained in the safe administration of medications and had a good understanding of when and how to seek medical advice in the event of a medication error. However, some staff were unaware of the reporting procedures in place, in regards to medication errors.

The centre had appropriate, locked storage facilities for medications and residents had also been assessed to self medicate.

**Judgment:**

Substantially 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):**

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

**Findings:**

On the day of inspection, the inspector found that the designated centre had appropriate governance and management arrangements in place. The actions from the previous inspection had been addressed, with meetings now taking place between the person in charge (PIC) and a person participating in the management of the centre. The provider had also carried out the annual review of the quality and care provided within the service.

The provider had carried out the six monthly review and annual review as required by the regulations. The recent six monthly review had looked at all outcomes as inspected by HIQA and had similar findings in regards to compliance. The annual review had also been conducted and an action plan generated, which aimed to increase community awareness, implement resident and family questionnaires and continue to support resident's personal goals.

The PIC was in a full-time role of the management of two designated centres. The PIC was carrying regular audits of residents' finances and medications. Staff within the centre stated that they felt supported by both the PIC and the organisation.

**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):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the centre was adequately staffed to meet the assessed needs of residents. Residents were supported by monthly one-to-one outings which enabled residents to achieve their personal goals and also attend community events.

Staff were up-to-date with training needs and had received training in areas such as safeguarding, fire safety, infection control, manual handling and the safe administration of medications. The person in charge also maintained an accurate staff roster.

**Judgment:**

Compliant

**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):**

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

**Findings:**

On the day of inspection, the inspector found that records within the centre were maintained to a good standard. The actions from the previous inspection had been addressed with a policy now in place in for the provision of information to residents. The safeguarding policy had been amended in line with national policy and the details of the people nominated to manage complaints was now included in the centre's policy on responding to complaints.

**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:***

Ivan Cormican  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Steadfast House Limited
<b>Centre ID:</b>	OSV-0001631
<b>Date of Inspection:</b>	22 February 2017
<b>Date of response:</b>	15 March 2017

### 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 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:**

The provider failed to ensure that risk assessments clearly described risks related to residents.

**1. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated

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

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:**

All residents' risk assessments will be updated to assess, manage and review risk. These will include a system for responding to emergencies and the development of healthcare plans where necessary.

**Proposed Timescale:** 06/04/2017

**Theme:** Effective Services

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

The provider failed to ensure that staff were guided by:

- accurate personal emergency egress plans
- an accurate centre emergency egress plan
- accurate displays in regards to fire zones.

**2. Action Required:**

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

- 1) Two fire drills, one during the day and one at night will be conducted and each residents' PEEP will be reviewed and amended as necessary.
- 2) Emergency Evacuation Plan will be reviewed.
- 3) Details on fire zones have been changed.

Proposed Timescale: 1) 30/03/17

2) 30/03/17

3) 23/02/17 Completed

**Proposed Timescale:** 30/03/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The provider failed to ensure that residents' complete medical histories were maintained and that care plans were in place to support the care of residents.

**3. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each

resident, having regard to each resident's personal plan.

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

Residents' care plans will be reviewed by each key worker to ensure that complete medical histories are maintained and that each plan of care adequately supports each resident.

**Proposed Timescale:** 06/04/2017

**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:**

The provider failed to ensure that all medications listed on prescription sheets were signed for by the general practitioner. The provider also failed to ensure that all staff were aware of medication error reporting procedures within the designated centre.

**4. Action Required:**

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- 1) All medications listed on drug prescription sheet have been signed for by the general practitioner.
- 2) Medication Management discussed at staff meeting held on 01/03/17 to improve staff awareness on medication error reporting procedures. It is also on the agenda for further discussion at staff meeting scheduled for 30/03/17. Refresher training scheduled for all staff on 13/04/17.

Proposed Timescale: 1) 23/02/27 Completed  
2) 13/04/17

**Proposed Timescale:** 13/04/2017

