

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Highwater Lodge
Centre ID:	OSV-0005407
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stepping Stones Residential Care Limited
Provider Nominee:	Steven Wrenn
Lead inspector:	Julie Pryce
Support inspector(s):	Gary Kiernan
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

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: 17 May 2017 12:00 To: 17 May 2017 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
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

This inspection of a centre for people with disabilities operated by Stepping Stones Ltd was carried out to monitor compliance with the regulations and standards, and to monitor progress on agreed actions following the previous inspections.

Background to the inspection:

Highwater was registered as a designated centre in May 2016 as a new build prior to any residents moving in. An inspection was conducted in July 2016 in response to information received by HIQA, and again on 3 November 2017 following a notification of a serious safeguarding issue. On both occasions the inspectors found significant levels of non-compliance with the regulations, and serious concerns about the safeguarding of residents.

On 14 December 2016 HIQA took a decision to issue a Notice of Proposal under the Health Act 2007, as amended, to cancel the registration of Highwater. The provider submitted a representation in response to this Notice of Proposal and a further inspection was conducted to review the evidence to support this representation in February 2017. There was continuing non-compliance on this occasion, and the Notice of Proposal to cancel the registration was not withdrawn and a meeting was held with the provider to inform them of the reasons for this.

This report gives the findings of a further monitoring inspection which took place in May 2017 and found evidence of significant improvement in all areas examined.

How we gathered our evidence:

The inspectors met with the person in charge of the centre, and reviewed documentation such as personal plans, risk assessments, audits and fire safety records.

Description of the service:

The centre was a large spacious house in a rural setting within driving distance of the nearest village. The service is available to adult men and women with intellectual disabilities.

Overall findings:

There had been significant improvements across all outcomes since the previous inspection, including improved fire safety, safeguarding and monitoring of the service provided. This resulted in tangible positive outcomes for the residents. Improved governance arrangements in the centre meant that there were now systems in place to sustain these improvements.

Good practice was identified in areas such as:

- residents were supported to have a meaningful day (outcome 5)
- risk management and fire safety management (Outcome 7)
- behaviour support (Outcome 8)
- monitoring of the quality and safety of care and support (Outcome 14)

The reasons for these findings are explained under each outcome in the 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 provider and person in charge had made significant progress to address the failings identified in previous inspections and this resulted in an improved outcome for residents. Improvements had been made in the terminology used in documentation, and in appropriate goal setting for residents.

Personal plans had been reviewed, and all sections reviewed by the inspectors were written in appropriate and respectful language. The sections on communication were now clear and unambiguous in the form of a detailed communication passport. Accessible versions of information were available for residents, and pictorial representation of some of the safety information were displayed.

Goals in personal plans and in behaviour support plans were appropriate to the assessed needs of residents. Residents continued to be supported to make choices in various aspects of their lives, including meal choices and preferred activities. Consultation also included families, who were invited to discuss various issues with the staff and person in charge. In addition satisfaction surveys with both residents and families with had been conducted.

Residents had access to a named advocate, and one of the residents had met their advocate.

Residents had been facilitated to go on a short holiday, based on their preferences, and a further holiday was planned for later in the year.

There was a detailed complaints procedure, and a template for recording any complaints which included the outcome. A record was also kept of any compliments received by the centre. Two had been recorded since the previous inspection were being addressed.

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:

Personal plans were in place for each resident, and there was evidence that residents were supported to have a meaningful day.

There were sections in the personal plans relating to all the assessed needs of residents, including social care and healthcare. Sensory needs had been addressed, and supports towards increasing independence were documented.

Goals had been identified for residents in accordance with their particular needs and preferences. For example one of the residents was involved in skills building in various areas such as money management and communication. Skills were broken down into manageable steps to support personal development.

Implementation of personal plans and steps towards goals were documented, and progress was regularly reviewed.

There was evidence that steps were being taken to address identified needs, for example by membership of a local club. A review of daily activities had taken place and were being monitored on an on-going basis, It was clear that residents were being supported in daily activities in accordance with their needs and preferences, and that further options were being explored.

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:

Improvements had been made in fire safety, and there was evidence that residents could be evacuated in the event of an emergency.

Regular fire drills had been conducted, and records were maintained of these fire drills which indicated that residents were evacuated from the building in a timely manner. Various aids and support plans were in place to ensure their safe evacuation.

An audit of fire safety had been undertaken as required following the previous inspection, and the requirements of this audit were being addressed.

Fire safety training had been undertaken with staff, and servicing of fire extinguishers was in place. However, the quarterly checks of the alarm and emergency lighting were not in place at the time of the inspection, but were submitted by the person in charge shortly after.

A risk register was in place and had been updated to include new information. Various risks had been assessed and included in the register, together with risk ratings and mitigation measures. Accidents and incidents were recorded and reported appropriately. Records were detailed and outlined required actions or areas for learning.

A safety statement was in place, and there was a record that staff had read it.

Judgment:

Compliant

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.

<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: There were no further safeguarding issues of concern since the previous inspection, and behaviour support was detailed and evidence based.</p> <p>Residents who required mental health support had been reviewed by their consultant, and a detailed report was available. Detailed risk assessments had been conducted following any incidents of behaviours of concern.</p> <p>Behaviour support plans were detailed and based on a thorough assessment of the residents. The included skills building as well as the management of behaviours of concern. Behaviour support plans were in place regarding fire safety, and there was evidence in fire drill records of the effectiveness of the interventions.</p>
<p>Judgment: Compliant</p>

<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: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Improvements had been made, and all healthcare needs of residents were now addressed.</p> <p>Detailed health assessments were in place for residents, which included a medical history. Medication reviews had taken place. Referrals had been made to various members of the multi-disciplinary team, and reports were maintained in a health folder. There was evidence both in the documentation and in practice that the recommendations in these reports were being implemented.</p> <p>There were clear healthcare plans in place for each identified need of residents, and implementation was being recorded.</p>

All of the actions agreed following the previous inspection had been implemented.

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 provider has put improved systems in place for the governance and management of the centre. The combined efforts of the person in charge and the provider have resulted in direct positive outcomes for residents. The new person in charge has demonstrated a thorough understanding of her roles and responsibilities, and her actions were directly linked to significant improvements in practice.

The provider had also taken positive steps to improve governance. Improvements in the monitoring of the quality and safety of care and support included an external audit having been undertaken. This audit was detailed and comprehensive, and there was evidence of the action plan from this audit being progressed.

Internal audits were also completed, for example in personal planning, and all agreed actions had been completed and closed.

There were structures and processes in place to ensure effective communication between the centre and management including a weekly management meeting and a weekly report to directors. Minutes were maintained of meetings, and required actions were clearly identified and monitored.

Improvements in the management structure and processes, including the reporting relationships to the person in charge, had clearly led to positive outcomes for residents, including in the provision of a meaningful day and in behaviour support.

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):

No actions were required from the previous inspection.

Findings:

There were numbers and skills mix of staff was sufficient to meet the needs of residents.

Staff training records were examined by the inspectors, and staff had received all mandatory training including the management of challenging behaviour, safe administration of medication, fire safety and safeguarding of vulnerable adults. The person in charge has introduced competency assessments in fire safety and safe administration of medications, and further assessments were planned in safeguarding and in health and safety.

Continuity of staff was managed by a core group of staff, and where agency staff were required by the use of familiar staff.

Structured supervision was in place, and supervision meetings were held every six to eight weeks. Additional meetings were held to address any practice issues, and template for both these meetings had been developed.

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:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority