

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adults Services Palmerstown Designated Centre 1
Centre ID:	OSV-0003897
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Brendan O'Connor
Lead inspector:	Caroline Vahey
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 January 2017 09:00 To: 24 January 2017 19:10

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection.

This was the fifth inspection of the designated centre. The centre was last inspected in June 2016 and a number of non compliances had been identified on that inspection. The purpose of this inspection was to follow up on the actions from the previous inspection. Nine outcomes were inspected against on this inspection.

How the inspectors gathered evidence.

The inspection took place over one day. The inspection was facilitated by the person in charge. The inspectors spoke to three residents and observed staff providing support to a number of residents throughout the inspection. One staff member was interviewed and a further six staff member spoken with in relation to the care and support provided to residents in the centre. Premises in respect of two units and fire precautions in all units were reviewed. Records such as financial records, residents' personal plans, staff training records, staff rosters, audits and unannounced visits by the provider were also reviewed. Five units were visited during the inspection.

Description of the service.

There were 20 residents living in the centre on the day of inspection and there was one vacancy. The centre comprised of five units on a campus based setting. The

campus was located close to a suburban village and public transport was available. The centre had produced statement of purpose and the inspectors found the services provided were reflective of the statement of purpose. The inspectors found changes which had been made since the last inspection, had resulted in improved outcomes for residents.

Overall judgment of findings.

The inspectors found the provider had implemented most actions in order to bring the centre into compliance. Improvements were identified in all outcomes inspected against. There was evidence of good practice in the provision of meaningful activities linked with residents' social care needs, personal preferences and personal goals. The provider had implemented measures to ensure residents' food choices were facilitated and to ensure residents' were enabled to prepare some of their own meals. Plans were underway to ensure residents' could freely access their own finances. Staffing provision had improved with the required levels of staffing available at most times. There was regular and robust auditing of the care and support provided to residents in the centre and where issues were identified prompt actions had been taken.

Two moderate non compliances were identified as follows;

- Outcome 1 - mealtimes in one unit required review to ensure practices upheld residents' dignity
- Outcome 7 - some fire doors were wedged open.

The reasons for these findings are explained under each Outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 inspectors found improvements had been made since the last inspection to promote residents' choices. Measures had been put in place to involve residents in the planning and running of the centre. Residents had sufficient funds for personal use and plans were underway to further enhance residents' access to their own money. Additional bathroom facilities had been made available in one unit however, the inspector found some practices in the delivery of personal care required improvement.

Residents' meetings were held on a weekly basis and residents were supported to choose their preference of meals and activities for the upcoming week. The inspectors reviewed minutes of these meeting in two units. Residents' meetings had also included discussions on upcoming maintenance works in a unit, staffing changes, residents' rights, new purchases for the residents' home and personal planning.

Food was prepared by a central kitchen. A menu choice was sent to the centre on a weekly basis by the central kitchen and residents chose their preference of meals, with support from staff if required. The inspectors found a variety of food choices were available on menus and in the food supplied. In addition, fresh and dried food choices were available in the unit in order to support residents to prepare light meals and to offer alternatives should a resident choose. The catering department had recently attended the units in the centre to review the provision of food choices, and where required, recommendations for changes were implemented.

The inspectors observed a meal being served, however, some practices observed were found not to uphold the dignity of some residents. This was discussed in detail with the

person in charge.

The inspectors found residents were supported to choose activities meaningful to them and these activities were facilitated. For example, an activity planner was formulated during residents' meeting and two to three activities for each resident were scheduled per day. Activity records confirmed significant improvement had been made to support residents to attend to activities both in their home and in the community, in line with their assessed needs, preferences and goals.

A new bathroom close to residents' bedrooms had recently been provided in one unit in order to reduce the need for residents to access a bathroom through the main sittingroom.

The inspectors reviewed financial records for residents in one unit. The provider was in the process of introducing a new system for residents to freely access their money and the system was due to be piloted shortly in one centre on the campus. In the interim, the system for residents to access their own money from the Stewarts service accounts department had been reviewed. Residents could withdraw money from their account during weekdays. On review of records, sufficient funds had been maintained in residents' petty cash accounts in order to facilitate personal purchases and social activities.

Judgment:

Non Compliant - Moderate

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:

The inspectors found signed written agreements were now in place for residents and the inspectors reviewed a sample of three of these agreements.

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:

The inspectors found residents' social care needs had been met and changes in practice had resulted in improved outcomes for residents. Most personal plans were complete however, some improvement was required to ensure reviews of personal goals took into account the effectiveness of the plan and the plan was updated accordingly.

The inspectors reviewed five personal plans including social care needs assessments, social care plans, personal goals and healthcare plans. Overall the inspectors found social care needs were met in line with social care assessments and personal goals, and significant improvements were identified since the last inspection. Plans outlined interventions for community based activities and home based activities. Residents had been facilitated to access the community on a regular basis in line with their preferences, for example, going out for a meal, attending the cinema, going to the city centre, going swimming and using public transport. Home based activities included leisure activities such as walks and massage as well as activities to enhance residents' participation in the centre such as cooking, baking, plant care and household chores.

Residents were supported to develop personal goals and the inspectors found overall plans were in place to implement these goals. For example, developing personal relationships, attending a show, going on holiday, partaking in gardening activities. Records confirmed most of these goals were progressing as planned however, some plans had not been implemented in accordance with the plan. This was discussed with a staff member who outlined this was due to a changing circumstance and preference of the resident. The inspectors found these goals had not been reviewed, and as such the effectiveness of the plan had not been considered in order to inform plans going forward.

Healthcare plans had been developed for identified health care needs and the inspectors found these plans guided practice.

The inspectors reviewed an assessment of need and a personal plan for a resident who had been admitted to the centre since the last inspection. An assessment of the resident's health, personal and social care needs had been completed and a personal plan had been developed in areas of identified need. The inspectors reviewed the

transition plan which had been implemented prior to the admission of the resident to the 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 inspectors found suitable ventilation had been made available in the unit, in which this issue had been identified on the last inspection.

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):

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

Findings:

Overall, inspectors found improvements in the management of environmental risk and learning from adverse events. However, improvement was required in the arrangement for the containment of fire.

Inspectors reviewed a sample of incidents in a number of units and found that there was clear incident reporting and management system. The incidents were reviewed and discussed with the staff on the day by the person in charge and actions were taken to

prevent reoccurrence. There was evidence that incidents had been reviewed as part of multidisciplinary team reviews, where required. The incidents were forwarded to the risk manager who prepared quarterly reports and identified trends. Staff spoken to were clear on the incident reporting system.

The centre had completed an environmental risk assessment of each unit which included fire, electricity, equipment and the use of oxygen. Each unit also conducted monthly health and safety audits.

Inspectors reviewed training records and found that there remained one gap in mandatory training in fire safety and management. However, the person in charge outlined that this was in progress and a date had been identified to complete this training.

One of the actions from the previous inspection was not satisfactorily implemented. Inspectors observed some fire doors were wedged open in two of the units, which negated the function of the fire door.

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):

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

Findings:

The inspectors found reviews had been completed in behaviour support plans and most plans guided practice. Some improvement was required to ensure the use of an environmental restrictive practice was clearly set out in a plan. Improvements were noted in the provision of consistent and sufficient staffing levels in order to implement preventative strategies.

The inspectors reviewed three behaviour support plans and discussed these plans with a staff member. Behaviour support plans had been reviewed since the last inspection. Overall plans guided the practice in the use of medication as a therapeutic response and

corresponding PRN (as required) protocols detailed the circumstances under which this medication should be administered. The staff member was knowledgeable on the use of these prescribed PRN (as required) medications. The inspectors found the circumstances under which an environmental restrictive practice was applied were not clearly set out in a behaviour support plan however, the staff member was clearly able to verbalise these circumstances.

The inspectors identified consistent staffing had been made available in order to provide appropriate support in accordance with behaviour support plans.

The inspectors reviewed records of staff training. Most staff had completed training in safeguarding. One staff required refresher training and there was a plan in place to provide this training.

Judgment:

Substantially 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:

The inspectors found residents were facilitated to prepare meals and there were sufficient quantities of food available at mealtimes.

Residents were supported to prepare some of their meals, light snacks and baked goods. The inspectors identified from personal plan records that some residents partook in baking as an activity. In one unit, residents were supported to prepare their main meal once a week with the aim to increase their self help skills and choices. Residents in this unit were also supported to prepare light snacks such as smoothie drinks and the staff on duty described how this had encouraged residents to expand their taste preferences, while also encouraging healthy food choices.

The inspectors found sufficient quantities of food were available at mealtimes to support residents' choices. Alternative options of food were available in the centre, should a resident choose.

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:

The inspectors found effective management arrangements were in place to ensure residents' needs were met, and to ensure the service was safe and consistently monitored. The person in charge was in attendance in the centre and the six monthly unannounced visits by the provider were in progress.

Significant progress was identified since the last inspection, resulting in improved outcomes for residents. The provider had developed a comprehensive auditing system, the purpose of which was to review the provision of care and support to residents and to implement prompt actions where issues were identified. This weekly audit was reviewed by the person in charge and their deputy, the adult services manager and the director of care and actions were developed. The inspectors found actions were completed as planned. The inspectors found significant improvements in social care, the provision of meaningful activities, food choices, residents' rights in relation to their own finances and their dignity in relation to the layout of one premises.

The person in charge was responsible for two designated centres comprising ten units. The inspectors reviewed records confirming the person in charge was in attendance in the centre on a regular basis. Staff spoken with stated they felt supported by the person in charge.

Unannounced visits by the provider had recently been completed in three of the units, with a plan to complete the remaining two units in the near future. Actions had been developed to identified issues and there was evidence some of the actions were completed on the day of inspection.

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):

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

Findings:

Overall inspectors found that there were improvements in personnel files and staffing levels. However, at times there were insufficient staff on duty in accordance with the required levels.

On the day of inspection, all units inspected met their staffing complement. One unit had a replacement staff member in place to cover for unplanned leave. Inspectors also reviewed rosters and found that there was improvement in staffing levels and in the main, the centre was staffed appropriately. However, in cases of unplanned leave, some of the units operated below the planned staffing complement with absences not being replaced. For example, staffing levels in one unit were below the levels identified as required by the provider, for 3 days of a 7 day roster due to unplanned leave.

There was a regular relief panel in place to cover planned leave to ensure continuity of care for the residents.

Inspectors reviewed a sample of staff files and found that all the information required under Schedule 2 were available in the files.

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:

Caroline Vahey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003897
Date of Inspection:	24 January 2017
Date of response:	22 February 2017

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Some residents' dignity was observed not to be upheld during mealtimes and practices in this unit around mealtimes required review.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The Person in Charge will undertake a thorough audit of mealtimes ensuring that all resident's dignity is upheld at all times. The Person in Charge is currently trialling use of alternative clothing protectors during mealtimes.

Proposed Timescale: 24/02/2017

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:

A review of goals had not been completed for a resident to consider the effectiveness of these plans, following a change of circumstance for the resident.

2. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The Person in Charge will conduct a review of all individuals Personal Support Plans and carry out an evaluation of these personal goals. This will ensure all goals are up to date and represent the resident's current needs.

Proposed Timescale: 31/03/2017

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:

Fire doors were wedged open.

3. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The wedging of fire doors is prohibited and this will be closely supervised and monitored by the Person In Charge. This procedure will be monitored on a daily basis

and recorded on a health and safety checklist form. A review will be carried out to identify the need for magnetic restrictors to be fitted on to doors in the designated centre and a funding request will be re-submitted to the HSE.

Proposed Timescale: 31/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A behaviour support plan required to be updated to include the specific circumstances under which an environmental restriction was applied, in order to guide a consistent practice.

4. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The Person in Charge will ensure that the Behaviour Support Plan is reviewed and updated to guide consistent practice in accordance with the environmental restrictive practice.

Proposed Timescale: 24/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Appropriate numbers of staff were not available at all times to meet the assessed needs of residents.

5. Action Required:

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

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

The provider has reviewed the staffing levels and skill mix in the Designated Centre to ascertain the required levels to meet the needs highlighted in this report. There is a recruitment process being undertaken and the Human Resources Department will recruit 2WTE staff for this Designated Centre.

Proposed Timescale: 01/05/2017