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A designated centre for people with disabilities operated by Stewarts Care Limited, Dublin 20

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**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Stewarts Care Limited |
| Centre ID: | OSV-0003904 |
| Centre county: | Dublin 20 |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Stewarts Care Limited |
| Provider Nominee: | Eddie Denihan |
| Lead inspector: | Noelene Dowling |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 12 |
| Number of vacancies on the date of inspection: | 2 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 29 October 2014 08:30 To: 29 October 2014 19:00

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

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| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication |
| Outcome 03: Family and personal relationships and links with the community |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 09: Notification of Incidents |
| Outcome 10. General Welfare and Development |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 15: Absence of the person in charge |
| Outcome 16: Use of Resources |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

This registration inspection was the first inspection of this centre which forms part of Stewarts Care Ltd. This centre is designed to provide semi-independent supported care for 14 adult residents with mild intellectual disability. The facilities are comprised of one house shared between four residents and one apartment block, which is shared by 10 residents. There were two vacancies at the time of the inspection.

This was an announced and took place over one day. All 18 of the outcomes required to demonstrate compliance with the legislation and regulations were inspected. As part of the inspection, the inspector met with residents and staff members. The

inspector received two completed questionnaires in respect of the service and some questionnaires completed by residents. The inspector observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, policies, procedures and staff files.

The inspector found that there were satisfactory management and supervision system in place. Resident's rights were promoted and there were satisfactory safeguarding systems in place. Residents were supported by staff to live as independently as possible within a sheltered environment. There was good access to healthcare, training and education and family relationships were maintained. Overall, there were effective risk management strategies evident with some improvements required.

Staffing levels were satisfactory but the provider was aware that some adjustments were required to facilitate the changing mobility and support needs of residents with specific reference to night time. He was requested to review this. Some additional training for staff in the use of evidence based assessment tools pertinent to the changing needs of the residents was also indicated.

Some improvements were required in the following areas:

- residents access to physiotherapy
- risk management strategies such as falls risk assessments and systems to ensure that residents are facilitated to hear the fire or other alarms vital for their safety
- staff training in manual handling and fire safety.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities).

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

There was evidence from documentation and from information received from residents that there was significant emphasis placed on supporting resident rights and on consultation with them. Residents from the centre participated in the resident's council. Unit meetings were held with residents, which covered issues such as activities, plans for the unit, and any issues that arose between residents. It was apparent that residents had choice in daily routines and in participating in training and in their work.

An advocacy service had been sourced and the inspector saw evidence that the residents had been informed of this. The manner in which residents were addressed by staff was seen to be respectful and the resident's personal spaces such as their bedrooms were respected by staff. All bedrooms were single and personalised. There was ample space in each bedroom to hold clothing and other personal belongings according to the resident's preferences.

There were intimate care guidelines available, which demonstrated respect for the resident's dignity while ensuring adequate support was available. There was good contact with families and this was encouraged. Due regard to safeguarding issues was taken into account by staff in relation to access where this was deemed necessary.

A complaint policy, including an appeals process had been introduced. Any issues raised were initially resolved at local level and this was documented, the complainant was responded to and their views on the outcome sought. Records indicated that complaints received were managed in accordance with the policy. The policy, in easy read format was posted in each of the houses and the residents were very clear as to who they could address any issues to. The residents guide also informed residents of their rights and how to address any issues.

Personal plans and assessments were obviously undertaken in consultation with the residents who had full knowledge and access to them. They had mobile phones and space for private visits and phone calls. Resident all had their own individual daily routine which included meaningful daytime activity, work and social events. There was evidence that resident's wishes in relation to medical treatment were also sought. Staff advised residents in order to help them make informed choices. Their records, while easily available to them were held securely to avoid access by unauthorised persons. Their wishes were also taken into consideration in relation to their accommodation. A number of residents had indicated that they would like to move to more independent arrangements and this was planned for. Other residents had indicated that they had no wish to leave and consideration was given to offer the increased support they might need.

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

Findings:

Residents were helped and encouraged to communicate and it was apparent that staff understood the resident's communication needs. Care plans set out the individuals care needs in term of communication such as whether residents had glasses and hearing aids, and how to manage them. Communication books and signing were used to help residents, staff and other residents communicate with each other. Multidisciplinary services including speech and language therapy had been sourced to help identify the specific communication needs. Menu books with pictorial images were used. The care plans and pathways contained pictorial images.

There was evidence that families, where appropriate were consulted about the residents' communication patterns. A pictorial resident's guide and rights charter was also available. A number of residents had vibrating alarm systems to alert them to the fire or other alarms, which might activate.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

There was evidence from records reviewed, questionnaires forwarded to the Authority and speaking with residents that family relationships were supported and encouraged. Visits to the centre took place and visits home and to family events were organised and supported. Residents spoke of friends outside the centre and how they maintained contact with them. They also confirmed that friends could visit them in the centre for meals or activities.

Family members and next of kin were identified and invited to attend the multidisciplinary meetings and there was evidence on the personal plans of planning for the maintenance of family relationships and of involvement in the planning process. Residents were seen to be encouraged to allow each other space for visits in private.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The policy on admissions was detailed and the admissions could be seen to be congruent with this. A recent admission had taken place in 2014 and a pre-assessment had been undertaken to ascertain the suitability of the resident for the service. A pre admission visit had also taken place with the resident and family. Referrals are routed via the Health Services Executive (HSE) services or social work services. These are then reviewed by the admissions committee which is multidisciplinary and lead by the head of adult services. There was evidence of transition plans including life skills training taking

place to support a number of residents to move from one of the houses to semi-independent accommodation in the second unit which was more independent accommodation.

There was a pictorial contract available for residents, which detailed the services to be provided. A formal contract had been devised which outlined the service to be provided and the fees to be charged which relatives can sign if appropriate on the resident behalf. The residents managed the own money and had access to her own bank accounts after the fees have been paid to the organisation.

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):

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

Findings:

There was evidence of appropriate multidisciplinary involvement in resident's personal plans, which were guided by the clinicians' assessment of need, staff knowledge, and the residents stated preferences, behaviours and assessed risk factors. The personal plans were reviewed annually and contained individual sections on a range of needs including health care, social care, family contacts, dietary requirements and safety requirements. Individualised supports such as communication needs and personal care needs were identified in the plans.

The personal plans demonstrated that the residents' preferences were understood and the goals identified were meaningful in including ongoing healthcare support, maintenance of social and familial contact, life skills and social activities. The plans were also outlined in an easy read or pictorial format. In some instances, pictures of activities undertaken were included as mementos for residents. The outcome and effectiveness of the plans was also evident.

There was evidence that the residents were involved in the development of the plans and were able to explain the details to the inspector. Residents chose interesting and

varied activities and maintained them with the support of staff. They were involved in local clubs, had access to gyms and meaningful occupation. There was also evidence of health promotion strategies such as healthy eating.

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):

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

Findings:

The centre is comprised of two premises and is fit for purpose as outlined by the statement of purpose. One unit is a semi detached five-bedroom two-story house, which accommodates four residents. It has one bedroom downstairs with an adapted ensuite which is suitable for the residents mobility status. There is a large kitchen and living room. The first floor has four bedrooms and a suitably adapted shower room but only three bedrooms are used for residents. There is a level access, well-maintained and private garden to the rear. The house is very well maintained and comfortably furnished. It is located in a community area with easy access to facilities and transport.

The second unit is comprised of a purpose built apartment block on the periphery of the campus. This is over two floors and consists of 10 individual large ensuite bedrooms, and has a communal kitchen and living room on each floor. There is also a well-maintained garden and each bedroom on the ground floor had individual access outside via a patio door. There are small balconies on the first floor.

There are security alarms in place in both units and the inspector saw evidence that the heating systems and the lift had been serviced and maintained. The furnishings in both units were suitable, comfortable and homely. Suitable domestic style laundry and cooking facilities were provided for use by resident with some minimal support by staff. The residents in the apartment block had tea and coffee making facilities in the own rooms. Minimum assistive equipment was required for mobility and records demonstrated that maintenance issues were promptly identified and acted on. Grab rails were in place where these were required. Most of the household tasks such as cleaning were undertaken by the residents and staff with some additional support for communal areas in the apartment block. The premises were notably clean. Residents stated that they were very happy with the accommodation and it afforded support, safety and a

high degree of independence and privacy.

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):

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

Findings:

Overall, the inspector was satisfied that there were systems in place to manage and identify risk, which balanced resident's rights and protection. There was a current and signed health and safety statement available. Systems for review of safety and risk were evident. A safety audit of the units had taken place and any deficits, such as fixing the external lights rectified. The risk management policy complied with the regulations and included the process for learning from and review of untoward events. A risk register was maintained and this contained evidence of identification and management of risk including environmental, corporate and clinical risks. The system for overall collation of and assessment of this data for learning and review was in progress.

The risk management policy was supported by relevant policies including an emergency plan and a missing person policy. The emergency plan was detailed and it contained all of the required information including arrangements for the interim accommodation of residents should this be required. The policy on infection control was detailed and staff articulated good practice in relation to this. Protective equipment including gloves and sanitizers were evident. Residents had undertaken training in food safety systems. Personal plans demonstrated that residents were supported to keep themselves safe when outside with easily accessible phone numbers, training in accessing transport, having bus passes and letting staff know where they had taken place.

The inspector reviewed the fire safety register and saw that fire drills had been carried out in each of the individual houses twice yearly, some unannounced and residents were included in these drills. Fire safety management equipment including the fire alarms, emergency lighting and extinguishers had been serviced quarterly and annually as required. Staff also undertook daily and weekly checks on the fire alarm and exits. The procedure was displayed.

As the units are not staffed full time and not staffed at all overnight a number of safety features and alarms had been installed. These included phones with direct access to the person on call or the night manger on the campus. Additional systems such as panic alarms were also available in some bedrooms and in suitable locations in the units. One

of the units has a sleepover staff available in the adjacent house and the residents stated that they felt confident that staff would respond quickly. Residents explained how to use the alarms to the inspector and were very familiar with the procedure in the event of the fire alarm going off. The security company also undertakes external night time checks of the apartment block. Fire safety training had taken place and although two of the six staff were out of date the inspector was informed that a date was set within two weeks of the inspection.

A number of residents had been provided with vibrating alarms and a flashing light system had been installed in bathrooms connected to the fire and intruder alarm to ensure they were made aware of the alarm activating.

A small number of factors in terms of risk required attention. Personal evacuation plans had been developed for the residents. However, in one instance the plans did not take account of the significant hearing deficit which would prevent the resident from hearing any alarms at night. A falls risk assessment and management plan had not been carried out on a resident whose capacity to mobilise independently was decreasing.

Judgment:

Non Compliant - Minor

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The inspector reviewed policies and procedures for the prevention, detection and response to allegations of adult abuse and found that they were satisfactory and included a designated person to oversee any allegations of this nature. The provider also uses the HSE "Trust in Care" policy to guide practice. Records demonstrated that all current staff had received training in the prevention of and response to abuse between 2011 and 2013. There was a designated line of accountability identified which was readily available and known by staff and residents. They were also aware of the role and function of the person in charge and the provider. There were no concerns of this nature recorded at the time of this inspection.

Residents could lock their bedroom doors for privacy and any issues, which developed between residents, were addressed in a meaningful way at the unit meetings. The safety plans and other documentation indicated that residents were encouraged with education and advice about maintaining their own safety and managing relationships respectfully.

At the time of the inspection there were no residents who had or required behaviour support plans. There were policies in place and multidisciplinary systems available should this be required. There was also a policy and procedure in place where the use of restrictive practice was identified. However no residents had any restrictions in place at the time of the inspection.

Most of the residents managed their own finances including savings with some guidance and support from staff. Where any monies on behalf of residents were lodged directly into the providers account it was identified on behalf of the resident and there was evidence of the residents consent to this.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

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

Findings:

A review of the accident and incident logs, resident's records and notifications forwarded to the Authority demonstrated compliance with the obligation to forward the required notifications to the Authority.

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:

There was evidence that residents' wishes and developmental needs were acknowledged and supported in their work, training and general activities. Plans for residents included work and training, building and maintaining relationships, managing their own healthcare needs, mental health support and personal preferences such as going to matches, on holidays and local clubs.

Thy residents told the inspector about their jobs and their training, including some undertaken in third level colleges, computer courses and participation in Special Olympics. They were also very aware of their healthcare needs and how to manage them by diet or medication. Some had jobs in the city and were supported with additional work in the organisation such as the restaurants or on the campus. They said the enjoyed these, had friends, social lives and could enjoy coming home in the evening to rest or go out again.

Some residents were being assisted to develop further life skills in order to one day move to other fully independent accommodation. This included management of money, shopping for food, personal items, and social participation and self-care skills. Residents cooked, knitted painted and had access to all forms of media.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

The records available and the residents spoken with confirmed that there was regular access to medical care including general practitioner (GP) and out-of-hours service if required. There was evidence from documents, interviews and observation that a range of allied health services was available and accessed. This included occupational therapy, dietician services, psychiatric and psychological services which are integral to the organisation. Treatment and interventions were detailed and staff were aware of these. A detailed health check template was completed by staff annually and this provided both current and underlying health information. The annual health check was undertaken by

the GP that was seen to include age and gender related needs. External specialists such as neurologists were also sourced. However, in a small number of instances residents who by virtue of age and changing mobility needs required a review by physiotherapy could not access this despite staff making a number of referrals.

Policy on end of life care had been developed. No residents required this at the time of this inspection. The process allows for advanced planning and nursing staff were available if this was required.

Residents shop for and prepare their own meals in the main with some support and supervision from staff where this is required. In one unit, the residents decide on the weekly menu and the cooking is a shared responsibility. There was documentary evidence of dietary advice where this was required for specific conditions. Resident's general health in relation to nutrition was monitored by staff. Healthy eating plans were in place and residents talked to the inspector about these and any exercise programs they participated in.

Judgment:

Non Compliant - Minor

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):

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

Findings:

Current policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for medication was satisfactory. There are appropriate documented procedures for the handling, disposal of and return of medication. The residents GP and the prescribing psychiatric service reviewed medication regularly as required. A resident was self-medicating and an assessment had been undertaken to evaluate the safety of this procedure. This was then reviewed by the medication therapeutic safety committee. A draft policy had recently been developed in relation to this. Systems for reconciliation of the medication were in place.

Prescriptions were found to have the maximum dose of as required (PRN) medication detailed and the protocol for the use of emergency medication was satisfactory. Some residents go home or away for holidays on a regular basis, and there were suitable arrangements in place to ensure the correct medication was provided.

An audit of medication practices had been undertaken and there was evidence that all medication was reviewed and its impact monitored. Training for three of the non-nursing staff in the safe administration of medication had taken place in 2013.

Judgment:
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):

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

Findings:

The statement of purpose, which was forwarded to the Authority, was found to comply with the regulatory requirements. Admissions to the centre and care practices implemented were congruent with the statement.

Judgment:
Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

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

Findings:

A number of processes were used to monitor and oversee the safety and quality of care and these form part of the significant restructuring of the organisation. There was

evidence of good reporting systems in place between the various departments including clinical care programs, and facilities. Governance was supported by a range of systems including corporate risk and development.

The person nominated to act on behalf of the provider undertook unannounced visits to the centre to review specific issues including the existence of, and staff understanding of the policy on intimate care. This process is ongoing. These processes, along with the analyses of incidents, residents and relatives surveys will provide the information for the annual review report.

The inspector found that the person in charge was suitably qualified and experienced. She was knowledgeable about the regulations and standards, and her role in meeting them. She was engaged fulltime in post and was also involved in the development of the service. She was well known to the residents. She was also the nominated person in charge of three other designated centres but there was no evidence that this impacted negatively on the services. A clinical nurse manager from the centre was assigned to deputise in her absence.

There were a range of meetings undertaken including fortnightly meetings of the program managers for the various services. Weekly meetings of all the persons in charge were held. The function of these meetings was to monitor the implementation plans for achieving compliance with the regulations and standards.

A number of audits had been undertaken by the person in charge on issues such as medication, mealtimes, personal plans and hand hygiene practices. A documented staff appraisal system had commenced. Action plans were implemented for deficits noted. There was an appropriate on-call system in place.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

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

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The provider had appropriate contingency plans in place to manage any such absence. One of the senior nurse managers was responsible for deputising in the absence of the person in charge and for supporting the person in charge in managing the four services.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

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

Findings:

Sufficient resources for fundamental care such as food, health care, activities, maintenance of the premises and vehicles used were available and utilised. Overall, the staffing and skill mix was satisfactory to meet the needs of the residents at this time but a review is required in relation to residents changing mobility status.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

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

Findings:

Overall, the staffing and skill mix was satisfactory to meet the needs of the residents. The inspector was satisfied from observation and records available that the numbers of staff were satisfactory for the needs of the current residents at this time. In accordance

with the statement of purpose the residents do not require full-time nursing care or full-time staff support. There are six staff employed in the centre, two of whom are nurses. They work part time hours during the week with duty from 08:00hrs to 10:00hrs and from five pm to 21:00hrs. The small number of staff could be seen to have a positive impact as they knew the residents very well and provided continuity of care.

However, a small number of resident's mobility and support needs were changing due to age and illness. The provider was committed to maintaining the residents in their chosen home which is suitable for their accommodation needs. An additional personal alarm system was being purchased for these residents to assist them to contact staff in the event of an incident such as a fall. The provider was requested to undertake a review of the staffing as the situation changes. The provider was already aware that this situation may change and that the staffing in this unit may need to be augmented overnight or a later finish time for the staff may be necessary in the interim.

Examination of a sample of three personnel files showed that the required documentation including references and An Garda Síochána vetting had been sourced. One file did not have photographic evidence and this had been requested by the provider. Professional registration numbers were available for all staff that required them.

Examination of the training matrix demonstrated that all staff had completed training in therapeutic crisis intervention and food hygiene. However, not all staff had up to date manual handling training. The health and age profile of the residents was also changing. The inspector found that some ongoing training for staff in the use of appropriate and age related assessment tools would be helpful as part of their continued development. Monitoring and supervision systems have commenced with the person in charge receiving training in performance management, supervision and support. Documented appraisal systems had commenced with staff.

Judgment:
Non Compliant - Minor

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

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

Findings:

The inspector found that the records required by regulation in relation to residents, including medical records, daily and general records were up to date, easily retrieved and maintained in a manner to ensure completeness. All of the required policies were in place and had been revised. Documents such as the residents guide and directory of residents were also available. The inspector saw that insurance was current and in line with the regulations. Reports of other statutory bodies were also available. Written evidence of compliance with the statutory fire authority had been forwarded to the Chief Inspector as part of the application for registration.

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|--|
| Centre name: | A designated centre for people with disabilities operated by Stewarts Care Limited |
| Centre ID: | OSV-0003904 |
| Date of Inspection: | 29 October 2014 |
| Date of response: | 18 November 2014 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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 risks had not been identified including residents at risk of falls or unable to hear the fire alarm.

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

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The service user with the hearing deficit is being assessed for an appropriate system in place to alert him to the fire alarm.

The physiotherapy department have being notified to complete a falls risk assessment with the service users who are at risk of falling.

Proposed Timescale: 30/11/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Not all residents who required this had access to allied services such a physiotherapy.

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:

A referral has been sent to the physiotherapy department for the residents who require assessment and on-going input by the physiotherapy department.

Proposed Timescale: 31/12/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

A review of the overnight staffing arrangements are required to ensure residents are adequately supported.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

With immediate effect staff are working later at night. PIC will discuss with the register provider how the service users can be adequately supported at night.

Proposed Timescale: 30/11/2014

Theme: Responsive Workforce

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

Not all staff had up-to-date manual handling training.

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:

All staff that require manual handling training have being identified and have arranged to complete with education and training department

Proposed Timescale: 31/12/2014

Theme: Responsive Workforce

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

Planning for staff training in areas relevant to the changing needs of the residents is required.

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:

The changing needs of the residents will be monitored and assessment will be carried out where required using the appropriate assessment tools.

Staff training will be provided in the use of the assessment tools.

Proposed Timescale: 30/11/2014