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A designated centre for people with disabilities operated by Stewarts Care Ltd, 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**



Centre name:	A designated centre for people with disabilities operated by Stewarts Care Ltd
Centre ID:	OSV-0003906
Centre county:	Dublin 20
Email address:	Maura.Grogan@stewartscare.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Ltd
Provider Nominee:	Eddie Denihan
Lead inspector:	Helen Lindsey
Support inspector(s):	Noelene Dowling
Type of inspection	Announced
Number of residents on the date of inspection:	13
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 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:	To:
10 July 2014 10:00	10 July 2014 20:30
11 July 2014 08:00	11 July 2014 15:30

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

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

Summary of findings from this inspection

This was the first inspection of this centre by the Health Information and Quality Authority (the authority). As part of the inspection, the inspectors visited the 4 houses that made up the designated centre and met with the residents, families and staff members. The inspector observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

The designated centre was made up of four houses:

A two storey semi-detached house with five bedrooms, to accommodate five residents. Two bedrooms were shared by two residents. There was also a kitchen/

diner, sitting room, one en suit bathroom and a main bathroom.

A two storey detached house with three bedrooms for two residents. There was also a kitchen, dining room, sitting room, main bathroom and downstairs toilet.

Two houses linked by a door in the kitchen. There were six bedrooms in total accommodating seven residents. Two rooms were shared by two residents. There was also a kitchen diner, two sitting rooms, two bathrooms and two garages.

All four houses were situated in a residential area in a busy community. All four houses were close to amenities such as shops, restaurants, banks and bus stops. 13 service users were currently living in the four houses, and there was one vacancy.

Overall inspectors found that the residents received a good service, and were supported to have an active lifestyle. They were seen to live in an environment that met their needs, and enabled them to be independent in most areas of their lives. They were supported by a staff team who knew their needs and worked to support them in achieving their goals and aspirations.

Areas of non compliance related to the contract for care, decoration of one centre, mandatory training, and some fire servicing and medication record which are discussed further in the report and included in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

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

There was a resident's forum in place, and residents from different services made up the group. Recent minutes showed topics discussed included issues such as volunteers, keeping the buses clean, and other resident's experience of moving to more independent living arrangements.

Residents were involved in the day to day running of the centre. For example, house meetings were held to make decisions on things like furniture. These meetings also covered training and development areas for residents, for example learning about personal safety, and in one house learning some sign language so they could communicate well with another resident. Minutes from a meeting in June in one house showed the topic of regular staff, and holiday cover was discussed.

There was a complaints policy available in the centre, which was also displayed on the wall. It contained pictures and short sentences to ensure the information was accessible to the residents. It contained details of who to contact, including a photograph and a telephone number. Residents said they knew who to speak to if they were unhappy about something. No formal complaints had been made recently in the centre. There was also a full policy available that included an independent person that complaints could be referred to if they remained unresolved. Relatives spoken to on the day of the inspection also confirmed they would know who to speak to if they wanted to make a complaint or raise any concerns.

Each resident has a 'service user guide' which included information about advocacy services. Residents spoken with confirmed they could speak to people if they wanted to, and this included the advocacy service. The guide also contained information about rights.

Staff members were seen to treat residents with respect on both days of the inspection. Family also fed back that staff were very positive and had good relationships with the residents. Residents joked with the staff, and among each other, and reported that in the most part they got on well together. Privacy was seen to be maintained and personal information and records were not kept in the main areas of the house.

Residents confirmed they could see relatives, friends and other visitors in private, and would often check with the other residents to see if it was OK for friends to visit, to make sure it didn't intrude on their plans.

Residents individual care plans detailed individual needs, and they were recorded with focus on respecting the privacy and dignity of residents. For example, intimate care plans focused on supporting independence where possible, encouraging residents to maintain and develop skills and providing enough support to meet their needs.

There was evidence in the care plans and daily records of regular contact with relatives and friends. There were also regular phone calls and visits from relatives, who were supporting their relatives to engage in their family life. Some relatives had mobile phones; others use the main house line. It was possible for residents to use both of these in private. One resident commented that they thought it intrusive to make such records, but other residents were satisfied with this arrangement, and in some cases wrote the entries in the daily records themselves.

Resident all had their own individual routine which included meaningful daytime activity, and social events. For example residents worked in a range of settings including a local cafe, and attended local groups such as art classes, pubs and restaurants, cinema, the local gym and swimming pool, and local shopping centres.

There were shared rooms in two houses, and requests had been made for at least one resident to move to a single room for more privacy. This was being reviewed by the person in charge, along with other resident's plans for the future aims and aspirations about living arrangements.

Arrangements were put in place for residents to vote in the recent elections. One resident showed inspectors a photo of themselves in the voting booth.

Residents were supported to take risks in their daily lives, levels of support depended on the skills of each person. For example, some residents travelled independently, completed the shopping for their house, and spend time in the house unsupported by staff. Other residents were working towards achieving goals such as attending trips and concerts, which included considering what support was needed to attend.

Residents were seen to have personalised their own rooms with their own possessions and held keys for the doors so they could lock them for security. Resident's personal

money was stored safely, and they were able to access it via staff when they needed to.

Residents were seen undertaking their laundry either independently or with support from staff.

There was a policy in place that covered resident's personal possessions and basic records of their belongings.

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 assisted and supported to communicate, appropriate to their identified needs, and had the necessary aids to support them.

Staff were aware of the communication needs of the residents, and residents were seen to be speaking and signing with people throughout the inspection.

Where residents required support there were communication books in place that included for example regular signs used by the individual. New signs were being added to support further learning. Other residents in the house were also supported to learn basic signs, and were seen to be using them effectively. Residents had been assessed by speech and language staff that were supporting the development of the communication books.

Care plans were seen to set out what each individual's care needs were, and any areas for development. This included whether residents had glasses and hearing aids, and the practice for caring for those aids.

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

Residents had access to TV, radio, DVDs and mobile phones. During the Monday

residents meetings staff would talk about local events, such as the theatre and advise residents of local events.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

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

Residents spoken with during the inspection confirmed that their friends and family were welcome in the centre and visiting was unrestricted. Two families visited one of the houses during the inspection and confirmed they were made welcome at all times, and remarked that the annual 'family day' was an event they enjoyed and gave all the residents and their families the chance to get to know each other. All confirmed they were able to meet in private, either in their own rooms or in the areas of the house that were free. Residents also went out with relatives, and so could speak privately to them.

Care plans had a section on maintaining family and friend relationships, and this included the methods each resident used to maintain their links. This included regular visits home for some, and phone contact either on mobile phones, or the house phone for others. Relatives were invited to attend planning meetings, and signatures of some relatives were seen in the personal support plans.

Residents could involve their families in their annual care planning meeting, and relatives confirmed they were kept up to date with pertinent information for their relatives.

Residents had many links in the wider community, and within the services provided by the organisation. Residents spoke of how they met friends regularly at different events, and were able to entertain them in the house if they chose to.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

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

The statement of purpose set out the service provided by the centre, and this covered the residents who were living there.

There was a policy and process in place for admissions, transfer, temporary absence and discharge of residents. There had been no recent admissions to the service, but some residents were hoping to move to more independent living in the future, and were involved in life training development as part of the preparation.

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

Judgment:

Non Compliant - Moderate

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:

Inspectors found that each resident had opportunities to be involved in the activities of their personal choice and arrangements were in place to meet individual needs. Their care and support reflected their assessed needs, and were clearly set out in personal support plans that had been developed with the residents, key workers and family where appropriate.

Inspectors read a sample of the personal support plans. They were based on the individual needs of the residents, and there was evidence they were reviewed on a regular basis. Developing the plans and the reviews involved residents, family and relevant professionals. This depended on the needs of the resident but included psychiatry, speech and language therapy, and occupational therapy. In some cases the resident had completed the documents themselves.

The personal support plans were done annually or more frequently if needs changed. The plans included information on resident's skills, areas of need and areas for development, often described as goals. Areas covered included maintaining relationships with family and friends, personal care, skills and personal development, healthcare, and community inclusion. Updates on progress against residents identified goals were included, in some cases photographs of events were included.

Residents were seen to be involved in a wide range of meaningful activities, which included attending jobs, and day placements. Social activities included attending local groups, concerts, sporting events, plays and shows, and using local facilities such as the cinema, gym, shopping centres. Some residents had also been involved in the Special Olympics which had been a really positive experience for them.

Their daily routines were set out in pictorial and plain English format, and residents explained to the inspector how they chose the different activities they took part in. One person had changed their day activity recently, and confirmed they were happy with this decision.

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

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

Three of the houses were found to be homely and generally well maintained, however the fourth house needed work to improve the living environment for the resident, mainly regarding decoration. Some areas of need for maintenance were seen across the properties, for example mould in one bathroom, broken and stored objects in an outside area of another.

In each house there was adequate private and personal accommodation to meet the needs of the residents. Some residents were happy to show the inspector their bedroom accommodation. The rooms were found to be of a good size, and personal in nature. Residents had adequate furniture to meet their needs. One resident had asked to move from a double room to a single room, but at the time of this inspection it had not been possible to arrange this. Screens were being considered in that room to increase the level of privacy for the two residents as a short term measure.

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

There was outdoor space in each of the houses that was accessible to the residents, and well presented.

Some adaptations such as handrails to the stairs had been fitted to improve safety for residents with mobility issues. There was also a level access shower, which the residents liked to use. There was a satisfactory number of baths, toilets and showers to meet the needs of the residents. Other residents had aids to support their mobility, and staff were clear on how these were to be used and maintained. A good standard of hygiene was noted, and there was appropriate heating light and ventilation.

One sleep in member of staff covered the two houses that were joined, and there was an alarm system in place for residents to call the staff from the other side of the house if they needed them in the night.

Judgment:

Non Compliant - Minor

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

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

Inspectors saw a range of policies and procedures relating to health and safety. This included an up to date safety statement. Staff were seen to be implementing good practice around health and safety, such as hand hygiene.

A risk policy was in place that covered the measures to identify and respond to risk as set out in regulation 26 of the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. There were systems in place to identify risks and documentation on how those risks would be reduced or managed both at an organisational level and at a local level. The areas covered by the risk assessments and registers included slips trips and falls, manual handling, stairs, risk of living close to a road, fire, household chemicals. The local risk registers were generic, but had been scored in relation to the relevant premises.

There were also individual risk assessments in place for residents, identifying the hazard and the steps taken to reduce the risk. There was evidence seen that the organisation was learning from incidents and other feedback, and improving the health and safety management in the organisation. This learning could also be seen locally in making changes following activities such as the health and safety audit.

An infection control policy was in place that covered a range of areas including hand hygiene, personal protective equipment. The policy was seen to be put in to practice and residents and staff had received training in hand hygiene. Some staff and residents were also booked on a training course around food hygiene.

Incidents and accidents were recorded, and sent to nominated staff in the organisation to analyse. Audits were being carried out on health and safety, and medication practice.

Inspectors reviewed the policy on fire prevention and management and looked at the records for servicing and drills. Records showed that the fire alarm was serviced on a quarterly basis in two houses and the fire safety equipment was serviced on an annual basis in all four. However, for two houses there was no evidence of up to date servicing

for the fire alarm.

Regular testing of the alarm system was being carried out, recorded and staff spoken to were familiar with the procedure to follow. In two of the houses staff were undertaking extra drills to ensure the residents responded, and took the right action on hearing the alarm. The records of these drills included who had taken part, what happened, and any actions needed to improve the response. Residents confirmed they took part in the drills and would know what to do if the alarm sounded.

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

On the day of the inspection the fire exits were clearly marked and not obstructed. A new system had been introduced that week to do a weekly check on exit routes, equipment, lighting and evacuation plans.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

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

Inspectors spoke to the residents who said that they felt safe at the service, and knew who to speak to if they were not happy, this included staff who worked in their day services.

Inspectors observed that there were measures in place to safeguard residents which

included a policy and procedure on the prevention, detection and response to abuse. Staff members had all received training in adult protection. They were all very clear on what constitutes abuse and what action to take if they suspected or witnessed abuse taking place. The person in charge on the day of the inspection understood the role they would need to take in the investigation any allegations of actual or suspected abuse. At the time of the inspection no incidents, allegations or suspicions had been recorded.

During the inspection all residents were seen to be treated with respect by the staff. There was also a respectful relationship between the residents living together in the houses.

At the time of the inspection there were no residents who had behaviour support plans in place, however the organisation had policies in place for the action to take where this was identified as a need. 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.

There was a system for reporting incidents. Reports were completed locally, and submitted to the person in charge, and to the health and safety committee. At the time of the inspection the only incidents related to medication errors.

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

A review of a sample of the records pertaining to resident monies being withdrawn from the property accounts indicated that the systems for recording was in place to safeguard monies. All monies given for residents use were dated and the expenditure and reason for it was recorded and receipted for the financial office. Money paid in on behalf of residents in fee payments are recorded via a unique identifier in the main account and records were transparent. However the arrangements for residents for whom the provider acts as agent were not currently compliant as no official documentation or procedure had been implemented in relation to this. This was discussed with the financial manger who agreed to remedy this in accordance with current requirements.

Judgment:

Non Compliant - Minor

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

At the time of the inspection no notifications had been required.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. They were clear of what incidents needed to be notified and the timescales in which they must be completed.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

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

Residents were encouraged to undertake a job or training, much of which was provided within the organisation. Staff worked closely with the other parts of the service to ensure resident's needs were communicated. Residents worked in a range of settings including a cafe, restaurant and craft centre. Older residents attended a retirement service.

Inspectors spoke to the residents about these activities and all reported they enjoyed their jobs, and worked in areas that were of interest to them. Some residents had changed their place of work as part of an agreed plan.

Each resident had a personal support plan in place about their interests and goals they wanted to achieve. Progress against these goals was in part recorded, and in part explained by the residents.

Residents told inspectors about their busy social lives, and shared photographs of recent events such as birthday parties, trips to sporting and music events, and a trip down to the Special Olympics where some residents took part and others cheered them on.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector found that there were arrangements in place to provide health care for each resident, and they had access to medical and allied healthcare professionals as needed.

There was evidence seen in the records that residents had good access to general practitioners (GP's) and also had an annual health check by a doctor based in the organisation. This was also supported by an 'OK health check' completed by the staff who worked with the resident.

For each of the residents identified health needs there was a nursing care plan in place with clear instruction on the support needed to manage the condition.

There was evidence that residents accessed other health professionals such as occupational therapy, speech and language therapy, optician and hearing services. Extensive letters and medical reports were available as part of the residents records, covering their whole time in the service. Residents confirmed to inspectors they had access to health services when they needed them.

The inspector spoke to residents who were aware of healthy eating, and the importance of exercise. Some residents were cooking meals themselves, and others were supported to eat a healthy diet with staff preparing the meals. Residents confirmed that they had access to adequate quantities and a good variety of food to meet their dietary needs. Snacks and drinks were available to the residents at all times. Meal times were seen to be a positive social event.

Some residents were taking supplements to support a healthy diet, and these had been prescribed by the GP and the dietician had done an assessment and made the recommendation.

Judgment:

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:

The inspector found there were policies and procedures around the safe administration of medication.

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

A record was seen of medication errors, which included residents missing or refusing to take medication. This showed that the policy had been followed. All errors were reviewed by the person in charge, and also escalated to the Medication Therapeutic Safety Committee who looked at all of the errors for the organisation to ensure there were no patterns that could be improved.

At the time of the inspection all residents had been assessed as requiring support to take their medication. There was an interim policy in place for the self administration of medication and plans were in place for some to be assessed to see if they were able to take over control of their own medication.

Inspectors reviewed the prescription record and medication administration records for residents and found that the documentation was complete. However, for 'as required' medication, in some cases there was no maximum dose recorded.

The inspector observed that the medication storage was in the kitchen. There was a safe key pad for storage of keys, and the cupboard was used solely for the purpose of medication storage.

Where residents had medical conditions there were guidelines about how these were to be managed, and emergency medications administered. All staff spoken to were very clear of what action they would need to take, and who was responsible.

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

Audits had been carried out of medication and practice in some of the houses, and these had found practice to be good.

Judgment:

Non Compliant - Minor

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a statement of purpose; however some additions were needed for it to meet with the requirements of the regulations.

Inspectors read the statement of purpose and found that it provided information about the service. It accurately reflected the services and facilities to be provided and described the aims, objectives and ethos of the service. However, it only provided basic information about the admissions process, and did not include the size of the rooms in the houses.

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

Judgment:

Non Compliant - Minor

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

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

Inspectors found that the person in charge of the designated centre was suitably qualified and experienced. She was knowledgeable about the regulations and standards, and her role in meeting them. She was also very clear about the organisational structure, policies and procedures, and here implementation of this was seen clearly through the two day inspection. She had a very good knowledge of the support needs of the residents. Staff and residents all knew who she was and felt they would be able to speak to her if they had any issues.

She visited each house in the centre at least weekly. She also worked at the weekend so was able to visit when residents were able to meet during their free time.

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

The person in charge was responsible for 4 designated centres. She is then supported by a lead person in each of the houses that make up the designated centre. A clinical nurse manager from the centre would cover for the person in charge in her absence. It was clear that she had identified where improvements were needed to meet the regulations, and had communicated with staff clear guidance on what actions needed to be made to meet the requirement of the regulations. The person in control had ensured training was booked for staff, ensured staff had access to the relevant policies and procedures, and provided guidance about completing the personal support plan documentation.

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

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

A number of audits were being carried out in the designated centre, this included the prescription record sheets, medication management, hand hygiene and food safety, prevention of abuse awareness of staff. Records showed actions identified as part of the audits, and who was responsible to take them forward, and by when. There were also annual service user feedback forms on file completed by residents. No issues had been identified on the ones seen.

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

Staff meetings were taking place monthly, and there were notes that recorded the topics discussed. Staff confirmed they felt supported by the person in charge.

As all residents were out during the day, the staff handover was done via a communication book which included daily notes for each resident, and any appointments or actions needed during the next shift. Residents all had their weekly routines, and staff were familiar with those.

Staff supervision was happening in an informal way, however a more formal system was being rolled out, and the person in charge had completed the training and would be carrying out appraisals with the staff.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

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

The provider had appropriate contingency plans in place to manage any such absence. One of the senior service managers was responsible for deputising in the absence of the person in charge. The senior service manager demonstrated a clear understanding of her roles and responsibilities under the Regulations when fulfilling this deputising duty.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

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

On the day of the inspection there were sufficient staff to meet the needs of the residents, but were very busy due to the range of their duties. A large review of staffing had been undertaken in the organisation and extra staffing was going to be provided in the centre in the near future to relieve the pressure on staff, especially in the morning.

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

Records of maintenance being carried out in a timely manner were seen.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

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

Residents were seen to receive any support they needed in a respectful, timely and safe manner. Residents knew all the staff well as they had been in the service for some time. Relief staff were used to cover shifts in the centre, residents found they did not know

their routines as well as the regular staff. The residents spoken to confirmed their key workers and all of the other staff were supportive to them.

The staff knew the residents well, and were seen to have sufficient skills and experience to meet their needs. There were enough to meet the residents need, but due to the wide range of their role they were very busy. An organisational review of staffing had identified this, and more staff were going to be provided for the morning shift.

The staff rota matched the staffing in each of the houses.

Across the staff team all of the mandatory training (fire, manual handling, adult protections) had been provided, however a number of staff had not completed the fire and manual handling training within the agreed timescales. The action for this is made under outcome 7.

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

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

Judgment:

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):

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

Findings:

The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place.

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

Written operational policies were in place to inform practice and provide guidance to staff. Inspector found that staff members were sufficiently knowledgeable regarding these operational policies. Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Satisfactory evidence of insurance cover was provided to the Authority

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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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 Ltd
Centre ID:	OSV-0003906
Date of Inspection:	10 July 2014
Date of response:	14 August 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

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

Action Required:

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

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

The details of the service to be provided and the fees to be charged are now included in

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

the service user handbook which is in an easy to read format.

Proposed Timescale: 13/08/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Not all parts of the designated centre were suitably decorated and maintained.

Action Required:

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

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

The broken and stored objects in the outside area of one of the houses have been removed. Completed by 7th August 2014

A request has been sent to Technical Services regarding the redecoration required to be undertaken. This redecoration will be completed by 26th September 2014

Proposed Timescale: 26/09/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Not all staff had up to date manual handling training at the time of the inspection

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The staff member identified at the time of inspection as requiring up to date manual handling training will complete this by 30th September 2014.

Proposed Timescale: 30/09/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Records were not available to prove all fire alarm equipment had been tested in line with good practice requirements.

Action Required:

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

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

The fire alarm equipment in all four houses was last serviced on 30th April, 2014. Records are now available to show that all fire alarm equipment has been tested in line with good practice requirements.

Proposed Timescale: 14/08/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

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

Action Required:

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

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

The staff identified at the time of inspection as requiring up to date fire training will have completed the training by 7th October 2014

Proposed Timescale: 07/10/2014**Outcome 08: Safeguarding and Safety****Theme:** Safe Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Although practice was transparent, the policies and procedures for the management of residents money was not robust enough to ensure each resident was fully protected.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The Financial Director will ensure that the arrangements for all residents for whom the

provider acts as agent will be formalised by using the official documentation and procedure. This will be completed for all residents by 31st March 2015

Proposed Timescale: 31/03/2015

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 maximum dose allowed in 24 hours was not recorded for all 'as required medication' (PRN)

Action Required:

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

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

A review of the prescription records for all the residents in the designated centre to identify where the maximum dose in 24 hrs. for "as required medication" is not recorded will be carried out. This review will be completed by 18th August 2014. The prescription records identified as requiring recording of this information will be amended by 6th September 2014.

Proposed Timescale: 06/09/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include all the elements listed in schedule 1. The elements missing were:

- A description of the rooms, including their size
- The criteria for admission

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose will be updated to include the

- A description of the rooms, including their size
- The criteria for admission.

This was completed on 1st August 2014

Revised statement of purpose submitted to the Authorities on the 14th August 2014

Proposed Timescale: 01/08/2014