Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	Stoneywood House
Name of provider:	MMC Children's Services Limited
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	11 May 2021
Centre ID:	OSV-0005521
Fieldwork ID:	MON-0032813

About the designated centre

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

This is a service providing full-time residential care and support to four people with disabilities. It is located in Co. Louth in a rural setting and within a short drive to a local village where residents can access a range of community-based facilities. Systems are in place to meet the medical, physical, and emotional needs of each person living in this centre. It comprises a large house with five double bedrooms, three communal restrooms, a fully equipped kitchen/dining room, a spacious sitting room, a conservatory, a recreational room, two offices, and a large double garage. There is a large, well-maintained garden area to the front of the house, along with adequate parking to the front and rear of the property. The centre is staffed on a twenty-four-hour basis by a full-time qualified person in charge, a team of shift team managers, a team of residential support workers, and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 11 May 2021	10:00hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was undertaken in a manner to comply with public health guidelines and reduce the risk of infection to the residents and staff in the centre.Through observations and review of residents' information, the inspector found that residents were receiving appropriate care and support. Residents were supported to engage in activities of their choosing, and the centres' staff team was supporting residents in a way that promoted their views and rights.

Three of the residents were attending education programs or being supported to engage in programmes in their homes via zoom session. There had been a recent admission to the centre, the provider had not yet sourced an education placement but there was a plan in place to support the resident to do so. Resident's placement plans were detailed and focused on how to best support residents. Individualised goals were identified for residents and time frames were identified for their completion. Weekly and monthly reports captured residents' progress and areas where they may require supports. The reports were therefore tracking the changing needs of residents.

The inspector met with three of the residents, one of the residents was engaging in their scheduled activity of sensory engagement. The resident appeared to be enjoying the activity and was listening to their preferred music. The inspector met briefly with a second resident. Staff members supported the resident to speak about some of their hobbies and interests. The resident was offered to speak with the inspector further but they chose not to. The resident was, however observed to again be comfortable in their environment and to interact with those supporting them in a jovial manner.

The two other residents were attending their educational placements during the course of the inspection, one of the residents returned home as the inspection was ending. The inspector observed this resident and one of the other residents engaging in games. The inspector was introduced to the third resident who was observed to interact positively with those supporting them and spoke about where they were from with the inspector and staff members.

The centre's management and staff team were providing individualised services to each resident that were aimed at supporting their independence and when possible their engagement in their local community. Before COVID-19 residents were active members of their communities, and were being supported to engage in activities or their preferred hobbies. Discussions with staff members and residents representatives further demonstrated this.There was also recent evidence of residents being supported to partake in day trips of their choosing following the recent lifting of restrictions. The inspector also noted that there were a number of social activity goals set for residents that were due to be actioned following further lifting of restrictions.

A review of information demonstrated that the provider and staff team were actively seeking to maintain the residents' links with their families and representatives. The inspector had the opportunity to speak with three residents' representatives. All persons spoken to referenced that they were happy with the service being provided and that there was open communication between them and the staff team. Some commended the staff team's actions during the COVID-19 pandemic and expressed that there was a consistent staff team that knew the needs of the residents and acted as advocates for them if required.

Overall, residents were receiving an individualised service that was meeting their needs.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The centre was effectively resourced with a clearly defined management structure in place. The management team was made up of a person in charge, a deputy manager, and shift team managers. For the most part, there were appropriate arrangements in place to ensure that service was effectively monitored. There was some attention required to records regarding staff training and risk management, and this was discussed with the centre's person in charge, who sought to address this during the inspection.

Overall, the monitoring systems ensured the service provided to residents was effective and focused on meeting the needs of residents. For example, the provider had ensured that an annual review of the quality and safety of care and support had been completed. The provider had also ensured that unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these. Actions that had been identified following these reports and reviews had been actioned by the centre's management team in a prompt manner. There was also a monthly audit system in place that, when required, identified areas that required attention to ensure that the best service possible was being provided to residents. Actions identified following these audits were again responded to promptly.

As noted in the first section, a resident had recently transitioned into the service. The inspector reviewed the residents' transition plan and found that the provider's usual transition process had been adapted due to the impact of COVID-19. The centers' management team had visited the resident before their admission, and the resident's representative had visited the centre before the resident's admission. There was evidence of the centre's management team engaging in effective

information gathering to best support the resident to transfer into their new home.

Before the admission, the provider had sourced additional staff members. The centre's roster displayed that there was a large staff presence in the centre each day to support the residents. A review of a sample of staff members' information also demonstrated that the person in charge had obtained the information and documents specified in Schedule 2 of the regulations.

Staff members had access to appropriate training, including refresher training. The system in place to record attendance at staff training required improvement as there were delays in clarifying if staff members had completed their assigned training.The providers own audits had identified that there were improvements required to staff supervision. A review of a sample of staff members supervision demonstrated that the centres management team had responded to the required improvements and that there were effective staff supervision arrangements in place.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members had access to appropriate training and development.

Judgment: Compliant

Regulation 21: Records

The provider and person in charge had not ensured that there was clear recording practices in regard to staff training records.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose, and function of the residential service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Information reviewed demonstrated that there were appropriate admission processes in place.

Judgment: Compliant

Quality and safety

Prior to this inspection, the Health Information and Quality Authority (HIQA) received unsolicited information regarding the service being provided to residents. This information informed some lines of inquiry during the inspection, however, the matters raised in the unsolicited information were not found to be substantiated at the time of this inspection.

Residents had received comprehensive assessments of the health and social care needs. The assessments were person-centred and captured the supports required to maximise the residents' development. Residents were consulted regarding planning activities, and there was evidence of staff members completing individual work sessions with residents regarding this. Residents were therefore encouraged to exercise choice and control over their daily life. Residents' feedback regarding the service and their home was sought every month. Residents expressed that they were happy with the service but were frustrated with changes to their routines due to the COVID-19 pandemic. Residents' meetings were also held every week; residents were encouraged to make plans, requests, or raise concerns. A review of a sample of these meetings demonstrated that the centre's management team reviewed the minutes of these meetings and had responded to requests by residents.

The review of a sample of residents' information demonstrated that residents had access to appropriate healthcare and healthcare professionals. Residents were supported to attend medical appointments and were also accessing therapies if required.

The provider had ensured that there were appropriate systems in place to respond to safeguarding concerns. The provider had carried out impact risk assessments regarding ensuring that residents were compatible. A staff member spoken to by the inspector was also aware of their role in reporting and the process of reporting a potential concern.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. There was an active risk register in place that captured the environmental and social care risks present in the centre. While the register was under monthly review, there were improvements required to ensure that the register only contained active risks. The person in charge was made aware of this and sought to address this area during the inspection.

The inspector reviewed documentation related to COVID-19 preparedness, associated policies, training, and infection control processes. The review found that the provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

Overall, residents were receiving a service that was tailored to their needs.

Regulation 10: Communication

Residents were being assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections

published by the Authority.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were appropriate systems to respond to safeguarding concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were being promoted and respected by those supporting them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Stoneywood House OSV-0005521

Inspection ID: MON-0032813

Date of inspection: 11/05/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A new template will be devised to accurately record completed training for each staff member. This will clearly state the date of completion and the date for renewal, allowing the reader to quickly determine whose training is in date and who's is due for renewal. Doing so will help ensure that the training does not expire or lapse.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/05/2021