

**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 Steadfast House Limited
Centre ID:	OSV-0001631
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Steadfast House Limited
Provider Nominee:	Malachy Marron
Lead inspector:	Jillian Connolly
Support inspector(s):	Ciara McShane
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 May 2015 10:00 To: 06 May 2015 19:00

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

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

Summary of findings from this inspection

This inspection was conducted following an application by the provider to register the designated centre under the Health Act 2007. The designated centre is located on the outskirts of a busy town in Co. Monaghan and is operated by Steadfast House Ltd. It is the home to five individuals. This was the second inspection of the designated centre. The first inspection was conducted in August 2014 and was unannounced. Twelve outcomes were inspected and significant non – compliance was identified with the regulations at this time. In the main, the common theme arising was the ineffective systems in place to ensure that the service provided was safe and effective. At this time the role of the person in charge and provider nominee were held by the one person. Inspectors found that due to the individual’s wider role

within the organisation this was not a feasible arrangement. Following on from the inspection, the provider separated the role of the provider nominee and person in charge. Inspectors found on this inspection, improvements in the systems in place which resulted in positive outcomes for residents.

The findings of this inspection were gathered from inspectors talking to residents, relatives and staff, observing practice and reviewing documentation. Residents confirmed that they were happy in their home, they felt safe and that their needs were met. Relatives stated that they were happy with the service provided to their loved one and that they were always welcome in the designated centre. Staff were observed to be knowledgeable of the needs of the residents and to engage in a dignified and respectful manner with residents.

Inspectors followed up on the matters arising from the previous inspection and confirmed that an appropriate response had occurred as stated by the provider. Residents' freedom of movement throughout the centre who required the support of a wheelchair remained unaddressed and therefore is repeated in the action plan at the end of this report.

Compliance was identified in fourteen of the eighteen outcomes inspected. Substantial compliance was identified in the records and documentation. Moderate non – compliance was identified in Health and Safety and Risk Management and Premises. Governance and Management was also identified as a moderate non – compliance due to the absence of reviews of the quality and safety of the service provided.

The action plan at the end of the report identifies the failings and includes the actions to be taken by the provider to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centre for Persons (Children and Adults) with Disabilities) Regulations 2013.

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):

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

Findings:

The designated centre had a complaints policy dated March 2015. There was also a complaints log maintained in the designated centre. As of the day of inspection, four informal/verbal complaints had been recorded. There had been no formal complaints documented. Each of the complaints had been addressed with the outcome and satisfaction of the complainant recorded. Residents and family members stated that they were able to submit a complaint if required and were assured that there would be no adverse effects to the person using the service as a result of this. The complaints' procedure was in an accessible format and located within the designated centre. Whilst a picture of the complaints' officer was located in the centre, the details of the complaints' officer were not included in the policy.

Details of an advocacy service and rights' organisation were displayed prominently in the centre.

Residents' meetings occurred on a weekly basis in the designated centre, both residents and staff maintained a copy of the minutes. Residents informed inspectors that they felt consulted with regarding the operation of the designated centre. Residents further stated that they were supported to exercise their civil and political rights. For example, there was evidence that residents were supported to contact the local authority regarding issues that were pertinent to them such as accessibility. Residents further stated that they felt their dignity and privacy was respected at all times. Inspectors observed that the storage of all confidential documentation was in a secure location. Language utilised in documentation was respectful. Each of the residents had their own bedroom and en suite. There was sufficient storage for residents' personal belongings.

There was also a communal room separate to the main communal areas for residents to meet visitors in private.

Inspector reviewed the system in place for residents' personal finances. Inspectors confirmed that residents were supported to maintain control over their personal finances. There were appropriate safeguards in place to protect residents' finances.

Each of the residents were in receipt of a formal day service. There was also evidence that residents engaged in recreational activities outside of this day service which were in line with their interests and capabilities. This included attending social occasions with other residential services and accessing local community groups. Inspectors found that the practices of the centre promoted the individual being the focus of service delivery. Inspectors recognised whilst appropriate safeguards were in place, practices were not risk averse.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The policy for communication with residents was dated March 2014. Inspectors experienced a culture of open communication within the centre appropriate to the needs of residents. For example, information relevant to residents was displayed in an accessible format. Residents had access to a portable land line telephone. Inspectors observed residents answering the phone and ringing family and friends. Residents who chose to had their own mobile phones. Access to media was readily available via television and radio. Residents also had access to social media and were supported to utilise same.

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):

No actions were required from the previous inspection.

Findings:

Residents stated that they were supported to maintain positive relationships with friends and family. As previously stated, there was a room available for residents to meet visitors in private. Family members stated that they were always welcome in the centre. There was a record of all visitors to the designated centre maintained and a visitors policy in place. There was also evidence that if a resident required support to visit family outside of the centre, this occurred.

It was evident that residents were valued members of the community, inclusive of work experience, recreational community groups and general activities of day to day life such as shopping.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There was a policy in place for the admission, temporary absence and discharge of residents. One resident had been admitted to the centre since the commencement of regulation in November. Inspectors met with the resident who stated that they were supported and welcomed throughout the transition process. The residents who resided in the centre prior to this stated that they were consulted throughout the process and their wishes were considered.

Inspectors reviewed a sample of the written agreements signed by residents which outlined the terms of their residency. This was a deficit identified in August 2014 and had been actioned accordingly. The agreement clearly stated the services to be provided and the fees to be charged to the resident monthly. There were also details of additional

charges listed. Inspectors reviewed the service level agreement between the Executive and the service provider and confirmed that the practices were in line with same.

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):

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

Findings:

Inspectors confirmed that each resident had a personal plan in place. Residents had an assessment completed of their health and social care needs. If a need was identified a plan was in place to meet that need, which addressed any potential hazards associated with that need or meeting that need. The plans in place identified the supports residents required to meet that need, such as the staff numbers or resources. There was a monthly review conducted by the resident's key worker which included a summary of the care provided to a resident.

The personal plan of residents also included short and long term goals which had been derived in consultation with the resident and their circle of support. There was a clear record maintained of the progress towards achieving the personal goals of residents included in their monthly review. The personal plan was also in an accessible format. Residents guided inspectors through their personal plans and it was evident that they were working documents guided by the wants and needs of residents. The personal plans also supported skill building and lifelong learning.

Residents had been referred and reviewed by the relevant Allied Health Professional if a need was identified. Inspectors also confirmed that recommendations from Allied Health Professionals were incorporated into the personal plans of residents and implemented in the day today life of residents.

Judgment:

Compliant

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

Findings:
The designated centre is a bungalow located in a town in Co. Monaghan. It is a six bedroom house and is the home of five residents. Each resident has their own bedroom with en suite. The sixth bedroom consists of a staff office/sleepover bedroom. There is a kitchen/dining room, utility room and sitting room. There is also a separate room to meet visitors in private. There is a communal bathroom. The centre was clean and suitably decorated, reflective of the individuals residing there. There were photographs throughout the centre and bedrooms were personalised. There was suitable lighting and heating on the day of inspection. The external grounds were well maintained and contained a horticulture tunnel for the use of residents. There were suitable arrangements in place for the disposal of waste. Residents were supported to launder their own clothes, with a goal for one resident being to learn how to utilise the washing machine independently.

In the main inspectors found that the centre was meeting the needs of the residents and in line with the Statement of Purpose of the designated centre. However, an action arising from the previous inspection was that the communal areas were not accessible to all residents due to their mobility needs. Whilst alterations had been made to the exit doors as stated by the provider in the action plan submitted following the inspection in August 2014, there had been no improvement to the internal doors. Therefore the action is repeated at the end of this report.

Judgment:
Non Compliant - Moderate

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):

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

Findings:

The designated centre had policies and procedures in place in respect of Health and Safety and Risk Management. The centre also had separate policies in place regarding self harm, missing persons and the management of aggression and violence. An action arising from the inspection conducted in August 2014 resulted from the absence of a risk register. On this inspection, the centre had a risk register which identified hazards within the designated centre and the control measures in place to reduce the risk associated with the hazards. Of the hazards identified, inspectors confirmed that the control measures were implemented in practice. Individual risk assessments were also in place for residents in their individual personal plans. However inspectors determined that improvements were required to ensure that all hazards within the centre were identified inclusive of clinical, operational and environmental.

Inspectors were assured that the practices in place to ensure appropriate control and management of infection were in place. Of the sample of files reviewed, staff had received training in appropriate practices such as food hygiene. As stated previously the centre was clean and there had been no incidents of healthcare associated infections in the designated centre.

Inspector reviewed the practices in place in respect of the management of fire. There was an emergency plan in place which was specific to the designated centre. There was evidence that the fire alarm system was tested at appropriate intervals. Fire equipment such as fire extinguishers were maintained at regular intervals. Improvements were required in the locking of final fire exits as they were key operated. There was no evidence that a thumb turn system was a risk to residents residing in the centre. Therefore in the event of an emergency there could be an unnecessary delay. The doors appeared to be fire doors, however the door from the sitting room to the hallway was not closing fully. Therefore a risk was present in the event of a fire in the sitting room not being contained for an appropriate time period. Inspectors informed the provider nominee and person in charge of this during the course of the inspection. Inspectors were verbally informed that this would be addressed immediately. There were personal evacuation plans in place for residents which clearly stated the supports each resident would require in the event of an emergency. There was evidence that fire drills were conducted on a regular basis. Residents demonstrated to inspectors the actions to be taken in the event of a fire. Staff had received the appropriate training.

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):

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

Findings:

The designated centre had procedures and a policy in place regarding the protection of vulnerable adults. Inspectors reviewed the policy and found that improvements were required in order to ensure compliance with regulations and that it guided staff in line with national policy. The designated person responsible for the receipt and management of allegations or suspicions of abuse was omitted. The policy also did not reference the Safeguarding Vulnerable Persons at Risk of Abuse: National Policy and Procedures which was published by the Health Service Executive in December 2014. This policy and procedure applies to all non – statutory service providers which are public funded. Of the sample of training records reviewed, staff had received training in the protection of vulnerable adults. There had been no allegations or suspicions of abuse reported to the Chief Inspectors since the last inspection. The staff on duty on the day of inspection was aware of the actions to be taken in the event of an allegation or suspicion of abuse. Residents reported that they felt safe within their home.

Inspectors reviewed the systems in place for residents' finances and determined that the appropriate mechanisms were in place to ensure residents' personal finances were protected.

Inspectors reviewed the policies and procedures in place for the management of behaviours that challenge. There were no residents who required support in this area as of the day of inspection. There were residents who experienced anxiety in certain situations; however inspectors were assured that the approach utilised and documented was person centred and did not impinge on the rights of residents. There was a record maintained of any restrictions within the designated centre, which were lap straps for residents who utilised a wheelchair or bedrails. Residents stated that they were happy with these as they viewed them as a safeguard as opposed to a restriction and each resident had consented to same. There were appropriate assessments in place by the relevant Allied Health Professional for each restrictive practice.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the accident/incident records and confirmed that all incidents which required notification to the Chief Inspector on either a three day or three month basis had been reported as required by regulation 31 of the Health Act 2007 (Care and Support of Residents in Designated Centre for Persons (Children and Adults) with Disabilities) Regulations 2013.

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:

The policy in place for residents' access to education, training and development was present and dated March 2014. As stated previously, inspectors were assured that residents were supported to be active members of the community. This was achieved both through a formal day service and through being members of local community groups. This included residents to be supported to access public transport, socialise with friends without undue supervision, utilise local amenities such as the bank and the library. Residents also stated that they were satisfied with their quality of life, with one resident stating, 'I never had freedom until I moved here.'

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):

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

Findings:

Inspectors reviewed the systems in place to ensure that the health care needs of residents were met. Residents had regular access to their general practitioner. Residents also discussed with inspectors the varying supports that they had in place to ensure that needs such as epilepsy and diabetes were met. There was evidence indicating that residents were supported to attend appointments with various health professionals when required. There were plans of care in place for any identified needs. Of the sample of personal plans reviewed, the information contained was informative and reflective of the needs of the resident. Progress notes also evidenced that the plans of care were implemented in practice.

Residents were supported with a healthy living lifestyle and this was facilitated by attending a local community group which promotes same. Residents stated that they were actively involved in choosing the weekly menu in the centre and that the food they received was good. Mealtimes were a social experience and the layout of the kitchen/dining room promoted interaction and involvement of residents. Residents were supported to have their weights recorded monthly or sooner if required.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

A minor non-compliance was identified on the inspection which was conducted in August 2014 in respect of medication. At that time, there were residents who were prescribed medication as required for pain relief however this was not available in the centre if required. Inspectors followed up from the actions arising from same and

confirmed that this had been addressed. The medication management policy was in place and guided practice and all but one staff had received training in the safe administration of medication. Inspectors were informed that this staff member was never responsible for the administration of medication whilst training was being sourced. Inspectors reviewed a sample of rosters and confirmed that this occurred in practice as there was always a second member of staff on duty.

Medication was stored in a secure location. Of the sample of prescription and medication records reviewed, the records contained all of the necessary information. The times of administration correlated with the times prescribed. There were also guidance documents in place which supported staff in the administration of medication as required. A comprehensive assessment had been conducted for each resident and their ability to manage their own medication. Whilst none of the residents were deemed to have the capacity to administer their medication independently, a task analysis had been completed and each resident was supported to actively participate with the support of staff.

Inspectors reviewed the record of medication errors and were assured that appropriate actions had been taken following a medication error with no adverse effect on residents. Improvements were required in the medication audits to ensure accuracy and robustness. This is evidenced in Outcome 14.

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):

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

Findings:

As part of the application to register the designated centre, the provider was required to submit a Statement of Purpose to the Chief Inspector. Inspectors reviewed the document and confirmed that it contained all of the necessary detail as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centre for Persons (Children and Adults) with Disabilities) Regulations 2013. The findings of this inspection confirmed that the registered provider was operating services in line with the Statement of Purpose.

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):

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

Findings:

A major non-compliance was identified in August 2014 regarding the systems in place to ensure that services provided are safe and effective. At this time the role of person in charge and provider nominee were held by the one member of the management team. Following on from this inspection, the roles had been separated and a person in charge was recruited to manage this designated centre and another designated centre operated by the one provider. The Chief Inspector had been notified by the provider within an appropriate time frame and the relevant documentation had been submitted as per Schedule 2 of the regulations. The person in charge facilitated the inspection and demonstrated knowledge of their statutory responsibilities. It was clear that the person in charge was also knowledgeable of the day to day operations of the centre and residents were familiar with the person in charge. The cumulative findings of this inspection were indicative of a strengthening to the systems in place and improvement to the service provided.

There was a clear management structure in place and the person in charge and the provider nominee verbally demonstrated that they engaged regularly regarding the operations of the centre. Improvements were required with the formalising of this arrangement as there was no documented evidence of these meetings. Inspectors found that a risk was present as a result in regards to accountability. Inspectors were presented with a template which was proposed to be utilised to document the minutes going forward and were verbally assured that this would be implemented immediately. An on call system had also been implemented for outside the standard working hours of the person in charge and the provider nominee to ensure that at all times there was a member of management to support staff if required.

Inspectors reviewed the audits in place and found that improvements were required. There had been no formal review of the quality and safety of care provided as required by Regulation 23. There were also improvements required to the auditing system for

medication management as whilst it documented when medication was received to the centre, it did not clearly account for medications returned or the stock already in place. Inspectors found that this presented a risk of monitoring medication errors.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent for more than 28 days from the designated centre since they commenced their post. Therefore it was not necessary to notify the Chief Inspector of this as required by Regulation 32. The person in charge and the provider nominee demonstrated their knowledge of the statutory obligation to do so if required.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Inspectors spoke with residents, staff and relatives who all stated that the centre was adequately resourced in respect of staffing to support residents to experience positive outcomes and live a life of their choosing. This was reflected in a sample of rosters reviewed by inspectors. The designated centre had access to transport however at the

time of inspection this transport was not suitable for the use of residents who require the support of a wheelchair. The centre were compensating for this by utilising a taxi service in the interim. The provider nominee stated that they are in the process of rectifying this. As stated previously, inspectors reviewed the service level agreement between the provider and the funding body and confirmed that the centre is resourced as per the agreement.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

As stated previously, inspectors reviewed a sample of rosters and confirmed that there is a planned and actual roster in place. The centre has a stable workforce which ensured continuity of care for residents. The most recent member of staff to commence post had received an appropriate induction and residents had been involved in the recruitment process. From a review of the training records, inspectors were assured that staff had received the core mandatory training and that additional training specific to the needs of the residents had been provided which included;

- Occupational First Aid
- Infection Control
- Nutrition
- Medication Management
- Epilepsy training

Formal staff supervision had also commenced, which was a deficit identified in August 2014. Inspectors were assured that the tool utilised facilitated a comprehensive review of the needs of staff inclusive of areas of improvement/additional training. Staff on duty on the day of inspection were aware of the Regulations and Standards.

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):

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

Findings:

Inspectors confirmed that, in the main, the policies and procedures as required by Schedule 5 were present in the designated centre and that they had been reviewed within the appropriate time frame. As stated in Outcome 8, improvements were required with the policy in place for the protection of vulnerable adults to ensure that it was in line with national policy. The details of the complaints officer, as stated in Outcome 1, were also omitted from the policy for the management of complaints. The policy for the provision of information to residents was absent.

There was a directory of residents present which contained all the information as required by Schedule 3, with the additional matters contained in the personal plans of residents.

A review of a sample of staff files confirmed that the documents as required by Schedule 2 were present in the designated centre. The documents as required by Schedule 4 were also present, inclusive of a resident's guide, a record of complaints and records in respect of fire management.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jillian Connolly
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 Steadfast House Limited
Centre ID:	OSV-0001631
Date of Inspection:	06 May 2015
Date of response:	30 June 2015

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 06: Safe and suitable premises

Theme: Effective Services

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

Residents utilising wheelchairs could not access communal areas without the assistance of staff.

1. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres

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

to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Alterations will be made to doors in the designated centre to ensure adherence to best practice in achieving and promoting accessibility for residents utilising wheelchairs independently.

Proposed Timescale: 30/09/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk register did not identify all of the hazards within the designated centre.

2. 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 Risk Register has been reviewed on 08/05/15. Highlighted potential hazards have been identified and risks assessed. The measures and actions in place to control the risks have been identified. Further review of the Risk Register will take place on 30/06/15 to ensure that all potential hazards have been identified and risks assessed throughout the designated centre as per Regulation 26 (1)(a).

Proposed Timescale: 01/07/2015

Theme: Effective Services

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

Inspectors found that a fire door did not fully close and therefore reduced the effectiveness of same.

3. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The fire door of the sitting room was repaired the morning after the inspection to ensure fire safety management systems in the designated centre are in compliance with

Regulation 28 (1).

Proposed Timescale: 07/05/2015

Theme: Effective Services

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

The use of key locks on final exits as opposed to thumb turns could result in an unnecessary delay in the event of an evacuation.

4. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Key operated locks will be removed from all doors leading to escape routes and replaced with thumb turn locks. Thumb turn locks have been ordered on 25/06/15.

Proposed Timescale: 16/07/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was an absence of formal management meetings. There were improvements required to the audits completed.

5. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Formal management meetings have commenced, the first on the day after the inspection 07/05/15, 21/05/15, 22/06/15 and on 25/06/15 (on receipt of this inspection report) and minutes of same documented on the template presented to Inspectors on the day of this inspection. These meetings will take place on a monthly basis hereafter, or in the interim if necessary.

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

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

An annual review of the quality and safety of care had not been conducted.

6. Action Required:

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

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

- 1) The Registered Provider proposes to complete the first review of the quality and safety of care and support in the designated centre in the beginning of December 2015 and annually thereafter, to ensure that care and support is in accordance with the National Standards as per Regulation 23.
- 2) The Person in Charge has amended the auditing system for Medication Management to include a clear account for medications returned to pharmacy and the stock already in place. This took place the day after the inspection (07/05/15). Further review of this system will take place to ensure amended system eliminates the risk of monitoring medication errors in the designated centre.

Proposed Timescale:

- 1) 08/12/15
- 2) 01/07/15

Proposed Timescale: 08/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no policy for the provision of information to residents. A review was required of the policy in place for the protection of vulnerable adults and the management of complaints to ensure that they provided sufficient guidance to staff.

7. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

- 1) Policy for the Provision of Information to Residents is currently being developed to ensure that all policies and procedures are maintained in the designated centre in accordance with Schedule 5 of the Health Act 2007.
- 2) Protection of Vulnerable Policy is currently being reviewed to ensure that it is in line with the National Policy.

3) The details of the designated person for complaints are now included in the Complaints Management Policy.

Proposed Timescale:

1) 13/07/15

2) 06/07/15

3) Completed on 07/06/15

Proposed Timescale: 13/07/2015