

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Stewarts Designated Centre 13
<b>Centre ID:</b>	OSV-0003910
<b>Centre county:</b>	Dublin 20
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Stewarts Care Limited
<b>Provider Nominee:</b>	Brendan O'Connor
<b>Lead inspector:</b>	Maureen Burns Rees
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	8
<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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
25 April 2017 10:00	25 April 2017 17:00
26 April 2017 10:00	26 April 2017 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 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**

Background to the inspection:

This was an 18 outcome inspection carried out to inform a registration renewal decision. It was the third inspection of the centre. The previous eight outcome inspection was undertaken on the 24 and 25 May 2016 and as part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection the inspector spent time with, and spoke to two of the children living in the residential house and three of the children availing of respite in the other house. Although the children were unable to tell the inspector their views of the service, the inspector observed warm interactions between the children and staff caring for them in both houses. Overall, the children appeared to be in good spirits.

The inspector met with the chief executive officer/ provider nominee, the person in charge, deputy person in charge, senior staff nurse in each of the houses and a social care worker. The inspector reviewed care practices and documentation such as support plans, medical records, accident logs, policies and procedures and staff files.

Description of the service:

The service provided was described in the providers statement of purpose, dated January 2017. The designated centre consisted of two separate houses. There was a residential house which provided full time care for three young people with moderate to severe learning disabilities. The second house provided respite care for up to four children per night and residential care for one young person. Each house was located several miles apart but within a short drive to a local town. The respite service was provided to children in the age range of 6 to 18 years, who required support, with an intellectual disability in the mild to severe range. At the time of inspection there were 40 children availing of the respite service. Both of the houses provided a nurses led service. Two of the young people availing of the residential service were over 18 years, had finished full time education and were awaiting transition to an adult service.

Overall judgement of our findings:

Overall, the inspector found that service users had a good quality of life in the centre and that the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre.

Good practice was identified in areas such as:

- Service users rights were upheld (Outcome 1)
- Admissions were in line with the centres statement of purpose and each service user had an agreed written contract which dealt with the support, care and welfare of the service user. (Outcome 4)
- Service users opportunities for social participation, education and training were

facilitated and supported. (Outcome 10)

- Each service users healthcare needs were appropriately assessed and met by the care provided in the centre. (Outcome 11)
- The facilities and services in the centre reflected those stated in the statement of purpose (Outcome 16).

Some areas of non compliance with the regulations and the national standards were identified These included:

- Improvements were required in relation to transition and discharge arrangements for children who turn 18 years.

(Outcome 5)

- There were areas for improvement in relation to fire safety arrangements (Outcome 7)
- Small improvements were required in relation to the arrangements for medications returned to pharmacy. (Outcome 12)
- The regulatory requirements in relation to the monitoring of the centre on an annual basis had not been complied with and the centre was operating outside a condition of registration. (Outcome 14)
- Some improvements were required in relation to staff training. (Outcome 17).

**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):**

No actions were required from the previous inspection.

**Findings:**

Service user's rights were found to be upheld.

There was a rights policy, dated December 2013 and an advocacy policy dated April 2013. There was a charter of rights for service users, dated August 2016. The admission process was focused on service users rights and needs. The person in charge and staff interviewed demonstrated a satisfactory knowledge of individuals rights and their responsibility to uphold them. There was a residents guide in both houses and it included some information on rights. Although none of the service users in the centre were involved in the providers service user council, information on feedback and the councils meeting minutes was held in both houses. Each service users had their own bedroom.

Service users and their family representatives had been consulted with about how the centre was being planned and run. In both houses service users meetings were held on a weekly basis and records showed where service users agreed on activities and meals. It was noted that rights were discussed as part of house meetings on occasions. Service users had access to an independent advocacy service. There was evidence of regular contact and consultation with family representatives.

There were appropriate procedures in place for the management of complaints. There was a complaints and compliment policy, dated December 2016 which included details of the appeal process. There was a child friendly version of the complaint procedure on display in the centre. There was a named complaint officer. The inspector reviewed the complaint register which was in line with the centres policy and provided a space to

detail the outcome of a complaint. There had been a small number of complaints in the centre and these had been appropriately managed.

There were arrangements in place to keep service user's personal belongings, including monies, safe. The centre had a personal possessions policy, dated March 2014. Practices were found to be in line with the centres policy. There was a secure press in each houses where service users' pocket money was stored in individual envelopes. In each of the houses, a log was maintained of money received, money sent home and items money spent on which was signed off by two members of staff on each occasion. There was evidence of oversight of money spent.

Service users had opportunities to participate in activities that were meaningful to them and which suited their needs, interest and capacities both inside and outside of the centre. The inspector reviewed activity logs which showed that service users in both houses participated in a fair range of activities. There was a good supply of arts and craft material, books and other toys in both houses. Other activities suitable for the service users had been identified within the local community. For example, a forest park, an open farm, bowling, trampoline park and cinema. Both houses had access to a vehicle for transportation of service users to various activities.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

The communication needs of service users were met.

The service had a communication supports for service user policy, dated June 2014. Staff interviewed had a good knowledge of the different communication and support needs of the service users availing of the service in both of the houses. Individual communication requirements of service users were detailed within their personal plans. Communication passports with more detailed information to guide staff had also been put in place for service users requiring same. The inspector observed that service users had access to television, radio and a music system in both of the houses. A number of communication aids were being used to meet the needs of the service users. These included, sign language, objects of interests and picture reference cards for diet, activities, daily routines and journey destinations.

<b>Judgment:</b> 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):**  
No actions were required from the previous inspection.

**Findings:**  
There were arrangements in place to support service users to maintain positive relationships with families and friends and to develop links with the community.

There was sufficient space in both houses for service users to meet with their family, representatives and or friends. It was noted that most families did not generally visit service user's while availing of respite. The centre had a visitors policy, dated February 2014. There was a visitors sign in book in each of the houses and a record was maintained of all contact with families. It was noted that staff in both houses maintained regular contact and communication with families. For children availing of the respite service, a communication book was used to share information between the centre, school and home. The inspector reviewed a three HIQA questionnaires from families outlining their views of the service. These showed that the families who responded were satisfied with the level of information that they received about their young ones and that they were happy with the care provided.

A number of local amenities had been identified for service users. These included a local park and play ground, bowling centre, cinema, theatre, football club and a social club for one of the children living in one of the houses.

**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):**

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

**Findings:**

Admissions were in line with the centres statement of purpose and each service user had an agreed written contract which dealt with the support, care and welfare of the service user.

There was an admission, transfer, temporary absence and discharge policy in place, dated June 2014. A record was maintained of all respite attendances and groupings. In the respite house, there were forty children availing of the respite service, with a maximum of four children attending together at any one time. There was also one young person living in a dedicated area of the respite house. The inspector found that the mix of children attending respite was considered and that the wishes, needs and safety of the individual and the safety of other children attending were considered. There were three service users living in the other house for an extended period, and they were considered to get on well together. However, as discussed under outcome 5, two of the service users were over 18 years and were awaiting discharge to an adult placement.

At the time of the last inspection, the inspector found that a contract of care which set out the terms on which a service user would reside in the centre were not in place for all of the children availing of the service. On this inspection, the inspector found that contracts of care had been put in place for all service users.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall service users' well being and welfare was maintained by a high standard of evidenced-based care and support. However, improvements were required in relation to transition and discharge arrangements for children who turn 18 years.

Each service user's health, personal and social care needs had been assessed. Computer based personal plans had been put in place in each of the houses and involved consultation with the service user and their family. There was evidence that priority goals were set and monitored for service users on a regular basis. The plans outlined individual wishes and preferences. It was noted that service users had achieved a number of goals set in the preceding period which had been focused on life skills.

There were processes in place to review service user's personal support plans on at a minimum of a yearly basis. These were shown to include the involvement of family representatives and members of the multidisciplinary teams. There was evidence that multidisciplinary review meetings were held on a monthly basis.

There was an admission, transfer, temporary absence and discharge policy in place. The four young people living in the centre had been doing so for a number of years. Two of these young people were over 18 years and had completed their full-time education. They were both engaged in a day service. Transition and discharge arrangements for these service users to an adult service had been identified but a date for the move had not yet been confirmed. There was evidence that the young peoples' family representatives had been consulted with regarding the proposed move. On the day of inspection, the person in charge proposed that the move would take place within the coming month. One of these service users had been identified at the time of the last inspection, but the transition arrangements had not been completed as proposed by the provider at that time.

**Judgment:**

Substantially 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:**

The design and layout of the centre was in line with the statement of purpose and met

service users needs. However, the residential house was in need of some redecoration and upkeep.

The rooms in both of the houses were of a suitable size and layout for service users needs. The centre was observed to be clean and tidy with sufficient lighting and heating. There were sufficient furnishings, fixtures and fittings in place. A back garden for children to play in was available in the both if the houses, with sufficient play and recreational facilities. A suitable perimeter fence was in place for safety. There was adequate private and communal accommodation available in both houses. A maintenance record was maintained on the computer which showed that requests were generally responded to promptly. The respite house was homely and decorated to a good standard. However, the inspector observed chipped paint on the walls and wood work in the residential house. The surface of shelves in the kitchen were also in need of replacement.

Service users in the respite house had access to appropriate equipment which promoted their independence and comfort. The equipment was fit for purpose and was appropriately used, maintained and serviced.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The health and safety of service users and staff were promoted. However, there were some areas for improvement in relation to fire safety.

There was a risk management policy, dated June 2014, which met the regulatory requirements. There was also a separate risk assessment policy, dated October 2016 and a safety statement, with written risk assessments pertaining to the environment and work practices. The inspectors reviewed a sample of individual risk assessments for service users which contained a good level of detail, were specific to the service user and had appropriate measures in place to control and manage the risks identified. Person centred plans included a section on safety and supervision which contained a good level of detail. The inspector found that all identified risks had not been appropriately assessed or managed. A monthly health and safety audit checklist was completed in both houses. There was an emergency plan in place to guide staff in the event of such emergencies as power outages or flooding.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving service users. Overall, there were a low number of incidents and accidents in either of the houses. A computerised reporting system to record all accidents and incidents was in place. The provider's risk manager completed an analysis of all incidents on a regular basis and was available to the centre for advice and support. The inspector reviewed staff team meeting minutes in both of the houses which showed that specific incidents were discussed with learning agreed. This meant that opportunities for learning to improve services and prevent incidences were being promoted.

There were satisfactory procedures in place for the prevention and control of infection. There was an infection, prevention and control policy, dated November 2016. The inspectors observed that all areas were clean, tidy and generally in a fair state of repair. There was a household cleaning policy, dated March 2016 and a laundry policy, dated February 2016. A cleaning schedule was in place which was monitored by the person in charge. Colour coded cleaning equipment was used and securely stored. Records were maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and suitable hand towels were in use in both houses. Posters were appropriately displayed.

There was a fire safety policy in place, dated October 2016. The fire alarm system and fire fighting equipment was serviced and checked at regular intervals by an external company and as part of internal checks in the centre. The inspector found that there was adequate means of escape and that fire exits were unobstructed. A procedure for the safe evacuation of service users in the event of fire was prominently displayed in both houses. Personal emergency evacuation plans were in place for all service users which adequately accounted for the mobility and cognitive understanding of the service user and were based on individual fire evacuation assessments. Staff who spoke with the inspector were familiar with the fire evacuation procedures. Fire drills were undertaken at regular intervals. However, in one of the houses the evacuation route from the back of the house required egress through a locked side gate. There was inadequate lighting in this area at night to facilitate staff opening the gate and to enable service users to exit safely to the identified assembly point in the front garden. In addition, a number of service users availing of the respite service were wheel chair users, but magnetic door release and stoppers were not in place which should be considered.

There was a manual and people handling policy, dated July 2014 and a hoisting policy, dated August 2014. Staff spoken with, were knowledgeable about manual handling requirements. Training records showed that a small number of staff required refresher manual handling training.

**Judgment:**

Substantially Compliant

**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):**

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

**Findings:**

There were measures in place to keep service users safe and to protect them from abuse. However, safeguarding arrangements required some improvements.

The centre had a local Children's first policy in place, dated 2011. However, it was over due for review and referred to national guidance from 1999, which had since been superseded by Children First, National guidance for the protection and welfare of children, 2011. There had been one allegations or suspicions of abuse in the previous 12 month period which had been appropriately dealt with. The inspector observed staff interacting with service users in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. A picture and the contact details for the designated person for any allegation or suspicion of abuse was on display in both of the houses. Training records showed that staff had received appropriate safeguarding training.

There was an intimate and personal care policy in place, dated May 2014. Intimate care plans were included as a section in service users personal plans. They were found to contain a good level of detail to guide staff as to the intimate care needs and preferences of service users.

Service users were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. There was a policy on responding to behaviours of concern, proactive and reactive strategies, dated August 2016. Some behaviour that challenges was displayed by a small number of service users accessing the service. Up-to-date behaviour support plans or 'having a good day' strategies were in place for service users who required same. Staff interviewed were familiar with the management of challenging behaviour and de-escalation techniques. Staff had all received training in the technique adapted by the centre to manage behaviours that challenge.

There were minimal restrictive practices used in the centre and these were monitored. However, on the day of inspection, the inspector identified a restrictive practice in one of the houses which not been identified as such and hence was not subject to regular review. (This is discussed further, under outcome 9, Notification of incidents). There was

evidence of discussions with family representatives regarding the use of a specific restraints. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, reporting requirements to HIQA were being complied with. However, some improvements were required in relation to the reporting of restrictive practices and the requirement to submit a quarterly report of any incident as set out in the regulations had not been complied with for the 4th quarter of 2016.

A record of all incidents occurring in the centre was maintained. In the preceding three month period, incidents, where required, had been notified to HIQA as per the requirements of the regulations. The person in charge and staff interviewed were knowledgeable about notification requirements. However, the inspector identified that there was a restrictive practice in use in the residential house which had not been reported to HIQA as required. In addition, a written report had not been provided at the end of the fourth quarter in 2016 in relation to any incident as specified in the regulations 31 (3) (a) to (f).

**Judgment:**

Non Compliant - Moderate

**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:**

Service users opportunities for social participation, education and training were facilitated and supported.

There was an education policy, dated March 2016 and an access to education, training and development policy, dated June 2014, as required by the regulations. Each of the children living in the centre and those availing of the respite service were in a placement in the school affiliated with the provider. Communication books were maintained on a daily basis, which travelled with the children between the centre, school and their home. The inspector reviewed minutes of monthly multidisciplinary team meetings held by the school. The inspectors reviewed individual education plans on a number of children's files. The two young people over 18 years had completed their school placements and were engaged in a day service. The inspector observed posters on display acknowledging achievements of service users in achieving identified personal or educational goals.

Service users were engaged in a range of social activities, internal and external to the centre. These included art and craft activities, going to the cinema, bowling, local parks and church which were all within a relatively short drive from each of the houses. A good supply of toys, books and craft materials were available in each of the houses. A number of outdoor games were also available for use in the back yard of each house. These included swings and trampoline.

**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:**

Each service users healthcare needs were appropriately assessed and met by the care provided in each of the houses.

Overall, service users had minimal healthcare needs. Each of the service users had their own general practitioner and accessed allied health services which reflected their individual care needs. Up to date health care plans were in place for a small number of

service users who required same. There was evidence that service users had an annual medical review and 'okay healthcheck' completed.

Each of the houses had a fully equipped kitchen and dining area. The service had a nutrition and hydration policy, dated April 2014. A range of nutritious, appetizing and varied foods were available in both of the houses. Meal times were at times which suited service users. A good supply of healthy snacks were available for service users to choose from. There was evidence that service users had access to the providers occupational therapist and speech and language therapist who provided specific advice to service users as required. For example, feeding, eating, drinking and swallowing plan for individual service users.

**Judgment:**

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:**

There were systems in place to ensure the safe management and administration of medications. However, small improvements were required in relation to the arrangements for medications returned to pharmacy.

There was a medication management policy in place, dated September 2016. Staff interviewed had a good knowledge of appropriate medication management practices. All medications were appropriately stored in a secure cupboard in each of the houses. There were no chemical restraints used in the centre. The inspectors reviewed a sample of prescription and administration sheets and found that medications were administered as prescribed. Further to an assessment, it was not deemed suitable for any of the service users to be responsible for taking their own medications.

There were procedures in place for the handling and disposal of unused and out-of-date medications. There was a separate secure area where such medication was held pending return to the pharmacist or parents in the case of respite users. There was a medications returns sheet which recorded details of the drug being returned and dosage along with the signature of the staff member returning same. However, a record was not maintained of the signature of the pharmacist who received same.

There were systems in place to review and monitor safe medication management



practices. Audits of medication practices were undertaken in both of the houses on a monthly basis by a senior staff nurse. There was evidence that actions were taken to address issues identified. There were no recorded medication errors in either of the houses in the previous 12 month period.

**Judgment:**

Substantially Compliant

**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:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a statement of purpose in place, dated January 2017 which accurately described the service being provided and contained the information as required by schedule 1 of the regulations.

The statement of purpose set out the aims, objectives and ethos of the centre. It also stated the facilities and services which were to be provided for those availing of the service. There was evidence that the statement of purpose was subject to review at regular intervals. The statement of purpose had been made available in an accessible format to service users and their representatives.

**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):**

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

**Findings:**

There were management systems in place to ensure that the service provided was safe and effective. However, the regulatory requirements in relation to the monitoring of the centre on an annual basis had not been complied with and the centre was operating outside a condition of registration.

There was a clearly defined management structure which identified lines of authority and accountability. The person in charge reported to the acting programme manager, who in turn reports to the director of care. On-call arrangements were in place and staff were aware of these and the contact details.

The centre was managed by a suitably qualified, skilled and experienced person. She was supported by a deputy manager. The person in charge held a full-time post and was also responsible for another centre. Staff interviewed told the inspector that she was a good leader, approachable and supported them in their role. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the support requirements for the service users availing of the service. The person in charge had been working the service for an extended period and in the inspectors opinion committed to her role. There was evidence that the person in charge and acting programme manager had formal supervision on a regular basis where performance development and review were discussed. The person in charge also attended regular management meetings with other managers.

The inspector was concerned at the provider's failure to put appropriate systems in place to monitor the quality and safety of care as per the requirements of regulation. An annual review of the quality and safety of care and support in the centre had been completed for 2015. However, an annual review report for 2016 had not yet been completed. The provider had not undertaken an unannounced visit and produced a report on the safety and quality of care and support provided every six months as per the regulatory requirements. A number of other audits were undertaken in the centre. For example, medication management, health and safety, person centred plans and hygiene. There was evidence that actions were taken to address issues identified.

In October 2017, the centre had been registered to provide residential care for a maximum of eight children at any one time. This registration is due to expire on the fifth of October 2017. The provider had duly applied for registration renewal for the same number of child places. However, at the time of inspection there were two service users, over 18 years living in the centre who had completed their full time education. This was not in compliance with the conditions of the current registration, and or the application for registration renewal. A placement for the two young people had been identified and a move was planned.

**Judgment:**

Non Compliant - Major

**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):**

No actions were required from the previous inspection.

**Findings:**

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

The deputy person in charge, as a person participating in management, had been identified to cover absences of the person in charge. The inspector found that the provider nominee was knowledgeable about requirements to notify HIQA of any absence of the person in charge in accordance with regulatory requirements.

**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):**

No actions were required from the previous inspection.

**Findings:**

The facilities and services in the centre reflected those stated in the statement of purpose.

There were sufficient financial resources in place to support service users availing of respite and or living in the centre to achieve their individual plans and to meet their needs. The inspector noted that there was a good range of games, arts and crafts materials and books in the centre for service users to use. There was evidence that each of the houses had their own budget allocation which was controlled by the person in

charge.

**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):**

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

**Findings:**

There were appropriate staff numbers and skill mix in place to meet the assessed needs of service users. However, some improvements were required in relation to staff training.

There were effective recruitment procedures in place. The inspector reviewed a sample of four staff files and found that the information as required by schedule 2 of the regulations were in place. However, the staff photograph on one of the files was not clear. The skill mix, numbers and qualifications of staff were suitable to meet the assessed needs and support requirements of the service users. There was a small team of staff working in each of the houses. Each of the staff spoken with, demonstrated a good knowledge of the service users needs and support requirements. There were actual and planned staff rosters in place which had been appropriately recorded.

There was a staff training and development policy in place, dated June 2014. All training was coordinated centrally by the provider. Training records showed that the majority of staff were up-to-date with mandatory training requirements. However, there were a small number of staff who were over due to attend specific training. It was noted that training dates for some had been identified in the majority of cases.

Suitable staff supervision arrangements were in place. The inspector reviewed a sample of four staff supervision files and found that supervision provided was of a good quality and occurred within the frequency proposed by the provider. Written supervision agreements were in place. This meant that staff performance was formally monitored in order to address any deficits and to improve practice and accountability.

No volunteers were working in the centre at the time of inspection.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

Overall, there were arrangements in place to ensure that records as required by the regulations were in place. However, a number of policies as required by schedule 5 of the regulations had not been reviewed for an extended period.

The provider had a record retention and destruction of records policy in place, dated June 2014. The inspector found that records were kept secure but easily retrievable. A copy of the statement of purpose was available in the centre. Records were maintained in respect of each service user as required by schedule 3 and 4 of the regulations.

Policies and procedures as required by Schedule 5 of the regulations were in place. Staff interviewed had a good knowledge of the policies in place and how they were applied in practice. However, the inspector noted that a number of policies were overdue or due for review. For example, the child protection policy in place was dated 2011 and referenced the 1999 national guidance. However, this had since been superseded by the Children's First, 2011 National guidance for the protection and welfare of children. This meant that the information within this policy and others, might not reflect current best practice in the area.

**Judgment:**

Substantially 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:***

Maureen Burns Rees  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Stewarts Care Limited
<b>Centre ID:</b>	OSV-0003910
<b>Date of Inspection:</b>	25 April 2017 and 26 April 2017
<b>Date of response:</b>	21 June 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 05: Social Care Needs

**Theme:** Effective Services

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

Two young people living in the centre were over 18 years and had completed their full time education. Transition and discharge arrangements for these service users to an adult service had been identified but a date for the move had not yet been confirmed.

**1. Action Required:**

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

Under Regulation 25 (4) (e) you are required to: Ensure the discharge of residents from the designated centre is in accordance with the terms and conditions of their agreements for the provision of services.

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

The two young people over 18 who are living in the centre will transition to a new service by the 1/8/17 .Full transition plans are in place .

**Proposed Timescale:** 01/08/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The inspector observed chipped paint on the walls and wood work in the residential house. The surface of shelves in the kitchen were also in need of replacement.

**2. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The person in charge has met with the Technical Services Manager and a programme of decoration and maintenance has been put in place. All works will be completed by 1/8/17

**Proposed Timescale:** 01/08/2017

**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 evacuation route from the back of one of the houses required egress through a locked side gate. There was no adequate lighting in this area at night to facilitate staff opening the gate and to enable service users to exit safely to the identified assembly point in the front garden.

A number of children availing of the respite service were wheel chair users, but magnetic door release and stoppers were not in place which should be considered.

**3. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.



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

Additional lighting has been put in place  
The locked gate now has a combination lock  
Magnetic door releases have been installed

**Proposed Timescale:** 21/06/2017

**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:**

The inspector identified a restrictive practice in one of the houses which not been identified as such and hence was not subject to regular review.

**4. 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 restrictive practice has been logged and is now subject to regular review

**Proposed Timescale:** 20/06/2017

**Theme:** Safe Services

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

The centre had a local Children's first policy in place, dated 2011. However, it was over due for review and referred to national guidance from 1999, which had since been superseded by Children First, National guidance for the protection and welfare of children, 2011.

**5. Action Required:**

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

The policy has been updated and referenced to outdated guidance has been removed

**Proposed Timescale:** 20/06/2017

### **Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

The inspector identified that there was a restrictive practice in use in the residential house which had not been reported to HIQA.

in addition, a written report had not been provided at the end of the fourth quarter in 2016 in relation to any incident as specified in the regulations 31 (3) (a) to (f).

**6. Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

The restrictive measure identified is now logged and reported through quarterly returns

**Proposed Timescale:** 21/06/2017

### **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:**

A record was not maintained of the signature of the pharmacist who received out of date or unused drugs.

**7. Action Required:**

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The Pharmacist has signed the relevant documents and the Person in charge will ensure that records are maintained going forward

**Proposed Timescale:** 21/06/2017

## Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

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

At the time of inspection, there were two service users over 18 years living in the centre who had completed their full time education. This was not in compliance with the conditions of the current registration, and or the providers application for registration renewal.

**8. Action Required:**

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

The 2 young people over 18 who are living in the centre will transition to a new service by the 1/8/17 full transition plans are in place

**Proposed Timescale:** 01/08/2017

**Theme:** Leadership, Governance and Management

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

An annual review of the quality and safety of care and support in 2016 had not yet been completed.

**9. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The annual review is complete

**Proposed Timescale:** 21/06/2017

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

There were a small number of staff who were over due to attend specific training.

**10. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Staff have now completed specific training

**Proposed Timescale:** 16/06/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

A number of policies as required by schedule 5 of the regulations had not been reviewed for an extended period.

**11. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Policies have been reviewed and amended as appropriate . A programme of policy review has been put in place .

**Proposed Timescale:** 21/06/2017