



# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Steadfast House Respite Services
Name of provider:	Steadfast House Company Limited By Guarantee
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	14 November 2018
Centre ID:	OSV-0001632
Fieldwork ID:	MON-0021595

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Steadfast House Respite Service is a five bedded home, established in 2010, situated outside a town in Co. Monaghan. Steadfast House Respite Service can accommodate a maximum number of four residents per night. The centre provides care for people with low, medium, high and maximum dependency needs. The range of needs that the centre intend to meet for residents are intellectual disabilities including those with complex care needs and physical and/or sensory disabilities. It consists of five bedrooms including two en-suites; bedroom five has an overhead hoist fitted that links to the main bathroom. Kitchen/dining area, sun lounge/sitting room and a back kitchen. Steadfast House Respite Service has its own garden to front and back of house, with tiled patio area at back of house with outdoor seating provided.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
14 November 2018	10:00hrs to 17:00hrs	Andrew Mooney	Lead

## Views of people who use the service

The views of the people who use the service were established by speaking with residents and reviewing documentation.

During the inspection, the inspector met and spoke with 3 residents extensively. These residents were extremely happy with the service. They commented that they loved coming on respite and it felt like a "home from home" to them. These residents showed the inspector around the house and were extremely proud of their bedrooms. Residents spoke fondly of the staff and stated that they were happy and felt safe in the centre.

Residents were engaged in community activities of their choosing which varied from person to person. These included attending local day services and accessing local amenities. Residents also had goals and were being supported to achieve them.

## Capacity and capability

The registered provider and person in charge were ensuring a very good quality and safe service for residents in the centre. Care and support was found to be person-centred and in line with individual choices, needs, and wishes.

A statement of purpose was in place and it included all information set out in the associated schedules. A copy of the statement of purpose was available to residents and their representatives.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre including an annual review of the quality and safety in the centre and six monthly visits by the provider or their representative.

There was sufficient staff with the required competencies to manage and deliver person-centred, effective and safe services to the residents within the centre. Staff were observed to treat residents with respect and warmth. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of the residents within the centre. Staff in the centre also had access to training and

refresher training in line with the statement of purpose.

The registered provider had established and implemented effective systems to address and resolve any concerns or complaints raised by residents or their representatives. There was an effective complaint procedure that was accessible and was provided in an appropriate format for residents.

#### Regulation 14: Persons in charge

The person in charge was engaged in the governance, operational management and administration of the centre on a regular basis.

Judgment: Compliant

#### Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

Judgment: Compliant

#### Regulation 16: Training and staff development

The education & training available to staff enabled them to provide care that reflected up-to-date, evidence-based practice. Staff were supervised appropriately.

Judgment: Compliant

#### Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were managed effectively. A nominated person was available to ensure all complaints were responded to appropriately and that records were maintained as required.

Judgment: Compliant

## Quality and safety

There were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things went wrong.

There was a comprehensive assessment of the health, personal, social care and support needs of each resident in the centre. These assessments were used to inform associated plans of care for each of the residents. Residents' goals were planned and progressed through regular key worker meetings. Personal plans were reviewed annually. However, these reviews required improvement, as they did not assess the effectiveness of the plans.

Each resident had access to appropriate healthcare to support their assessed needs. This included access to a GP of their choosing and when medical treatment was recommended, this was agreed with the resident and facilitated by the provider. Residents had access to relevant allied health professionals in line with their assessed needs and were supported to take proactive steps with their healthcare needs. There was adequate amounts of food and drink which were wholesome, nutritious and offered choice at mealtimes. The advice of dieticians and other specialists was implemented.

The health and safety of residents, visitors and staff was promoted and protected in the centre. There were policies and procedures in place for risk management and emergency planning. There was evidence that risks that presented were managed well and appropriate measures were put in place to protect residents from being

harmed and or suffering from abuse.

There were a range of appropriate fire precautions in place. The registered provider had ensured that all fire equipment and building services were provided and maintained appropriately. Fire safety checks took place regularly and were also recorded.

The practice relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines was appropriate. However, there was insufficient guidance for staff relating to the administration of some PRN medicines. For example when 2 analgesics were prescribed, there was insufficient guidance relating to which should be given first and if they could be administered together.

### Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required. There was a procedure for the safe evacuation of residents and staff in the event of a fire.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The practice relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines was appropriate. However, there was insufficient guidance for staff relating to the administration of some PRN medicines. For example when 2 analgesics were prescribed, there was insufficient guidance relating to which should be given first and could they be given together.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

The centre was suitable for the purposes of meeting the assessed needs of each resident and, where reasonably practicable, arrangements were in place to meet these needs. However, the reviews of personal plans required improvement as it was unclear if they assessed the effectiveness of the plans.

Judgment: Substantially compliant

## Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to residents' personal plans.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge.

Judgment: Compliant

## Regulation 8: Protection

Residents were protected from all forms of abuse. The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where any resident was harmed or suffered abuse.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Steadfast House Respite Services OSV-0001632

Inspection ID: MON-0021595

Date of inspection: 14/11/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:            Guidelines are now clearly specified on residents’ Pain Assessment Tool in conjunction with the Drug Prescription Record for the use of these PRN medications.            This will be reviewed for each resident on each respite admission where applicable to ensure compliance with Regulation 29.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:            Reviews of all residents’ personal plans will include a comprehensive assessment of their effectiveness.</p>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	15/10/2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in	Substantially Compliant	Yellow	20/12/2019

	needs or circumstances, which review shall assess the effectiveness of the plan.			
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