Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Three Steps Cill Foireann
Centre ID:	OSV-0005201
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Three Steps
Provider Nominee:	Aileen Brady
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
05 April 2017 08:00	05 April 2017 17:20

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection
This monitoring inspection was carried out to monitor compliance with specific regulations and to assess if the provider had implemented the systems outlined as part of the inspection to inform the registration of the centre.

How we gathered our evidence:
As part of the inspection, the inspector met with the two residents living in the centre. One resident spoke at length with the inspector and the other resident declined to speak with the inspector.

The resident spoken with told the inspector they were happy living in the centre, liked staff and felt safe. They said they could talk to staff or the person in charge if they were unhappy. They were knowledgeable of the areas they needed support with. They said their needs were met by staff.

The inspector observed staff and resident interaction and found that support was delivered in a respectful manner. It was evident that there were good relationships between residents and staff. Residents directed the care and support they received.

The inspector spoke with staff, a person participating in management and the person

in charge of the centre. All persons spoken with were knowledgeable of their roles and it was evident a culture of person centred support was promoted. Documentation such as residents' support plans, medical records and incident logs were reviewed.

Description of the service:
The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was provided as described in that document.

The centre was located on the outskirts of a town and amenities. Residents were supported by staff to access amenities in the town and other towns. Residents were supported to use public transport and there was a vehicle which staff used to provide transport for residents.

The house contained adequate private and communal space to meet the needs of residents. Residents had individual bedrooms, a kitchen/dining room and a living room. One resident had an en-suite bathroom and the other resident used the main bathroom.

The service was a seven day residential service and was available to young adults who had been assessed as having a mild or moderate intellectual disability. One staff member slept in the centre each night and staffing was based on the assessed needs of residents.

Overall judgment of our findings:
Overall, the inspector found that residents were supported to have a good quality life in the centre and the provider had arrangements to promote the rights of residents. Good practice was identified in all areas with particular good practice noted in the systems to ensure residents lead the care provided and were supported to maximise their development.

Improvement was required to ensure that risks relating to the administration of medicines to residents were addressed and systems were in place to ensure the centre could be evacuated at all times of day and night. The findings are detailed in outcomes 12 and 7.

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

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:
There were procedures in place to ensure residents' rights were respected, residents were supported to be involved in the operation of the centre, residents were supported to access advocacy services and residents were supported to make complaints.

The inspector found systems had been implemented to ensure that residents' rights were respected. Residents living in the centre were young adults who had previously used services for children. Staff and management were clear regarding residents' rights as adults, language used in documents had been reviewed and the service was focused on supporting residents to develop their independence as adults and to identify their needs and wishes.

Residents were consulted about their routine and the way the centre was operated. A resident showed the inspector the way they decided what they would do on a daily basis. The inspector found this was led by the resident's needs and wishes.

The inspector reviewed the system for assessing the suitability for residents to move into the centre. An impact assessment was carried out on proposed admissions and on residents living in the centre prior to admissions. The inspector saw that a previous admission was made on the basis of transparent criteria and ensured the rights of the resident living in the centre were respected.

There was a system to ensure residents were supported to access advocacy services. Residents had support from an independent advocacy service. The person in charge had ensured residents who required support to voice their will and preference were referred

to an independent advocacy service to ensure that decisions were made by the resident and not on behalf of them.

There was a procedure for responding to complaints. A complaints log was maintained in the centre. There had been no complaints since the centre had opened. A resident told the inspector they would make a complaint to a staff member or the person in charge if they wished.

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):
No actions were required from the previous inspection.

Findings:
There were arrangements in place to assess and meet residents' health, personal and social care needs.

The inspector spoke with a resident, staff, the person in charge and a person participating in the management of the centre. All information outlined was consistent and accurately reflective of residents' needs.

Assessments of residents' health and personal care needs had been carried out. Corresponding support plans and assessments by allied health professionals had taken place where required. Follow up appointments and referrals had been made where a need was identified.

A resident identified as requiring support to communicate did not have a communication support plan. However, the information was contained in other documents. The inspector noted that staff and the person in charge were knowledgeable of the residents' needs. The person in charge said the organisation had a 'communication passport' document which would be compiled for the resident.

Social care needs were assessed using a personal planning process. Residents were

supported by their 'keyworker' staff who had responsibility for ensuring a comprehensive assessment, plan, goals and reviews took place. The person in charge audited the plans to ensure the system was implemented, residents' needs were identified and residents received all required support to achieve their goals.

The inspector noted the plans were focused on ensuring residents maximised their personal development. There was an emphasis on supporting residents to live full and meaningful lives. Areas which had been identified and supported included access to employment and developing life skills.

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:
There were systems in place to promote and protect the health and safety of residents, visitors and staff. Areas which required improvement were addressed on the day of inspection.

There was a safety statement and risk register in the centre. Risks had been identified and control measures implemented. There was a health and safety officer who had responsibility for ensuring that all risks were identified and control measures implemented.

The inspector found some risks had not been identified and addressed. Some fire doors were missing parts of the intumescent strip and cold smoke seals which would render them ineffective in the event of a fire. In addition, the chairs in the kitchen had not been maintained to an adequate standard and could pose a risk to residents, visitors or staff as some seat pads were loose or not attached to the chairs. These items were brought to the immediate attention of the person in charge who arranged for maintenance to attend the centre and repair the fire doors and the chairs. Furthermore, the auditing system was amended to include a review of the fire doors on a regular basis.

Individual risk assessments had been carried out to identify resident specific risks and ensure control measures were implemented. The inspector saw that residents were supported to take risks in their everyday lives in order to maximise their independence. Appropriate control measures had been implemented to ensure that residents were as safe as possible in these circumstances.

There were fire doors, firefighting equipment and emergency lighting in the centre. All equipment was serviced at required intervals.

Staff had received training and fire drills had taken place in the centre. There were appropriate fire safety systems in place to ensure a fire would be detected and contained. Staff and residents were clear of the procedure to be followed and this was consistent with the information in residents' personal evacuation plans.

The system for ensuring the centre could be evacuated at all times of day or night was discussed with the person in charge. The records were not adequately detailed to identify if any issues had been identified and were not reflective of some information received by the inspector. Furthermore, the evacuation drill which was identified as having taken place at night had taken place when there were two staff on duty and residents were awake. It was therefore not evident the centre could be evacuated in the time identified as residents would be sleeping and there was one sleepover staff on duty in the centre each night. This was discussed with the person in charge who said a risk assessment and review would be carried out to ensure the centre could be evacuated and forms would be amended to ensure that learning was identified and responded to.

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):
No actions were required from the previous inspection.

Findings:
The centre had implemented measures to protect residents from being harmed or suffering abuse.

Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse.

Staff had received training in managing behaviour that is challenging including de-

escalation and intervention techniques.

Residents who required support with behaviours that challenge had support plans in place and staff spoken with were knowledgeable of how to support residents. Staff outlined the way residents were supported and this was consistent with residents' support plans.

Allied health professionals were involved in supporting residents and ensuring that all contributing factors were identified and addressed.

There were no restrictive measures in place.

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:
Residents were supported to achieve and enjoy the best possible health. The inspector viewed a sample of residents' personal plans, spoke with a resident and spoke with staff. The inspector found residents' health needs were being identified and responded to.

Residents were supported to access a general practitioner (GP) of their choice and allied health professionals as required. The service provider employed some allied health professionals on a part time or consultancy basis and these professionals reviewed the care and support provided to residents on a regular basis. The recommendations identified were implemented and it was evident that there was a continuous emphasis on identifying and responding to residents' healthcare needs.

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 procedures relating to the ordering, prescribing, storing and administration of medicines to residents. Improvement was required to ensure that the prescribing directions for all medicines were clear.

The centre had a locked press for storing medicines. Only medicines which were prescribed for residents were held in the centre. Regular medicines were packaged in a prepackaged system. Medicines prescribed as PRN (a medicine only taken as the need arises) were stored in their original packaging and included the name of the resident for whom it was prescribed, the date of supply, the date of expiry and the administration instructions.

Residents were supported to self administer their medicines. Competency assessments had been carried out and the level of support required was identified. Staff spoken with said these were reviewed as residents' needs changed.

The inspector observed staff preparing medicines to administer to residents. The staff member adhered to best practice guidelines and explained each medicine to the resident prior to administration. The resident signed the administration record to show they were receiving their medicines. The staff member signed the record after the medicines had been administered.

An inspector viewed a sample of prescription sheets and found they contained all required information with the exception of the maximum dose of PRN medicines which was not clear and could not be clearly identified for all prescribed medicines.

Some documentation viewed was not consistent and there was a risk that medicines prescribed for residents would not be administered as prescribed. The detail relating to this was brought to the attention of the person in charge who said this would be addressed immediately to ensure there was no risk to residents.

Judgment:
Non Compliant - Moderate

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 clear lines of authority and accountability. All management and staff present on the day of inspection were aware of their roles and residents' needs. The inspector found the centre had a robust system in place to ensure the needs of residents were met and the regulations were adhered to.

The person in charge had the required experience, qualifications and knowledge to hold the role. She was not person in charge of any other centres and was supernumerary to the frontline care and support staff.

There were systems to ensure the centre was governed on a regular and consistent basis. In addition to the person in charge there was a person participating in management. She held responsibility for a number of areas including health and safety. She was knowledgeable of her role.

The inspector found that all information provided by staff, the person participating in management, the person in charge and staff were consistent with documentation viewed. It was evident a transparent and accountable culture was promoted.

An out-of-hours emergency system was in place to ensure staff were supported when the person in charge was not on duty. Managers held this role and the details of the person 'on call' on specific dates were on the notice board in the staff office. In addition, there were clear guidelines for staff to ascertain the circumstances they would contact the manager on call and the areas they would address independently. A staff member spoken with was knowledgeable of the system, when they would use it and the issues they were responsible for addressing.

A robust and effective auditing system had been implemented by the person in charge. All aspects of care and support provided to residents was audited on a regular basis. Areas for improvement were identified and addressed.

An annual review was in the process of being compiled. The inspector reviewed the areas with the person in charge and saw it included all aspects of the service provided. The inspector was told an action plan would be generated from the areas identified as requiring improvement.

Six monthly unannounced visits had been carried out. Actions had been identified and addressed arising from these. The visits included ascertaining residents' views and family members' views.

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:
The staff numbers and skill mix were arranged around the assessed needs of residents. Formal supervision and support meetings were carried out with all staff and there was a process for ensuring staff received an appropriate induction to the centre. Staff performance development meetings were held four times per year.

Staff spoken with had experience of working with people with disabilities and had a qualification in social care. They were clear of their role and responsibilities. It was evident from their interactions with residents that they respected the residents, had developed good relationships with residents and were knowledgeable of residents' needs, likes and dislikes. The inspector observed support being provided in a manner that was led by residents.

Staff meetings were held every month. In addition, staff were supported on an ongoing basis by a person participating in management and the person in charge. Staff spoken with said they felt supported, could speak with the person in charge about any issues and said there was good oversight of their role and responsibilities.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to suspected or confirmed allegations of abuse, manual handling and the safe administration of medicines. In addition, training needs were identified and responded to on a continual basis. Staff spoken with said that updated training was provided every two years and that any training they requested was provided. For example, they said they requested further training in a specific area and this had been provided. Furthermore, relevant training had been provided the week of the inspection to ensure staff were knowledgeable of residents' needs.

The inspector reviewed a sample of staff files. All items required by the regulations were maintained. This included a full employment history, references, evidence of Garda

vetting and qualifications. The inspector noted the provider had implemented a system to ensure that all references and qualifications were verified.
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:

Lorraine Egan
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[1]

Centre name:	A designated centre for people with disabilities operated by Three Steps
Centre ID:	OSV-0005201
Date of Inspection:	05 April 2017
Date of response:	26 April 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:
Some arrangements to ensure that staff and, as far as is reasonably practicable, residents, were aware of the procedure to be followed in the case of fire at night were not adequate.

1. Action Required:

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

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
•An unexpected night time fire drill took place on Friday 14.4.17 with the residents and the Social Care Worker on shift. As part of this process adequate measures and procedures were put in place to ensure.

Each Resident's PEEPs have been updated to outline the following:
•The accuracy of time to vacate the house is outlined
•The residents are aware of the procedure in vacating the house and evident of same is recorded.
•Adequate staffing levels are in place to support each resident should the need arise to vacate the house in the event of a fire
•Robust systems are in place to ensure regular fire drills are completed and details/evidences of same are recorded.

Proposed Timescale: 14/04/2017

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 instructions for administering some PRN medicines differed in prescription sheets and PRN medicine protocols. It was therefore not evident that all medicines would be administered as prescribed to the resident for whom it is prescribed.

2. 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:
PRN protocols have been reviewed and updated to reflect each resident's prescription sheet in collaboration with our Consultation Psychiatrist. Daily/Weekly/Monthly medication audits are completed and reviewed with the Person in Charge. Recommendations/ actions are devised from same and completed in collaboration with the Social care Team. A medication checklist book is in place with clear roles and responsibilities for the medication officer are outlined. This is reviewed monthly with the mediation officer and PIC. Medication is stored in a locked mediation cabinet and the residents names are clearly labelled to discriminate between both resident. PRN medication is checked and recorded daily by the Social Care Worker on shift. The Social Care Team are aware of the process of ordering and collecting medication for the residents. A Pharmacy handbook is in place. The social care Team check all medication

after collecting same from the pharmacy to ensure the correct medication is giving as per each residents Kardex. Medication protocols are in place for each resident and outlines the steps to following around administration, refused/spoiled, disposing, receives and returned medication, the Social Care Team have read and signed same.
Proposed Timescale: 18/04/2017