

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Steadfast House Limited |
| Centre ID: | OSV-0001632 |
| 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): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 3 |
| Number of vacancies on the date of inspection: | 1 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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

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|------------------------|------------------------|
| From: | To: |
| 24 November 2015 11:00 | 24 November 2015 18:00 |
| 25 November 2015 11:00 | 25 November 2015 15:30 |

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

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

Summary of findings from this inspection

This 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. This was the fourth inspection of the designated centre, which is a respite service. As of the day of inspection there were thirty eight residents recorded as accessing the service, with the maximum number of residents being accommodated at any one time being four.

The findings of this inspection were gathered by the inspector talking to residents and staff, observing practice and reviewing documentation. Questionnaires were also

returned to the Authority by family members. Residents confirmed that they were happy attending respite with some stating it was like a holiday. Residents also stated that they felt safe and that their needs were met. Relatives stated that they were happy with the service provided to their loved one. 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.

Compliance was identified in sixteen of the eighteen outcomes inspected. Substantial compliance was identified in the Social and Health Care Needs.

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 policy in place for the management of complaints. The details of the person nominated to receive complaints were displayed in an accessible format in the designated centre. There was a record of complaints maintained in the designated centre and they were categorised into formal and informal complaints. The inspector reviewed the record and found that each complaint recorded was processed in line with policy and as required by Regulation 34.

As the designated centre has four single bedrooms and the maximum occupancy at any one time is four residents, there were adequate arrangements in place for residents to undertake personal activities in private. The communal bathroom can be accessed via two doors, one from the corridor and one from the adjoining bedroom. This is due to the presence of a ceiling hoist. The provider has a procedure in place that the door connected to the bedroom be locked at all times when not in use. Residents confirmed to the inspector that this is implemented in practice. Each resident also had a plan of care in place regarding supports required for intimate care. The inspector observed staff to engage with residents in a respectful and dignified manner.

Consultation with residents and their representatives was conducted through individual and weekly meetings, the completion of pre admission forms and quality improvement surveys. The inspector reviewed a sample of individual and collective resident meetings and found that matters such as food and activities were on the agenda. The inspector confirmed through reviewing a sample of residents' records that the choice of residents had been respected. Of the sample of quality improvement surveys, dated September 2015, the inspector found that the feedback from residents and their representatives was positive.

The person in charge had completed a referral to an advocacy service with the aim of obtaining training for staff. To date there had been no need to complete an individual referral for an individual resident. The designated centre also had a 'Rights Board' located in the kitchen which was adapted to a form suitable for the needs of the majority of residents and informed them of their rights.

The inspector reviewed a sample of records maintained in respect of residents' finances and personal possessions. Due to the nature of the service, the designated centre does not manage the finances of any resident. Therefore the system was appropriate to safeguard the monies residents utilise for the duration of their stay. A record was also maintained of all personal possessions that a resident brings to the designated centre on admission. Each of the bedrooms has the facility of a locked press which residents can use. Residents confirmed with the inspector that they use this in practice.

On admission, each resident informs staff of the activities that they would like to take part in whilst attending respite services. The inspector reviewed a sample of personal notes and found that, in the main, the activities occurred in practice. If the activity did not occur, a reasonable rationale was recorded.

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 designated centre has a policy in place regarding communication. The supports residents require for communication was highlighted in the individual personal plans of residents. The inspector observed staff to communicate effectively with residents throughout the inspection. Photographs were utilised to assist residents in making informed choices regarding the menu offered. The centre has a television, radio and telephone. During the course of the inspection, the inspector observed residents watching the evening news.

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:

The designated centre had a policy in place for visitors to the designated centre. There was also a visitors' book available in the designated centre. The centre did not have a separate area in the centre for residents to meet visitors in private, although each resident had their own bedroom. Due to the nature of the service being short term respite residents did not receive visitors on a regular basis. There was evidence that residents were supported to contact family members whilst in the service. There was also evidence of staff members contacting family members to inform them of their loved ones well being.

As stated previously, residents communicated to staff on admission, the activities that they would like to take part in whilst accessing the service and in the main, they were facilitated.

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:

A failing from the inspection conducted in January 2015, was that the written agreement between the provider and residents did not adequately stipulate the support, care and welfare to be provided to residents. The inspector reviewed a sample of written agreements on this inspection and found that this had been adequately addressed. On each admission, residents and/or their representatives agree in writing with the provider

the terms and conditions of the service, inclusive of any additional charges which may be incurred by the resident.

Admission and discharge is a regular occurrence within the designated centre. There are policies and procedures in place which support this. This will be addressed in Outcome 5.

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):

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

Findings:

The inspector reviewed a sample of residents' personal plans and identified that each resident had an assessment completed prior to commencing accessing respite services. This assessment identified both social and health care needs of residents. As the purpose of the designated centre is to provide short stay respite, a more concise assessment is completed on each separate admission which aims to ascertain if a change in need has occurred since the resident's previous admission. This is completed in conjunction with information provided by representatives prior to admission. From these assessments, plans are developed for both the health and social needs of residents. The plans were also reviewed and amended if a change in need was identified during a resident's stay.

The Statement of Purpose for the designated centre states that there is a key worker system in place which assigns specific responsibility to staff to ensure that residents' needs are met and that they are involved in their personal plan. Inspectors confirmed through speaking with staff and reviewing the allocation of key workers that this occurs in practice. Short term goals were developed for each resident on admission, which guided the activities that residents partook in for the duration of their stay. These goals were informed by the wants of residents. Progress and achievement of these goals were recorded in documentation.

A finding from the inspection conducted in January 2015 was that staff practice was not guided by recommendations of relevant Allied Health Professionals. The inspector confirmed that actions had been taken to improve this practice however improvements remained to attain compliance. For example, the manual handling assessment had been completed by the appropriate Allied Health Professional for one resident in the context of their day service. However this assessment omitted some of the supports the resident required specific to the designated centre.

Judgment:

Substantially 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):

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

Findings:

The premises is a detached bungalow located on the outskirts of a town in Co. Monaghan.

The premises consists of four resident bedrooms, one staff bedroom / office, kitchen/dining room and living area. The staff bedroom and one of the resident's bedrooms were provided with an en suite bathroom. There was also one large bathroom accessed both communally and directly from one of the bedrooms. As stated previously, the necessary safeguards were in place to ensure that only one door was operational at any one time. The kitchen area had recently been redecorated and presented as homely environment. There was adequate ventilation, heating and lighting in all parts of the centre which are used by residents. There were sufficient cooking and laundry facilities provided.

A failing from the previous inspection was that there was insufficient storage with the centre, which resulted in communal objects being stored in wardrobes designed for the personal use of residents. This had been adequately addressed as of this inspection. Inspectors found that there were suitable arrangements for the safe disposal of general waste and clinical waste when required.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The designated centre had policies and procedures in place regarding the health and safety of residents, visitors and staff. This included a risk management policy which contained all of the matters as required by Regulation 26. A finding on the inspection which was conducted in January 2015 was that not all of the hazards identified by inspectors were adequately assessed. Appropriate action had been taken following on from the previous inspection. The assessment of risk included clinical, operational and environmental hazards. Of the sample reviewed, the appropriate control measures were identified and implemented in practice.

There were also policies and procedures in place for the prevention and management of infection. Inspectors found in January 2015 non compliance in respect of the management and control of infection. The provider had reviewed the laundry procedures and removed a chair. Of the sample of staff training records reviewed staff had received training in infection prevention and control. There were cleanings schedules maintained in the designated centre which demonstrated that cleaning was occurring at appropriate intervals.

The inspector reviewed the systems in place for the prevention and management of fire. The designated centre was provided with the appropriate alarm system. There was also sufficient emergency lighting and suitable fire fighting equipment. All of which were serviced at appropriate intervals by the appropriate professional. Fire doors were provided in the appropriate areas. The fire procedures were clearly displayed inside the front door and there were records present to indicate staff had received fire safety training.

A finding from the inspection in January 2015 was that doors leading to escape routes were provided with locks that require the use of a key in order to escape. These keys were located in break glass units adjacent to the door. The provider had responded by replacing the keys with more appropriate locks which would not delay evacuation in the event of same occurring.

The inspector reviewed a sample of records in respect of fire drills. The records supported that the maximum number of residents could be evacuated with the lowest compliment of staffing to an area of safety in sufficient time. An assessment had also been conducted for the supports residents required in the event of an emergency.

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| <p>Judgment: Compliant</p> |

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:
There is a policy on, and procedures in place for, the prevention, detection and response to abuse which was dated July 2015. Staff had received training in the procedures to be followed and were knowledgeable of the indicators of abuse on inspection. Residents confirmed that they felt safe in the centre.

There were policies and procedures in place for the provision of behavioural support and the use of restrictive procedures. There were residents accessing the service who presented with behaviours of concern. Of the sample of personal plans reviewed, the inspector found that support plans had been created by staff which outlined the potential rationale for the behaviours presenting. There were also proactive and reactive strategies in place. There was a register of restrictive practices maintained in the designated centre which involved aids and appliances utilised to support/safeguard residents such as bedrails and lap straps for wheelchairs. These interventions were supported by the appropriate assessment.

As of January 2015, there were deficits in the training staff had received in respect of behaviour support. This had been adequately addressed as of this inspection.

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| <p>Judgment: Compliant</p> |
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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.

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| <p>Theme: Safe Services</p> |
| <p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspector reviewed the accident/ incident records and found that appropriate notification to the Chief Inspector had occurred as required by Regulation 31.</p> |
| <p>Judgment: Compliant</p> |

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| <p>Outcome 10. General Welfare and Development <i>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.</i></p> |
| <p>Theme: Health and Development</p> |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Compliance was identified in this outcome in January 2015. The inspector found on this inspection that this had been sustained. There was a policy in place for access to education, training and development. As respite services are short - term and episodic, residents' goals related specifically to the time period in which they resided in the designated centre. Documentation supported that residents had the opportunities to partake in social activities such as eating out, drives and shopping in line with their interests and preferences. The Statement of Purpose also states that residents are supported to attend their regular day service programmes while attending respite. Documentation and staff confirmed that this occurred in practice.</p> |
| <p>Judgment: Compliant</p> |

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| <p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p> |
| <p>Theme:</p> |

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

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

Findings:

The inspector found on this occasion that there had been improvement in the service delivery following the last inspection to evidence that the healthcare needs of residents were being met whilst they were in the designated centre. This included appropriate assessment and plans of care in place. For example inspectors found that plans of care in place for conditions such as epilepsy were specific to the resident. There was also evidence of plans of care being updated in respect of the healthcare needs of residents upon readmission based on information received by representatives. There was one area of improvement noted for the plans of care for residents who had a diagnosis of diabetes and required support to monitor their blood glucose levels. Whilst the inspector confirmed that this was occurring in practice, there was an absence of parameters in place to guide staff when to implement the appropriate actions in the event of the levels being considered too high or too low.

As the designated centre is not the primary caregiver, the procedure in the event of a resident becoming unwell is to contact the local out of hours doctor. This had occurred on occasion and the inspector confirmed appropriate care was provided to the resident. In January 2015, The inspector found that significant improvement was required in respect of the support provided to residents regarding their dietary intake. At that time, Inspectors found that the food provided was not consistent with each individual residents' dietary need. The provider responded in the action plan submitted to the Authority to state the following would occur:

- Nutrition would be placed on the agenda at staff meetings
- Each resident's individual dietary needs and preferences will be considered for daily meal planning.
- A Nutritional Advisor was contacted to provide nutritional guidelines for residents' individual dietary needs.
- A 'Nutrition' folder is currently would be to guide staff and residents on planning and delivering meals based on residents' individual dietary needs and preferences.

The inspector confirmed that each of the above actions had been taken and resulted in improvement in practice and positive outcomes for residents. Of the sample of personal plans reviewed appropriate guidance was in place to meet residents' individual dietary needs. The records of food provided to residents evidenced that food was provided in line with residents' needs.

The inspector observed a meal time and found that it was a sociable experience, with sufficient staff to support residents. Residents reported that the food provided was enjoyable.

Judgment:

Substantially 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:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which had last been reviewed in March 2015. The policy states that medication is administered by registered nurses. The inspector reviewed a sample of rosters and confirmed that there was always a nurse on duty.

The inspector reviewed a sample of prescription and administration records and found that they contained the necessary information. The times of administration also correlated with the times prescribed. There was a signature in place by the prescriber for each individual medication. The maximum dosage that can be administered in a twenty four hours for medication as required was clearly stated. Medication was stored in a secure location.

There had been one medication error since the last inspection. The inspector confirmed that appropriate action had been taken. One of the actions arising from the investigation was an increase in the audits, which were occurring weekly at the time of inspection.

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 provider submitted a copy of the Statement of Purpose for the designated centre to the Chief Inspector. The inspector reviewed the document and found that it contained all of the necessary information stipulated in Schedule 1 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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):

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

Findings:

This person in charge is full time and is person in charge of one other designated centre. The person in charge is a registered nurse and has commenced their role in November 2014. The person in charge meets all of the requirements of Regulation 14 and was formally interviewed by the Authority in August 2015. The person in charge demonstrated both at interview and during the course of inspection sufficient knowledge of their statutory responsibilities and legislation.

The person in charge reports directly to the Chief Executive Officer of the organisation. The Chief Executive Officer is the person nominated by the provider for the purposes of engaging with the Authority. The Chief Executive Officer reports to the Board of Directors. The person in charge and the provider nominee formally meet once a month. The inspector reviewed a sample of minutes from these meetings and confirmed that pertinent information was addressed in this forum. The person in charge further informed the inspector that informal contact would be maintained on a daily basis. The inspector observed residents and staff to be familiar with the person in charge and the provider nominee.

The inspector reviewed the systems in place which the provider utilises to monitor the quality and safety of care provided. There was a system in place in which relevant information such as incident/accidents, complaints and person centred plans were reviewed on a monthly basis. The provider had also nominated a person participating in

management to undertake an unannounced inspection of the centre as required by Regulation 23. The findings of this were included in the annual review completed by the provider which was submitted to the Chief Inspector. The annual review addressed improvements which had been made in the past twelve months and identified actions for the following year such as staff training. The review also included the views of residents and/or their representative.

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):

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent from the designated centre for more than 28 days since they commenced their post. Therefore it was not necessary to notify the Chief Inspector as required by Regulation 32. However the registered provider had identified a person participating in the management to deputise in the event of this occurring.

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):

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

Findings:

Inspectors found that the designated centre was not sufficiently resourced to meet the

needs of residents in January 2015. However the cumulative findings of this inspection demonstrated that this was adequately addressed. The inspector reviewed a sample of rosters in line with the needs of residents present in the centre at that time and found that there was adequate staff in place to ensure the needs of residents were met. The centre also had access to transportation to facilitate residents' access to the community.

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:

The inspector confirmed that a planned and actual roster was maintained in the designated centre. Insufficient staffing was a failing on previous inspections. Following on from this a review had been conducted of the admission process for residents. This included the person in charge and the provider nominee meeting with a representative from the funding body to ensure that there was sufficient staff to meet the needs of all residents residing in the centre at any one time in line with the resources/funding available.

The inspector reviewed a sample of staff files and confirmed that staff had received all of the statutory training required. As stated previously additional training had also been provided in respect of infection control and nutrition. Staff meetings were held regularly as a forum for communication and learning. Staff supervision was also in place. The inspector reviewed a sample of records and found that areas of staff development had been identified.

Staff had been provided with copies of the Health Act 2007 and subsequent regulations. There was documentary evidence of staff stating they had received and read same.

The inspector confirmed that all relevant members of staff had an up – to – date registration with the relevant professional body.

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):

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

Findings:

As stated previously, the inspector reviewed a sample of staff files and confirmed that all of the relevant information as required by Schedule 2 were maintained in the designated centre.

Inspector reviewed the records as required by Schedule 3 and 4 and found that they were maintained.

The policies and procedures as required by Schedule 5 were also maintained and had been reviewed within a three year period as required by Regulation 4.

The provider was required to submit documentary evidence of adequate insurance against accidents or injury to residents, staff and visitors as part of the application received. The inspector confirmed receipt of same.

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:

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

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| Centre name: | A designated centre for people with disabilities operated by Steadfast House Limited |
| Centre ID: | OSV-0001632 |
| Date of Inspection: | 24 and 25 November 2015 |
| Date of response: | 22 December 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 05: Social Care Needs

Theme: Effective Services

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

Assessments did not adequately address all of the needs of residents.

1. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated

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

centre.

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

The manual handling assessment has been completed and will be reviewed prior to residents' admission on 18/12/15. This assessment contains the supports the resident requires specific to the designated centre.

Prior to and on all admissions to the designated centre, the Person in Charge will ensure that all residents have a comprehensive assessment carried out by the appropriate health care professional. The Person in Charge will ensure that all person centred plans are reviewed and audited to ensure compliance with Regulation 05 (1) (a).

Proposed Timescale: 18/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A review was required of personal plans to ensure that they consistently provided the appropriate information to ensure that the health care needs of residents were met.

2. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Resident who has a diagnosis of diabetes and requires support to monitor their blood glucose levels was admitted on 07/12/15. Prior to this admission; the person in charge had contacted the residents GP. Information has been received regarding parameters to guide staff when to implement the appropriate actions in the event of the levels being considered too high or too low. Residents risk assessment and management plan and needs assessment have been updated accordingly.

The Person in Charge will ensure that a review of personal plans will take place to ensure that they consistently provide the appropriate information to ensure that the health care needs of each resident in the designated centre are met in accordance to each resident's personal plan to ensure compliance with Regulation 06 (1).

Proposed Timescale: 07/12/2015