



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Steadfast House Residential Service - Group Home
Name of provider:	Steadfast House Company Limited By Guarantee
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	17 October 2018
Centre ID:	OSV-0001631
Fieldwork ID:	MON-0021594

## About the designated centre

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

The provider had an accurate statement of purpose in place that outlined the service provided. This service provided person centred care to five residents on a full time residential basis. Residents were supported on an individual basis in line with their assessed needs, wishes and preferences. The centre had a clear and professional management and staffing team in place to oversee the operation of the service. Residents were well integrated into their community in this designated centre

**The following information outlines some additional data on this centre.**

Current registration end date:	22/11/2021
Number of residents on the date of inspection:	5

## 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
17 October 2018	07:00hrs to 14:00hrs	Conor Brady	Lead

## Views of people who use the service

The inspector met all five residents and joined them for breakfast on the morning of inspection. Residents told the inspector that they were very happy with where they lived and were highly complimentary about the staff and management who supported them. Each resident spent some time speaking with the inspector to show their personal plans, person centred plans and photos. Residents views were all incredibly positive and there was a very warm and homely atmosphere evident throughout the day. Four resident families contacted the inspector and all were very positive in the feedback they gave the inspector citing an excellent service in Steadfast House.

## Capacity and capability

Overall there were very good governance and management arrangements in place.

A qualified and competent management team were in place to govern this designated centre. The provider had clear and accountable lines of authority in place. Monitoring and oversight systems were effective and ensured a high standard of care delivery.

Actions required from previous inspections had been implemented by the provider.

Auditing was occurring at local and provider level and was found to be of a good standard. Staff were appropriately supervised and the person in charge demonstrated high level of competence and professionalism.

Senior management and board oversight was found to be of a very good standard with senior management very accessible to the residents.

This inspection found a very well governed and operated service.

## Regulation 14: Persons in charge

The person in charge was very knowledgeable, qualified and competent. The residents were very complimentary about all staff and management.

Judgment: Compliant
<b>Regulation 15: Staffing</b>
Staffing levels were appropriate to the assessed needs of the residents.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Rosters, supervision and performance management systems were in place.
Judgment: Compliant
<b>Regulation 21: Records</b>
All records and documentation were in place.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
Governance and management systems were found to be effective.
Judgment: Compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
Admissions policies and procedures were in place. Each resident had a contract in place that reflected the service they received.
Judgment: Compliant

### Regulation 3: Statement of purpose

A clear and accurate statement of purpose was in place.

Judgment: Compliant

### Regulation 31: Notification of incidents

All areas that required to be notified were found to be done so appropriately.

Judgment: Compliant

### Regulation 34: Complaints procedure

A complaints procedure was in place and all residents and families spoken with were aware of same and had used the procedure.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Polices and procedures were in place and met the requirements of the regulations.

Judgment: Compliant

## Quality and safety

Overall the quality, standards and safety of care delivery in this service were found to be very high. All residents and most families were spoken with as part of this inspection. The inspector got a very good insight into care provision through speaking with all stakeholders. It was found that the service delivered was incredibly choice based and consultative in this service. Residents told the inspector the things they liked to do, places they liked to visit and various programmes they attended. Residents were found to be very involved in the running of their service and were

heavily consulted with regarding everyday and key decisions relating to their lives.

Residents care and support needs were found to be well monitored with clear, comprehensive and updated social care and healthcare plans in place.

The person in charge had systems in place to ensure areas pertaining to risk were identified, risk rated, measured and managed appropriately. Staff on duty demonstrated good levels of competence pertaining to areas of risk regarding residents support needs, medical and healthcare needs, behavioural support needs, environmental risks and fire safety.

The premises were found to be decorated and maintained to a high standard with each resident informing the inspector they were very happy in their home. Families informed the inspector the service delivered to their loved ones was excellent and they stated that were very happy with the centre, the standard of care, the staff team and the management.

Overall this inspection found very well cared for residents who presented as being very happy in their service.

### Regulation 10: Communication

Residents were well supported with their communication needs.

Judgment: Compliant

### Regulation 11: Visits

Residents and families spoken with highlighted the centre was very accessible and open to visits.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported to have space for the storage and protection of their personal possessions.

Judgment: Compliant



### Regulation 13: General welfare and development

Residents had high levels of social activation in line with their needs, wishes and preferences.

Judgment: Compliant

### Regulation 17: Premises

The premises was found to be laid out, maintained and decorated to a high standard.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were observed to be provided and supported to enjoy nutritious mealtime experiences.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management procedures were in place and found to be effective.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety precautions and systems in place were found to appropriately safeguard residents.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Medicines management practices reviewed were found to be in line with best practices.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents had clear and comprehensive personal planning in place.

Judgment: Compliant

## Regulation 6: Health care

Residents had good access to allied health professionals and were appropriately supported to achieve best possible health and make healthy lifestyle choices.

Judgment: Compliant

## Regulation 8: Protection

The residents were well safeguarded in their service and systems to protect residents from abuse were in place.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents rights were well promoted and upheld in this service.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant