Annual Review of Quality and Safety of Care and Support, Designated Centres 1-15, 2017; including Day Services and Support Services
Stewarts Care
2017

Annual Review of Quality and Safety of Care and Support, Designated Centres 1-15, 2017; including Day Services and Support Services

Publication date: 5th June 2018
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**Glossary of Terms**

- ![People Icon] Number of Whole Time Equivalents (WTE’s) working in the department.

- ![Euro Symbol] Total spend reported by the department.

- ![People Icon] Absenteeism within the department.*

- ![Graduation Cap] Compliance with Core Competency Training within the department.**

**Note:**
- Absentee percentages or departmental spend are not published for departments of less than 3 WTE’s. These departments indicate N/A next to relevant symbol.

* figures obtained from the Human Resources Department
** figures obtained from the Training and Education Department
The Board of Stewarts Care

Board of Directors – 2017

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Elva Gannon</td>
<td>Chairman</td>
</tr>
<tr>
<td>Mr. Gerard Fagan</td>
<td>Vice Chairman</td>
</tr>
<tr>
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<tr>
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<td>Boardmember</td>
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<tr>
<td>Mr. Tom Doherty</td>
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<tr>
<td>Mr. Robert Grier</td>
<td>Board member</td>
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<tr>
<td>Mr. Michael Murphy</td>
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</tr>
<tr>
<td>Ms. Frieda Finlay</td>
<td>Board member</td>
</tr>
<tr>
<td>Mr. John Hynes</td>
<td>Board member</td>
</tr>
</tbody>
</table>

Board of Directors – 2018

<table>
<thead>
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<tr>
<td>Ms. Frieda Finlay</td>
<td>Board member</td>
</tr>
<tr>
<td>Mr. John Hynes</td>
<td>Board member</td>
</tr>
<tr>
<td>Dr. Ray Sharpe</td>
<td>Board member</td>
</tr>
</tbody>
</table>

Sincere thank you to retiring Chairman, Ms Elva Gannon for her contribution to Stewarts Care.

Front row (left to right): Ms. Frances Fletcher (Honorary Secretary) Mr. Gerard Fagan (Chairman), Mr. Tom Doherty (Vice Chairman) Back row (left to right): Ms. Frieda Finlay, Mr. John Hynes, Mr. Michael Murphy, Mr. Paul Murray, Mr. Robert Grier, Dr. Ray Sharpe, Mr. Michael Green
Service User Demographics

Residents Services; Residential and Community.

<table>
<thead>
<tr>
<th>Age of Service Users</th>
<th>Male</th>
<th>Female</th>
<th>Total number of Service Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17 years</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>18-30 years</td>
<td>6</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>31-60 years</td>
<td>76</td>
<td>91</td>
<td>167</td>
</tr>
<tr>
<td>61-70 years</td>
<td>21</td>
<td>31</td>
<td>52</td>
</tr>
<tr>
<td>71 years +</td>
<td>10</td>
<td>6</td>
<td>16</td>
</tr>
</tbody>
</table>

The total number of Service Users in Residents Services; Residential and Community is 254.

Day Services
383 people attend Stewarts Care Day Services as their primary service.

Stewarts School Services
174 children attend Stewarts School, the Preschool, Infant Stimulation and the Integrated Preschool.

Respite Services

<table>
<thead>
<tr>
<th>Number of adult respite places</th>
<th>146</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children respite places</td>
<td>43</td>
</tr>
</tbody>
</table>

Family Support Services

| Number of adult places | 236 |
| Number of children places | 79  |

Referrals and Waitlists for Stewarts Services (as at…)

<table>
<thead>
<tr>
<th>Review team</th>
<th>New referrals in 2017</th>
<th>Referrals suitable for waitlist</th>
<th>Referrals placed</th>
<th>Number of people on waitlist</th>
<th>Referrals in progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ronanstown Community Training &amp; Education Centre</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Day services</td>
<td>28</td>
<td>28</td>
<td>0</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Family Support – adults</td>
<td>9</td>
<td>9</td>
<td>10</td>
<td>54</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Review Team</th>
<th>New referrals in 2017</th>
<th>Referrals suitable for waitlist</th>
<th>Referrals placed</th>
<th>Number of people on waitlist</th>
<th>Number of people on referrals list</th>
<th>Referrals in progress</th>
<th>Not placed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Services</td>
<td>26</td>
<td>16</td>
<td>12</td>
<td>4</td>
<td>3</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>
Service User Council

The Service User Council 2017-2018 consists of 34 members supported by 10 facilitators. The members represent all Service Users and work to ensure that Stewarts is truly a person centred service.

The Service User Council election took place on 6th October, 2017 and the following Service Users were elected:

<table>
<thead>
<tr>
<th>Palmerstown Day (7)</th>
<th>Rossecourt (7)</th>
<th>Kilcloon (6)</th>
<th>Residential (6)</th>
<th>Community (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andzelika Avizienyte</td>
<td>Thomas Caulfield</td>
<td>Joan Beashell</td>
<td>Kenneth Dooley</td>
<td>Sarah Anderson</td>
</tr>
<tr>
<td>Joe Baker</td>
<td>Una Coates</td>
<td>Pat Monaghan</td>
<td>Rory Henihan</td>
<td>David Carrig</td>
</tr>
<tr>
<td>James Byrne</td>
<td>David Dillon</td>
<td>Graham Hamilton</td>
<td>Bridget McMahon</td>
<td>Gerry Cornally</td>
</tr>
<tr>
<td>Lorraine Claffey</td>
<td>Sean Gilbert</td>
<td>Sarah Jane Ennis*</td>
<td>Rob O’ Brien</td>
<td>Georgina Farrell</td>
</tr>
<tr>
<td>Caoimhe Mahady</td>
<td>Amy Landers</td>
<td>Sean Monks*</td>
<td>James Rynne</td>
<td>Mark O’ Hara</td>
</tr>
<tr>
<td>Cathy Nichol</td>
<td>Pamela Keogh</td>
<td>Valerie Vickery*</td>
<td>Kitty Ward</td>
<td>Alison Treacy</td>
</tr>
<tr>
<td>Caroline Young</td>
<td>Craig Smith</td>
<td>*Rotating attendance</td>
<td>Lazarian Walsh</td>
<td>Jessica Woods</td>
</tr>
</tbody>
</table>

The first joint meeting of all five councils was held on 25th October, 2017. A presentation by facilitators explained the role and purpose of the Service User Council, including information on dealing with choice, rights and advocacy for Service Users in Stewarts. The members were given guidance regarding the election process, terms of reference, the format of meetings, the election of Chairpersons, the engagement between Council representatives with the Chief Executive and the Director of Care Residential, Director of Care Day Services, agendas, attendance sheets, minutes, and talking to other Service Users about issues prior to the meetings taking place.

This photograph shows members of the 2017/2018 Service User Council during a break at one of the early meetings of this council.

Everyone present was delighted to have the opportunity to participate and to represent their colleagues.

Each of the five new councils will hold a monthly meeting from November 2017 through to September 2018. Two elected representatives from each of the five councils will meet with the Chief Executive and the Director of Care in 2018 to discuss issues raised at the council meetings and a follow-up and feedback meetings will be arranged to discuss actions and progress on the issues raised.
Service User Council News

**Transport**
The council has worked with management to make a case for a bus for Kilcloon. The council asked management to make more buses available for Service Users living in Residential services.

**Our Homes**
The council asked the Grounds Department to do surveys on how people feel about their gardens in their homes. The Grounds Department is working with Technical Services on all the suggestions that Service Users made.

**Safety**
The council continues to campaign to Dublin South County Council for a Pedestrian Crossing in Palmerstown.

The council worked with the Dublin South County Council to get more double yellow lines on roads to help everyone cross the road more safely. The council worked with Technical Services to notice that there were potholes that needed to be filled around Stewarts Campus.

**Accessibility**
The council has asked Technical Services to help make the fire doors easier for people to open. The Technical Services team has been working on this.

The council have helped make the Key worker form more Easy to Read.

**Training Courses**
The council helped secure Dublin Bus Training for Service Users.

The council has asked for more Fire Safety Training for Service Users.

The council liaised with the Road Safety Authority about making the Driver Theory Test easier for people with disabilities.

The council has told management that they are interested in doing the “Stop Bullying” Course again.

**Lámh**
Some of the council members were in the Lámh videos of the week.
Family Involvement

In line with the commitment given in the Strategic Plan 2017 - 2019 to foster open and clear communication with service users and their families, a Family Engagement/Forum is in the process of being established to represent their views. This work was commenced with the support of the Quality Steering Committee.

Given the range of services provided by Stewarts Care, a number of fora will be established to represent each of the various areas of service provision i.e. residential (both community and campus), training, day services etc. In principle, a forum will consist of relations or key representatives from a particular strand of the services supported by an appointed facilitator. From each forum, individual members will be nominated to represent their forum at the Family Engagement Committee. The committee will comprise of representatives from each forum, a Board member, CEO, Director of Care and invitees as appropriate to matters arising.

The first of the forums to be established will be for families and key representatives of Service Users in the campus based residential services. Letters will be issued in the first half of 2018 requesting expressions of interest in joining the forum. This will be followed later in the year with similar requests to families of service users in other areas of service provision. As the fora are established and begin working, arrangements will be put in place for the representatives from each forum to be nominated to the Family Engagement committee.

The objectives of the Family Engagement Committee will be as follows:

Having regard to the best interest of children, adults and families in each strand of the Service:

- To provide an effective representative body for families (parents, siblings, grandparents, guardians, carers).
- To communicate and engage effectively with the Chief Executive and staff.
- To develop and foster communications within all strands of the service.
- To increase opportunities for communication and engagement and put forward suggestions, issues and concerns for the improvement of the service in an open and constructive manner.
- To agree on the key actions and deliverables of the sub-committee and to review and monitor the implementation of these actions within the agreed timeframe.

Service User Council News

Annual Outing
The council had their end of term outing in October 2017. They visited Croke Park and Dean Rock from the Dublin Senior Football team presented the Stewarts Service User Council Certificates and he brought Sam along!

Gym
The council spoke to the staff in the Gym about the Free Membership for Service Users. There are lots of classes that Service Users can attend with their membership.

Social
The council helped create the Lip Sync Battle competition that was held on Stewarts campus.

The council asked for and got a “Chipper Day” in the canteen. They also secured a bigger choice of salads at lunch.

With the help of the council, the chairs in the canteen in Kilcloon were re-upholstered.

Consultation
The council gave management their opinions on how the money from tips could be used.

The council gave management feedback on Service Users feelings and opinions on staff changing.

The council held a meeting with staff about lunch choices in day services.

Facilitators
Some new facilitators joined this year. Council members look forward to showing them how the council is run.

The Service User Council said goodbye to Joan Rapple. Joan worked with the Council from the very beginning. The council members will miss her and all hope she will have a wonderful retirement.

Service User Council Plans for 2018
- Continued campaign for Pedestrian Crossing in Palmerstown.
- Work closely with various Stewarts Committees, including Human Rights Committee, Accessible Information Group etc.
- Continue to highlight issues and ideas from Service Users in our areas.
- Highlight Road Safety for Service Users in our areas.
- Put better information in place on how to contact the members of the Council: Posters with names and photographs of the members of the five groups are displayed in all relevant areas.
- Bring issues to the attention of the members, using contact forms for each of the five groups are available in all relevant areas.
Family Involvement

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Given the range of services provided by Stewarts Care, a number of fora will be established to represent each of the various areas of service provision i.e. residential (both community and campus), training, day services etc. In principle, a forum will consist of relations or key representatives from a particular strand of the services supported by an appointed facilitator. From each forum, individual members will be nominated to represent their forum at the Family Engagement Committee. The committee will comprise of representatives from each forum, a Board member, CEO, Director of Care and invitees as appropriate to matters arising.

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Quality Steering Committee

The Quality Steering Committees main achievements in 2017 included the introduction of a Tobacco Free Campus and the introduction of a Recognition of Excellence Award for staff. At the end of 2017 it was proposed that changes needed to be made to the current Quality Steering Committee. This new direction shown below will take effect in mid 2018.

Quality Steering Committee
2018 Direction
QSC (25/1/2018)

Chair to be recruited for all sub-committees. Membership, Terms of Reference, Meeting frequency etc. to be agreed.

**POLICY SUB-COMMITTEE**
Chair: Programme Manager

- Policy Review
- Policy Writing
- Present policy for ratification
- Maintain revision control
- Management of Policy Training

**COMMUNICATION SUB-COMMITTEE**
Chair: 
Second Chair: 

- (Incubate) Family Engagement Committee
- Annual Review
- Stewards Quality Times (SQT)
- Surveys - Annual Review and other
- AIM Group
- Brochures
- Website

**AUDIT & QUALITY ASSURANCE SUB-COMMITTEE**
Chair: Quality Assurance Officer
Members:
- New Directions
- Medication
- Food Safety
- Compliance Documentation
- Non Board Committee Reports
- Risk Audit
- Infection Control
- HIQA Reports
- Registered Provider Audits
- NIHM / Incident Reporting

**QUALITY STEERING COMMITTEE**

**BOARD SUB-COMMITTEE**
Chair: Board Member Meet Quarterly
- Parent / Family Member
- Board Member
- Chief Executive
- Director of Care (Day)
- Director of Care (Residents)
- Chair Audit and Quality Assurance Sub-committee
- Chair Policy Sub-committee
- Chair Communication Sub-committee
- Chair QOL / Residents Lived Experience Sub-committee
- Chair Quality Initiatives Sub-Committee

**QUALITY OF LIFE / RESIDENTS’ LIVED EXPERIENCE* SUB-COMMITTEE**
Chair: External Academic
Members:
- Keyworking *
- Life Skills
- Ending institutional practice
- Implementing the person’s will & preference
- Integrating in the Community
- Active Citizenship
* Once established consider Day Services / other

**QUALITY INITIATIVES SUB-COMMITTEE**
Chair: 
Second Chair: 

- Social Farming
- Pet Therapy
- Tobacco Free Campus
- Recognition of Excellence Awards
- Implementation of Keyworker Training
- Volunteers / Susi
- Beyond Barriers / Entertainments Officer
- Supervision Training
- Summer Project / Presenting Choices
- My Idea / Initiatives
Policy Sub-Committee

During 2017, the Quality Steering Committee was responsible for co-ordinating the development and review of policies and procedures that guide practice within the service. In the last quarter, a sub-committee of the QSC was established, with responsibility for policy development and review and reporting to the QSC.

HIQA inspections during 2017 identified that policies and procedures to be maintained in respect of the designated centre as per Schedule 5 of The Health Act 2007 (Care And Support Of Residents In Designated Centres For Persons (Children And Adults))

- Were not reviewed in accordance with the 3 yearly minimum time frame;
- Did not guide practice;
- Were not fit for purpose; and
- Did not reflect current national policy.

In response to this, the Policy Committee has committed to HIQA to coordinate a review of all Schedule 5 Policies within the first quarter of 2018 to ensure that all policies meet the regulations.

Summary of position in relation to policies in 2017:
- 4 policies retired
- 16 policies reviewed
- Policies for review 60
- 13 Schedule 5 Policies in need of review

In response to this, the Policy Committee has committed to HIQA to coordinate a review of all Schedule 5 Policies within the first quarter of 2018 to ensure that all policies meet the regulations as per the Health Act 2007.

Targets for Policy Committee for 2018:
- Examine of the Terms of Reference of the Committee and update as required;
- Revise the policy template to ensure policies are more accessible for staff;
- Review of the 13 schedule 5 policies due for review and to ensure that they guide staff practice;
- Review the complaints policy, the restrictive practice and behaviour support policies to ensure they meet national policy and guide practice;
- Review the additional policies in need of review with the aim of reducing the number of policies by merging them or replacing them with local procedures as appropriate;
- Increase the membership of the policy committee to include appropriate representation from across the service;
- Ensure the review of the Data Protection Policy to ensure that the service is prepared for GDPR in May 2018.
Registered Provider Audits

In order to be assured of proper governance and management of the service, there is a requirement for an unannounced audit in each Designated Centre by the registered provider on a six monthly basis.

In 2017, there were 52 unannounced registered provider audits across the 15 Designated Centres. Audits were conducted by the senior managers on the authority of the Chief Executive and by specialist consultants on his behalf. Reports were generated in each case using the HIQA template, and these reports provided details on the audit findings, recommendations and action plans. The reports served to inform immediate improvements in the particular area, as well as plans for 2018.

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11 of the audits were conducted in the first half of the year and 41 audits were conducted in the second half, thus some Designated Centres did not have an audit every six months, as required by the Health Act Regulations (2013). Six designated centres did not meet this requirement and these are indicated in the graph above.

In order to ensure that there is full compliance in the completion of registered provider unannounced audits in 2018, a full schedule of audits has been prepared and appointments made with the assigned auditors, detailing the location to be audited and the date range. Additionally, actions raised as a result of these audits shall be tracked to ensure that improvements are made. Persons in Charge are responsible for completion of actions and the Programme Manager has arranged a schedule of announced audits to check on the completion of actions.

Some HIQA audits remarked upon the fact that the unannounced audits did not highlight concerns later picked up by HIQA. Auditors work is informed by the latest focus by HIQA audits, which in 2017 included safeguarding, restrictive practice, governance, accommodation and social roles. These, in addition to other concerns evident will continue to be areas of particular interest throughout 2018. Additional audits that were completed in 2017 include; infection prevention and control audits, medication audits, meal time audits, catering food audits.
Restrictive Practice Committee

Plans for 2018

Policy Development:

The policy on the use of restrictive practice is currently combined with the responding to the behaviours of concern. The plan for 2018 is to separate this policy and develop a policy that guides best practice in terms of sanctioning restrictive practices within Stewarts.

Restrictive Practice Protocols:

The Restrictive Practice Committee is chaired by a Consultant Psychiatrist who prescribes the restrictive practice for each Service User. These prescriptions will cease and will be replaced by a restrictive practice protocol which will ensure that the restrictive practice which is sanctioned is necessary with a clear rationale. This will guide staff practice and increase understanding.

Restrictive Practice Database:

A record of all restrictive practices sanctioned by the committee will be maintained on a database to ensure that information regarding the initiating and removal/reduction of restrictive practices is recorded accordingly.

Committee Members 2017:

Chairperson- Dr. John Hillary
Dr. Kate Maddock- Psychiatrist
Kellie Bradley- Physiotherapist
Emer Murphy- Occupational Therapist
Helen Davis- Psychologist
Niamh Tyrell (Administrative Support)

Committee Members changed end of 2017:

Chairperson- Dr. John Hillary
Pauline Murray- Programme Manager
Kellie Bradley- Physiotherapist
Emer Murphy- Occupational Therapist
Helen Davis- Psychologist
Angela Colgan- Clinical Nurse Specialist – Behaviour / Behaviour Specialist
Niamh Tyrell (Administrative Support)
Safeguarding Committee

At the end of 2017 the Adult Safeguarding Committee was established, it is an essential Committee within Stewarts Care Ltd. The aim of the committee is to provide an oversight of adult safeguarding issues across Stewarts Care Ltd, with the objective of ensuring that systems and processes are in place and implemented to safeguard vulnerable adults.

Committee Members:

**Chair:** Michelle Dunphy Clarke- Principal Social Worker (Safeguarding)

Fiona Colvin – Risk Manager

Andrea O’Kelly – Human Resource Manager

Fiona Forde- Person in Charge

Tina McLoone- Day Services

Adeline Quinn- Speech and Language Therapist

Angela Colgan- CNS Behaviour/ Behaviour Specialist

John Gubbins- Safeguarding Administrator

Plans for 2018:

- Monitor the quality of safeguarding plans and processes and provide advice regarding same.
- Identify trends and learning with regard to safeguarding issues and furnish same to the CEO and the Senior Management.
- Provide advice on training requirements with regard to safeguarding and related issues; and provide advice on other systems issues that impact on safeguarding to Senior Management.
- Monitor and review Stewarts Care database on safeguarding.
- Provide guidance, support and feedback to Designated Safeguarding Officers.
- Promote safeguarding initiatives for Service Users.
- Liaise with other core committees within Stewarts Care, for the purpose of shared learning and communication on mutual areas of interest (e.g. Restrictive Practices Committee, Rights Committee, Complaints Committee).
Human Rights Committee

The Human Rights Committee will promote and protect the human rights of Service Users of Stewarts Care and build a culture of respect for human rights. The current Human Rights Committee began in November 2017 and is chaired by Ms. Mary Linehan an external representative. The membership of the Committee is as follows:

**Chair: Ms. Mary Linehan**

<table>
<thead>
<tr>
<th>Service Users</th>
<th>Parent</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Elizabeth Mannix</td>
<td>Mr. Damien Douglas</td>
<td>Ms. Jackie Flanagan</td>
</tr>
<tr>
<td>Mr. William Moloney</td>
<td></td>
<td>Ms. Michelle Clarke Dunphy</td>
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<tr>
<td></td>
<td></td>
<td>Mr. Larry Norris</td>
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<tr>
<td></td>
<td></td>
<td>Ms. Adeline Quinn</td>
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<tr>
<td></td>
<td></td>
<td>Mr. Enda McCormack</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ms. Elaine Murtagh</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ms. Catherine Connolly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ms. Natalia Rusinova</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr. Anthony Francis</td>
</tr>
</tbody>
</table>

The Human Rights Committee is responsible for ensuring that due process is followed wherever an individual's Rights are restricted. The committee must also highlight any rights restrictions observed and bring to the attention of senior management and to advise the Chief Executive. There is a responsibility on all; Service Users, parents, family, staff and supporters of Stewarts Care to promote a rights based approach to work. There is a particular responsibility on staff and in particular frontline staff to promote and protect the Rights of those with whom they work. Under a Rights based approach Service Users are the primary clients and all decisions and actions must be in their best interests. Where Service Users are unable to articulate or demand their rights, staff have a responsibility to be their voice and advocate or help Service Users to get advice from an independent advocate. Ensuring all Services Users can live their life to the fullest potential is the basis of the committees work.

**Number of referrals for rights restrictions in 2017:** 28

**Number of referrals on-going:** 28

**Number of referrals resolved:** 0
Stewarts Research Committee

Stewarts Care Research Committee is committed to supporting a vibrant research profile throughout the organisation. The committee aims to ensure that all research undertaken within Stewarts is of benefit to Service Users and does not infringe on their rights or quality of life. The committee welcomes inclusive research and carefully considers the research project value and contribution towards the literature relating to the field of Intellectual Disabilities.

The Research Committee have quarterly meetings in January, April, July and October of each year. Further meetings will be held if required. During 2017 Stewarts Care Research Committee received five submissions, which were approved by the committee and forwarded to the Research Ethics Committee.

**Members:**
Ms. Lasarina Maguire - Chair (Programme Manager)
Siobhan McCrystal – Senior Librarian
Emer Kavanagh – Senior Speech & Language Therapist
Orla Kavanagh – Clinical Placement Co ordinator
Patricia Mehigan – Deputy School Principal
Cathy Hayes – Senior Psychologist

**Membership changed in December 2017:**
Carmel Doyle, TCD - Acting Chairperson
Siobhan McCrystal – Senior Librarian
Emer Kavanagh – Senior Speech & Language Therapist
Vivienne Hughes – Occupational Therapist

Stewarts Research Ethics Committee

Stewarts Care Research Ethics Committee was established on 1st June 2004. The current membership consists of:

**Expert Members:**
Dr. Ray Sharpe - General Practitioner
Ms. Siobhan Kearins – Director of Care

**Lay Members:**
Mr. Michael Green - Solicitor
Mr. John Hynes – Parent of a Service User
Ms. Mary Carrig – School Principal
Ms. Frances Meenan – Barrister

Stewarts Research Committee forwards research proposals to Stewarts Research Ethics Committee. The Committee sits up to 4 times a year, in February, May, August and November. Further meetings are held if required. Some of the individual researchers are employees of Stewarts Care and others are post graduate students of educational bodies such as Trinity College Dublin. Most of the research proposals are being carried out in connection with a post graduate course such as Masters Degree or a Doctorate. Stewarts Care Research Ethics Committee operates according to the general principles of medical ethics, including the Declaration of Helsinki. The Committee also complies with the relevant provisions of the International Conference on Harmonisation Guidelines on Good Clinical Practice.

The Committee ensures that research proposals are adequately supervised and do not infringe on the rights of third parties and in particular Service Users and staff of Stewarts. During 2017, Stewarts Care Research Ethics Committee dealt with one application. The Committee was pleased to approve this application subject to certain conditions which the researcher adhered to.
P.A.T.H. (Planning Alternative Tomorrows with Hope)

PATH is a graphic representation of an individual's goals and dreams. There are 8 steps which support and enable exploration of personal choice and future aspirations. Words, symbols, images and colour are the visual representation of a person's goals from which future foundation can be built.

PATH is inclusive, with Service User at the forefront with the involvement of all a person’s support network to aid and gather a larger picture of a person's wishes.

- The number of PATHs completed to date: 314
- The number of PATHs completed in 2017: 47
- The number of staff who received information on PATH to date: 471
- The number of families contacted regarding PATH in 2017: 74

Activities of 2017

- HSE. Conference 9th November 2017: presented piece on New Directions.
- Developed New Direction posters on person Centeredness.
- Devolved review document: distributed to residential and community where PATHs have been completed for at least six months.
- PIC Presentation 29th November 2017: Review of PATHs and document provided for each area.
- Day activation: Developed schedule of PATHs identified.
- I.D.S. Tilda research: Agreed to participate in research regarding identifying activities in area of intellectual disabilities. This research will commence in March 2018.

Planned activity for 2018

- Trinity College Dublin Conference in April 2018: Plan to participate in conference with nursing students in area of Person Centred Planning/
- PATH information sessions to be made available to all day service staff upon request.
- February 2018: PATH review data was inputted on to SURA system.
- Schedule for the roll out of PATHs in day service identified.
- Pre-PATHs have been distributed to day service areas currently,
  - Kaizen
  - Beehive
  - Kilcloon
- March of 2018: Identify and select PATHs that will be used as part of the Trinity study
- The information gained from the 170 PATH selected will be populated in March/April.
• International student nurse conference to take place in Trinity in April 2018. The PATH Team and Julie Maloney will present at the conference.
• All PATHs in residential and community to be completed in 2018.
• Review to have taken place in community and residential to be completed in 2018.
• PATHs to commence in Kaizen and Beehive in March 2018.
• To provide data to IDS Tilda for the European conference in July 2018.
Respite Services and Family Support

Stewarts Care provides Respite Services to adults and children. Admission to Stewarts Care Respite Service is based on a priority rating system and is based on a multi-disciplinary assessment of need. Admission is also governed by Stewarts Care policies on Respite Services for Adult and Respite Services for Children. There are some circumstances where applications for funding must be made to the HSE, these relate to where funding is required to provide additional staffing resources due to Service User dependency needs.

In 2017 there was a six month schedule of respite for individual respite users and these schedules were issued in April and October. In 2017 the Respite Committee met on a monthly basis to; process referrals for respite, manage waitlists, schedule respite, review and manage issues arising from respite and review incident reports. In 2017 Stephanie Cohen from the Networking Group joined the Respite Committee as a family representative.

In June 2017 Stewarts Care Respite Services moved to a new house in Royal Meadows and held a coffee morning there in June 2017. Another coffee morning was held in November 2017. These were a great opportunity for families to meet up with other families and with staff. In 2017 the multisensory corner in Dochas Lodge was enlarged to provide greater benefits to those staying at Dochas Lodge. Seven Service Users left Childrens Respite in 2017, five of these were placed in Adult Respite Services. In 2018 there will be a reconfiguration of Respite Services to accommodate more Service Users with the overall aim of reducing/eliminating the waiting list.

Referrals and Waitlist for Children’s Respite Services and Adults Respite Services:

<table>
<thead>
<tr>
<th>Childrens Respite Services</th>
<th>Adults Respite Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beds in total</strong></td>
<td><strong>Beds in total</strong></td>
</tr>
<tr>
<td><strong>48</strong></td>
<td><strong>15</strong></td>
</tr>
<tr>
<td><strong>Receiving Respite Services</strong></td>
<td><strong>Receiving Respite Services</strong></td>
</tr>
<tr>
<td><strong>4</strong></td>
<td><strong>120</strong></td>
</tr>
<tr>
<td><strong>Children on waitlist</strong></td>
<td><strong>Adults on waitlist</strong></td>
</tr>
<tr>
<td><strong>4</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>
Stewarts holiday house in Kinvara offers Service Users a holiday/breakaway in an idyllic environment in the West of Ireland. Service Users benefit from the local amenities and tourist attractions in both Galway and Clare.

Tourist attractions include exploring the Wild Atlantic Way, The Cliffs of Moher, Allweee caves, The Burren National Park, Kinvara Burren Scantury, Coole Park in Gort; (home of Lady Gregory), trips to Connemara, Kylemore Abbey and Galway City.

Stewarts Care uses Kinvara Holiday Home four days per week on a four day on and a four day off rota.

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**Kinvara Holiday Home**

| 2.3 WTE | € N/A | N/A | 22% |

**Activity for 2017**

Stewarts holiday house in Kinvara offers Service Users a holiday/breakaway in an idyllic environment in the West of Ireland. Service Users benefit from the local amenities and tourist attractions in both Galway and Clare.

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Stewarts Care uses Kinvara Holiday Home four days per week on a four day on and a four day off rota.

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### Holidays per Designated Centre 2017

- Jan: 13
- Feb: 14
- Mar: 10 (2)
- Apr: 10
- May: 9
- Jun: 11
- Jul: 11 (1)
- Aug: 8
- Sep: 6
- Oct: 12
- Nov: 6
- Dec: 2

### Service User Attendance per Month

- Jan: 13
- Feb: 6
- Mar: 10
- Apr: 10
- May: 9
- Jun: 5
- Jul: 11
- Aug: 8
- Sep: 6
- Oct: 12
- Nov: 2

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**102**

Number of Service Users who attended Kinvara holiday home in 2017

**118**

Number of nights Kinvara holiday home was in use in 2017
Family & Friends Survey 2017

In 2017 Stewarts Care endeavoured to involve and facilitate an increase in feedback from the Families and Friends of Service Users. This was partly achieved through the completion of the Annual Family and Friend Survey.

The survey aimed to allow for feedback on Family and Friends’ experiences of the care, support and services their family member receives, and to support the design of appropriate questions for future surveys. As with previous years surveys the information returned is extremely valuable and appreciated.

The survey was distributed by the Quality Steering Committee to the families of those receiving Residential and Day services, and the families of children attending Respite Services (DC13).

In total the Quality Steering Committee received 207 number of responses and the information in the responses will be used to review, develop and deliver services.
Designated Centres: 1-14  
106 Surveys were Returned*

The following details the responses to questions asked in the survey. The first graph shows the overall response to the questions and the four later graphs outline the response by Designated Centre.

* 8 Surveys returned after the deadline are not reflected in the graphs

**Summary:** Positive Comments
― Excellent level of care is given‖
―General care and housing conditions good‖
―Great atmosphere‖

**Summary:** Areas of Improvement
― More meetings not just emails‖
―Lack of staff, impacting on activities‖
―Shorter waiting lists for clinical services‖
Day Services 101 Surveys were returned*

Once again, the following details the responses to questions asked in the survey. The first graph shows the overall response to the questions and the four later graphs outline the response by individual Day Service.

* 12 Surveys returned after the deadline are not reflected in the graphs

**AR17 Family & Friends Survey Responses (Q2-Q5) - All Day Services**

**Q2: Do you feel that you are kept up to date about, and involved with the supports, care and services your family member receives from Stewarts Care?**

**Q3: Are you satisfied with the supports and care that your family member is receiving in Stewarts Care?**

**Q4: Do you feel you can ask questions about the supports and care your family member receives and raise concerns with staff?**

**Q5: When you visit or when you approach a member of staff in Stewarts Care do you feel supported and welcomed?**

**+ Summary: Positive Comments**
- “Care is over and above”
- “Staff in Day Services are helpful and approachable”
- “Extremely happy with service”

**- Summary: Areas of Improvement**
- “Feel her side of the story isn’t heard”
- “No focus on capabilities, everyone is treated the same”
- “Unfulfilled promises”
Service User Survey 2017

Seeking the views of the people who use Stewarts services.

The needs, views and wishes of the Service Users remain a key element in the review and delivery of quality and person-centred services. Every service user is encouraged to have his or her say on all aspects of the service they receive.

Stewarts aimed to achieve this in 2017 by maintaining and developing the following:

*For more information on the activities of the above please refer to individual chapters on the Service User Council, Designated Centres, Day Services, and PATH.
Comments from Service Users through Registered Provider Audits.

- DC1: I would like more pictures on the walls. I want to live in a community house.
- DC2: I like living here.
- DC3: I would like to live in the community. I don’t feel very safe here except in my bedroom because some lads are aggressive.
- DC4: I like making my own meals and they (staff) help me to do that.
- DC5: I like being able to make my own decisions everyday.
- DC6: I like most of the people I live with but I have difficulty with one person at times. I would like to be able to choose who I live with.
- DC7: I would like to live in a house rather than an apartment and have a garden.
- DC8: Don’t have a day service, spend all day doing word searches.
- DC9: Love living here. If unhappy I would talk to staff.
- DC10: Happy living here for the moment but would like to move out to my own apartment.
- DC11: Love living here. If unhappy I would talk to staff.
- DC12: Like the staff here but looking forward to going home to see her parents.
Designated Centre 1 as at 31/12/17

Profile:
Designated Centre 1 comprises of four houses and one apartment. Residential services are provided for 19 adults within the centre. Four of the homes are on the campus and one in Palmerstown.

A Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

HIQA Inspection Report(s) DC 1 had 4 inspections in 2017. Results as follows

<table>
<thead>
<tr>
<th>Outcome</th>
<th>24/1/17</th>
<th>3/5/17</th>
<th>3-4/7/17</th>
<th>19/10/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Residents Rights, Dignity &amp; Consultation</td>
<td></td>
<td></td>
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<tr>
<td>(2) Communication</td>
<td></td>
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<tr>
<td>(3) Family &amp; Personal Relationships, Links with community</td>
<td></td>
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<tr>
<td>(4) Admission &amp; Contract for Provision of Services</td>
<td>Compliant</td>
<td></td>
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<tr>
<td>(5) Social Care Needs</td>
<td>Substantially</td>
<td>Major</td>
<td>Major</td>
<td>Major</td>
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<tr>
<td>(6) Safe &amp; Suitable Premises</td>
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<tr>
<td>(7) Health &amp; Safety and Risk Management</td>
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<td>(8) Safeguarding and Safety</td>
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<td>(9) Notification of Incidents</td>
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<tr>
<td>(10) General Welfare and Development</td>
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<tr>
<td>(11) Healthcare Needs</td>
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<tr>
<td>(12) Medication Management</td>
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<tr>
<td>(13) Statement of Purpose</td>
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<tr>
<td>(14) Governance &amp; Management</td>
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<td>(15) Absence of the Person in Charge</td>
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<tr>
<td>(16) Use of Resources</td>
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<tr>
<td>(17) Workforce</td>
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<tr>
<td>(18) Records and Documentation</td>
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</tbody>
</table>

Designated Centre Performance

DC 1 Staff Supervisions (as per organisational policy)

DC1 Core Competency Training Compliance

DC1 Absenteeism 2.3%
Registered Provider Audit Report(s)
DC 1 has had 6 Registered Provider Audits in 2017: Meets the requirement for six monthly audit.
- Aisling House: 17/1/17
- Carraig Apartment: 11/8/17
- Woodlands 23: 6/11/17
- Bungalow 3: 30/6/17
- House 25: 25/8/17
- Aisling House 1/9/17

Immediate Corrective Actions taken during 2017 arising from HIQA and Registered Provider Audits:
- The Designated Centre has been included in the reconfigration plan resulting in three smaller DCs with dedicated Persons in Charge (PIC), located within the centre rather than in a remote office to facilitate effective oversight of the care and support of residents.
- A Principal Social Worker has been recruited to focus on Safeguarding and address concerns at an organisational level in line with best practice.
- All PICS have been trained as Designated Officers and the introduction of the Raising Awareness of Vulnerable Persons At Risk of Abuse training and Childrens’ First as a core competency has increased staff awareness of indicators of abuse and appropriate responses to same.
- The Complaints Policy has been revised and local Complaints Logs have been implemented.
- Bungalow 3 was shut for remodelling and all of the residents have been transitioned to more suitable homes, including one resident moving to a community home.
- Efforts to keep doors un-locked and to find the least restrictive methods for the shortest amount of time;
- Efforts to ensure that all staff are aware of fire procedures are continuing throughout the organisation, including increased fire drills and site specific fire drill training.
- One apartment in House 25 was renovated and was reopened as Honey Bee, a person directed home for one individual.
- 1 service user has transitioned to a new apartment from House 25 to provide a more quality service; this person will receive one to one staffing;

Longer Term Corrective and Preventative Actions planned for 2018:
- An additional PIC will take up their position in early January.
- A nominated Shift Leaders in each home to take charge in emergency situations in the absence of the PIC.
- A schedule of announced audits are being led by a Programme Manager which is in addition to the Unannounced Registered Provider Audits.
- Renovations in Bungalow 3 will be completed and the house will be relaunched as Willow Brook, a new, person centred service to provide residents with individual rooms and an improved quality of life;
- There will be increased commitment to meeting the formal supervision requirements of the Supervision Policy with monthly monitoring by a Programme Manager.
- All staff across the Designated Centre, shall be assessed for their competency by an appropriate manager.
- There shall be increased efforts to promote family involvement within the Services.
- Refurbishment of other apartments in house 25 shall be carried out with a view to reduce environmental restraints, increase interpersonal opportunities and improve the quality of life for the residents.
- Additional behaviour support shall be provided by the psychology team supported by the CNS Behaviour.
- All residents shall have MDT meetings to review their assessment of needs to ensure that they are met.

What are the views of Family and Friends

Some survey returned were anonymous. Individual comments and/or issues raised will be followed up with the family member on a one to one basis and documented in the person’s individual plan.
Profile
Designated Centre 2 is composed of 5 houses on the Stewarts Care Campus. There are 30 residents residing in Designated Centre 2, both males and females. The age of the residents range from 35 years of age to 72, with the most recent residents moving in to the homes in 2010. Residents are from all over Ireland, including Dublin, Cork, Galway, Kildare, Wicklow, Clare, Wexford, Laois, Donegal and Limerick.

The designated centre provides supports to individuals with moderate to severe intellectual disabilities. The designated centre is supported by 2 day services staff who support the resident to achieve goals and engage in social activities of their choice.

Some residents within the Designated Centre share rooms and addressing this is the main focus of the Transitions Manager for the first quarter of 2018.

A Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

HIQA Inspection Report(s) DC 2 had 1 inspection in 2017. Results as follows

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Outcome</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Residents Rights, Dignity &amp; Consultation</td>
<td>13/7/17</td>
<td>Major</td>
</tr>
<tr>
<td>(2) Communication</td>
<td></td>
<td></td>
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<tr>
<td>(3) Family &amp; Personal Relationships, Links with community</td>
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<tr>
<td>(4) Admission &amp; Contract for Provision of Services</td>
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<tr>
<td>(5) Social Care Needs</td>
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<tr>
<td>(6) Safe &amp; Suitable Premises</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>(7) Health &amp; Safety and Risk Management</td>
<td></td>
<td>Major</td>
</tr>
<tr>
<td>(8) Safeguarding and Safety</td>
<td></td>
<td>Major</td>
</tr>
<tr>
<td>(9) Notification of Incidents</td>
<td></td>
<td>Major</td>
</tr>
<tr>
<td>(10) General Welfare and Development</td>
<td></td>
<td>Major</td>
</tr>
<tr>
<td>(11) Healthcare Needs</td>
<td></td>
<td>Major</td>
</tr>
<tr>
<td>(12) Medication Management</td>
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<td>Major</td>
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<tr>
<td>(13) Statement of Purpose</td>
<td></td>
<td>Major</td>
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<td>(14) Governance &amp; Management</td>
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<td>Major</td>
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<td>(15) Absence of the Person in Charge</td>
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<tr>
<td>(16) Use of Resources</td>
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<td>Major</td>
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<td>(17) Workforce</td>
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<td></td>
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<tr>
<td>(18) Records and Documentation</td>
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</tbody>
</table>

Designated Centre Performance
DC 2 Staff Supervisions
Absenteeism
(as per organisational policy)

Supervisions complete 28%
Supervisions NOT complete 72%

DC2 Core Competency Training Compliance

DC2
4.5%
Registered Provider Audit Report(s)
DC 2 has had 4 Registered Provider Audits in 2017: Meets the requirement for six monthly audit.
- Bungalow 13 16/6/2017 - Buck House (& W23) 6/11/2017
- Bungalow 22 13/11/2017 - Bungalow 12 18/12/2017
- Red Cow Cottages (1/8/2018)

Immediate Corrective Actions taken during 2017:
- There were significant efforts led by PICs to reduce institutional practices by making mealtimes more social occasions and using more appropriate protective clothing.
- There is continuous awareness of restrictive practices and ongoing trials, to reduce the restrictions in place in all homes are being carried out. This includes using ‘butterfly catches’ on kitchen cabinets rather than locking them and replacing sleep suits with more appropriate clothing.
- There has been site specific behaviour support training for staff in one house as a pilot for introducing increased behaviour support training.
- The PIC, in conjunction with the workforce planning office have put additional familiar staffing in place to support a resident in W22.

Longer Term Corrective and Preventative Actions planned for 2018:
- While the appointment of a workforce planner has helped with assigning regular, trained staff to the homes in the designated centre, there are some cases where unplanned absence is affecting the ability to achieve social goals.
- In two cases, residents who shared a bedroom for many years are going to have their own bedrooms by April 2018.
- The Restraint Policy shall be reviewed to provide clarification on the reporting requirements for lap belts and bed rails that are put in place for the safety of the resident, rather than as a restraint.
- PICS shall be trained in conducting supervisions and there shall be increased monitoring of supervisions to ensure that all staff are supervised in line with the Organisational requirements.
- All kardexes shall be reviewed to ensure that medication is a person centered approach.
- There shall be continued dialogue with the HSE Safeguarding Office in the approval of Interim Safeguarding Plans and the development of Formal Safeguarding Plans.
- Continued review of SURA to promote efficient, person centred approach to recording information

What are the views of Family and Friends?

AR17 Family & Friends Survey Responses (Q2-Q5) - DC2

Sunroom in bungalow

Regular staff

Staff provide appropriate care

Need more staff

Need power packs for chair and transport

Helpful staff, can ring and ask about brother

Wellness area and Occupational Therapy

[Name] happy. Staff kind, good.

Travel pass from HSE to visit a family member.

9 responses received. Generally positive. Some individual comments/queries will be addressed for the resident with appropriate updates provided to the person who completed the survey if they so wish.
Designated Centre 3 as at 31/12/17

Profile:
Designated Centre 3 consiste of 5 homes on Stewarts Care campus. The residents are both male and female and they range in age from 14 to 69.

A Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

HIQA Inspection Report(s) DC 3 had 2 inspections in 2017, one of which not yet reported.

<table>
<thead>
<tr>
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<tbody>
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<td>(17) Workforce</td>
<td>Major</td>
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<tr>
<td>(18) Records and Documentation</td>
<td>Major</td>
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</tbody>
</table>

Designated Centre Performance

DC 3 Staff Supervisions (as per organisational policy)

Registered Provider Audit Report(s)
DC 3 has had 6 Registered Provider Audits in 2017: Failed the requirement for six monthly audit.
- Bungalow 24 3/7/2017 - Bungalow 4 21/7/2017
- Bungalow 7 4/8/2017 - Bungalow 6 4/8/2017
- Bungalow 8 29/11/2017 - Bungalow 24 4/12/2017

Immediate Corrective Actions taken during 2017:
- The designated Centre has been included in the reconfiguration plan, with the homes being divided into four centres with a Person in Charge present in the homes to ensure increased effective oversight and governance of the care and support of residents.
- The location of handover meetings has moved in order to protect the dignity of the residents.
- Institutional routines are being challenged to improve the quality of life of residents, including promoting choice in relation to getting up time, individual teapot and milk jug.
- There are improvements in staff approaches to teaching life skills improvements, including preparing food and taking public transport.
- The PIC works across shifts and this has led to a more focused and directed team approach.

Longer Term Corrective and Preventative Actions planned for 2018:
- Complaints logs are now in place and complaints/incidents will be discussed at formal staff meetings.
- The use of rooms shall be reviewed with for the most effective use of space for residents. This shall include using volunteers to redecorate a room to provide a location for residents to spend some private times with their visitors.
- There shall be continued efforts by the Human Resource Department and the Workforce Planning Office in consultation with the PIC to recruit vacant posts to ensure that regular staff assigned and there is a reduction in dependence on Agency Staff.
- Work is required, in conjunction with the PATH Team, to determine the process, post PATH review and the mechanism to advance goals to the next level.
- All nurses shall be trained in care planning and attend workshops in developing effective care plans for residents.
- There shall be increased PIC meetings to ensure that learning from across designated centres shall be shared amongst all PICS.
- Socially Valued Roles shall be explored to increase residents opportunities for engagement and development of self-esteem.

What are the views of Family and Friends?

AR17 Family & Friends Survey Responses (Q2-Q5) - DC3

- Are you kept up to date?
- Are you satisfied with supports and care?
- Can ask questions/raise concerns?
- Do you feel supported and welcomed?

14 responses from families of residents living in DC3. Variety of topics addressed in honest and open communication. Individual points to be addressed in a person centred way. Records maintained on SURA.
Designated Centre 4 as at 31/12/17

**Profile:**

The centre provides residential services to adults in a campus based setting for up to 30 residents. The centre comprises of three units, with one bungalow and the remaining two dormitory style units*.

*The two dormitory style units have now been remodelled and all Service Users have their own bedrooms and 3 individual apartments to provide support for Service Users who require assessment and high levels of support prior to transitioning to the community.

A Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

**HIQA Inspection Report(s)** DC 4 had 1 inspection in 2017. Another audit not yet published.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>18/5/17</th>
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<tbody>
<tr>
<td>(1) Residents Rights, Dignity &amp; Consultation</td>
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<td>(2) Communication</td>
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**Designated Centre Performance**

<table>
<thead>
<tr>
<th>DC 4 Staff Supervisions (as per organisational policy)</th>
<th>DC4 Core Competency Training Compliance</th>
<th>DC4 Absenteeism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisions NOT complete: 73%</td>
<td>Supervisions complete: 27%</td>
<td>5.4%</td>
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<tr>
<td>Safeguarding, Physical Restraint, Personal Risks</td>
<td>Advertising, Marketing</td>
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<tr>
<td>Prevention, Medication, Fire Safety Management, Manual</td>
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<td>Handling</td>
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<td>Restricting, Protecting, Stoppage, Stop restriction</td>
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</table>

Persons Participating in Management:
Mary Redmond
Aine O’Reilly
Fiona Forde
Immediate Corrective Actions taken during 2017:
- In August 2017, Stewarts undertook an emergency retrofit of a disused dormitory style building on campus. The building was converted into three apartments to provide urgent accommodation to persons who were presenting as an acute safeguarding risk to themselves or others. Each apartment is now home to one resident with high staffing levels. The change in service has been highly effective in improving the quality of life and safety of these residents and their former housemates.
- Bungalows 3 and 5 were refurbished in order to accommodate residents of Woodlands 26 in early 2018, in Willowbrook (B5) and Hollybrook (B3). This will close an institutional congregated setting and provide all residents with their own rooms.
- Plans were submitted to close Woodlands 26 and Woodlands 28, the last remaining dormitories in 2018.
- Nurses were assessed for competency and supports put in place to ensure compliance and awareness of legal responsibilities.
- The designated centre was re-organised during this time to increase the number of PICs from one to three, thus allowing for greater interaction and engagement in the homes.

Longer Term Corrective and Preventative Actions planned for 2018:
- Woodlands 26 closed in early January and renovations commenced to increase the number of bedrooms. Residents moved to the refurbished Hollybrook and Willowbrook to provide residents with their own bedrooms.
- Woodlands 28 closed in March, reopening in April to facilitate the final stages of a project to ensure all residents residing in Stewarts Care have their own bedroom.
- The staffing ratio has been increased based on the assessed needs of residents. Four staff now support four service users in each house with additional staffing available for activities.
- Magnetic door closers have been fitted and fire doors are no longer wedged open;
- All nurses completed care planning training. OK Health Checks shall be carried out for all service users to develop initial indicators and new Health Care Plans. All nurses shall attend Care Planning Workshops and nurses shall be directed through supervision;
- All nurses shall be competency assessed carried out by an appropriate manager. Medication Management Training on HSELand shall be completed by all nurses;
- With the PIC ratio improved, there is a renewed focus on compliance with completion of quarterly supervisions for 2018.
- Staff within the Designated Centre shall be included in the service wide campaign to ensure all staff attend Raising Awareness of Safeguarding Vulnerable Persons at Risk of Abuse Training.
- Care Staff are being assessed for competency and will be supported to meet the requirements.
- There is increased awareness of roles and responsibilities in fire procedures with increased on-site fire safety training is being provided during 2018.

What are the views of Family and Friends?

Registered Provider Audit Report(s)
DC 4 has had 5 Registered Provider Audits in 2017: Meets the requirement for six monthly audit.

- Woodlands 26: 31/4/2017
- Stepping Stones: 8/11/2017
- Woodlands 26: 6/12/2017
- Woodlands 28: 14/7/2017
- Bungalow 9: 20/11/2017

Immediate Corrective Actions taken during 2017:

- Concerns over level of staffing at night
- Concerns over government funding / infrastructure
- Staff ensure good quality of life and grooming
- Residents medical health well looked after
- Excellent care staff and medical staff
- Experience is ‘first class’
Designated Centre 5 as at 31/12/17

Profile:
Designated Centre 5 is an on-campus residential service for gentlemen with intellectual disabilities. The gentlemen range in age from 35-74.

A Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

HIQA Inspection Report(s) DC 5 had 2 inspections in 2017. Results as follows

<table>
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<tr>
<th>Outcome</th>
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Designated Centre Performance

DC 5 Staff Supervisions (as per organisational policy)

DC 5 Core Competency Training Compliance

DC 5 Absenteeism

4.4%
Registered Provider Audit Report(s)

DC 5 has had 4 Registered Provider Audits in 2017: Meets the requirement for six monthly audit.
- Farmhouse 20/2/2017
- House 17 18/9/2017
- Bungalow 10 13/12/2017
- Bungalow 2 Action Plan only

Immediate Corrective Actions taken during 2017:
- There has been increased clinical support by Psychiatry, Psychology and CNS Behaviour Support to residents using steroid-based antiandrogen medication with the aim to reduce.
- The reconfiguration plan resulted in an increase of PICS from 1 to three, facilitating improved monitoring of activity in the home and allowing for improvement in outcomes, including a reduction in institutional practices and meaningful interaction at mealtimes.
- Improved handovers are now taking place with discussion about clinical alerts to promote increased awareness and understanding.
- There has been increased awareness and training in safeguarding to promote increased reporting and improved responses to incidents of concern.
- The increase in the number of PICS has led to manageable workloads with improved follow through on incidents, including the provision of safeguarding plans and updates to risk assessments.
- Schedules for staff supervision have been put in place and are being implemented.

Longer Term Corrective and Preventative Actions planned for 2018:
- Formal Staff Meetings have commenced with complaints and incidents reviewed and reflected upon for learning.
- Care Staff assessments have commenced to ensure competency.
- Need Sheets are being superseded by Healthcare Plans, which are designed to be easier to understand.
- Guidance is being sought from the Occupational Therapy manager in relation to restrictive practice (lap belts, bed rails)
- Beginning 2018, there remains an overreliance on agency staff, however, following XXX Care Staff hires in 2017, the senior team is in discussion with HSE in relation to funding.
- It is planned that all residents will have their own bedrooms by April 2018.
- A schedule of unannounced registered provider audits and announced Programme Manager audits is being rolled out.

What are the views of Family and Friends?

AR17 Family & Friends Survey Responses (Q2-Q5) - DC5

We are grateful to families for participating in the survey and providing welcome feedback on the care and support that their family member experiences. All feedback is being reviewed by the person in charge and improvement will be driven as a result.
Designated Centre 6 as at 31/12/17

Profile:
Designated Centre 6 consists of four bungalows on Stewarts Care Campus in Palmerstown. There are 30 residents in the Centre, 27 females and 3 males, between 32 and 71 years of age. The residents come from throughout Ireland, including Limerick, Dublin, Tipperary, Meath, Cork, Sligo, West Meath, Wexford, Carlow, Laois, Monaghan, Carlow and Galway.

This centre is designed to provide care for residents with moderate to severe intellectual disability, challenging behaviours and age related healthcare needs.

Each home is supported by Nursing and Care Staff. Day Service staff are available throughout the week and facilitating activities including trips to the theatre, shopping trips, the zoo, restaurants, the gym, bowling and swimming. Additionally, residents have access to sensory supports in the Orchard.

The residents have lived in the campus setting ever since they arrived at Stewarts. The longest resident moved and swimming. Additionally, residents have access to sensory supports in the Orchard.

The residents in the Centre, 27 females and 3 males, between 32 and 71 years of age. The residents come from

Profile:
Designated Centre 6 as at 31/12/17

DC6

• Bungalow 5
• Bugalow 11
• Woodlands 18
• Woodlands 20

Persons Participating in Management:
Aisling Brennan
Aine O’Reilly
Aedin Fleming
Sinead Fitzroy

HIQA Inspection Report(s) DC6 had 1 inspection in 2017. Results as follows:

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Designated Centre Performance

DC 6 Staff Supervisions (as per organisational policy)

Supervisions NOT complete: 76%
Supervisions complete: 14%

DC6 Core Competency Training Compliance

DC 6 Absenteeism: 2.9%
Registered Provider Audit Report(s)

DC 6 has had 5 Registered Provider Audits in 2017: Meets the requirements of 2 per year.
- Bungalow 11 20/2/2017
- Bungalow 11 24/7/2017
- Woodlands 20 7/2/2017
- Bungalow 5 25/9/2017
- Woodlands 18 24/11/2017

Immediate Corrective Actions taken during 2017:
- A reconfiguration of the designated centre took place, resulting in an increase in the number of persons in charge of the homes in this centre from 0.5 to 3. The aim was to increase supervision and governance.
- There was increased awareness of safeguarding issues resulting in the staff complement being increased in one particular house within the designated centre.
- Focused audits, including mealtime experience, medication, infection control and restrictive practices were carried and actioned to improve the resident’s experience.
- Psychotropic medications were all reviewed.
- There was increased multidisciplinary input resulting in the review of the resident’s plans.
- A number of maintenance issues were actioned, including the redevelopment of bedrooms and bathrooms.
- Increased awareness of the restrictive practices within the houses resulting in a reduction in restrictive practices. Increased awareness of the rationale for restrictions and a focus on measures to reduce them.
- There was increased number of staff meetings and staff supervisions with a set format focusing on quality and safety aspects of care and support of the residents.
- Two residents have moved out of Bungalow 5 to community placements. A third resident moved to a single dwelling living environment more in line with her needs. This led to the opportunity to redevelop the house to provide residents who had previously shared dormitory style accommodation in another designated centre to move in and have a bedrooms of their own.

Longer Term Corrective and Preventative Actions planned for 2018:
- The number of persons in charge will increase to 3.5. A recruitment drive is underway to fill the vacancies.
- Bungalow 5: renovated and converted to Hollybrook, accommodating 4 residents in their own bedrooms.
- Continued efforts to reduce restrictions by increasing staff numbers, local management of rosters with to ensure appropriate skill set, increased review of incidents and increased awareness of restrictive practices.
- All staff are being competency assessed to ensure they have an awareness and understanding of their role. The findings from these competency assessments are being used to develop individualized training programme for staff to ensure all staff have the appropriate knowledge and skills to carry out their role.
- Family days have been planned throughout the year (approx 8 dates) to promote family inclusion.
- Announced audits are being conducted by a Programme Manager to follow up on each individual action from HIQA Audits and unannounced audits and to help teams focus on key themes.
- Unannounced audits have been timetabled, every DC will receive six monthly visits.
- Annual Medical Reviews and Multi-Disciplinary Team meetings are scheduled for every resident in 2018.

What are the views of Family and Friends?

AR17 Family & Friends Survey Responses (Q2-Q5) - DC6

Comments from ten families. Individual issues will be addressed in a person centred way and the outcomes will be documented in the resident’s personal plan.

Thanks to families for taking the time to provide feedback. Family feedback is welcome on a regular basis in their interaction with staff and managers.
Designated Centre 7 as at 31/12/17

Profile:
The centre comprised of two living areas in close proximity to each other. One home is a five bedded two storey house with the second home providing ten individual apartments with shared communal facilities in a two storey building.

HIQA Inspection Report(s) DC 7 had two inspections in 2017 the results of which are shown below.

<table>
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<tr>
<th>Outcome</th>
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<th>9-10/10/17</th>
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Designated Centre Performance

DC 7 Staff Supervisions (as per organisational policy)

Supervisions NOT complete 54%
Supervisions Complete 46%

DC7 Core Competency Training Compliance

DC7 Absenteeism

3.4%
Registered Provider Audit Report(s)
DC 7 has had 3 Registered Provider Audits in 2017: Meets the requirement for six monthly audit.
- Roseville 15/2/2017
- Hollyville Terrace 2/6/2017

Immediate Corrective Actions taken during 2017:
- Staffing levels were increased in Roseville to ensure the safety of residents during the night.
- Continuity of staffing recognised as an issue and staff work additional hours when they can, however with no relief panel, there is a dependence on agency staffing. The organisation continues to work with the funders on recruitment of staff and the PIC is to continue to drive this agenda.
- All residents were assessed for their capacity to self-administer their medication and identify supports required to achieve this.
- A schedule of fire drills was implemented to ensure all staff and residents are clear in the evacuation procedure in the event of a fire.
- Person directed Health and Social Care plans were put in place for resident when their work circumstances changed.
- A review of the Finance Policy commenced and training provided on the application process for waivers.
- Designated Centre 7 was included in the reconfiguration plan with a view to providing PICs with a reduced area of

Longer Term Corrective and Preventative Actions planned for 2018:
- An organisation Finance Committee has been established and a policy is currently in draft format. Once approved, training on this policy and procedures will be provided to staff.
- A new healthcare plan template has been developed by the Director of Nursing and will be rolled out to all residents within the centre by the end of March. Other areas of the Personal Support Plan template will be revised and implemented throughout 2018.
- A schedule of Annual Medical Reviews and Multi-Disciplinary Team meetings will be introduced in 2018.
- All nurses will undergo Medication competency assessments during Q1, 2018.
- An external ramp at the outside of the house will be installed in early 2018. An internal ramp is not immediately required and the PIC will work with Occupational Therapy to ensure appropriate accessibility for all. Other facilities issues, including secure file storage in Roseville, will be addressed throughout 2018.
- The PIC will request a deep clean schedule from Household Department manager,
- Additional training in Safeguarding and one-to-one discussions on this topic during supervision meetings will ensure that all staff are fully aware of how to recognise abuse and what is required of them.

What are the views of Family and Friends?

AR17 Family & Friends Survey Responses (Q2-Q5) - DC7

- Are you kept up to date?
- Are you satisfied with supports and care?
- Can ask questions/raise concerns?
- Do you feel supported and welcomed?

Four returns from families of residents living in Designated Centre 7.
Individual issues will be followed up with the resident and their family member(s) and alternative options provided.

Stewarts
The Independent Living
Designated Centre 8 as at 31/12/2017

Profile:
4 separate community based homes in west Dublin. Capacity of 8 residents.

Designated Centres are being re-organised into new, smaller Designated Centres with a Person in Charge assigned to each. In this case, Min-a-Cree, Palmerstown Square and Palmerstown Heights (six residents in total) will be managed by PIC (DG). Oak Court will combine with other homes, Woodfarm Acres and Riversdale (eight residents maximum). under PIC (MB). under a different PIC (MB).

A Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

HIQA Inspection Report(s) DC 8 had one inspection in 2017 and the results of which are shown below.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>5/6/10/17</th>
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<tbody>
<tr>
<td>(1) Residents Rights, Dignity &amp; Consultation</td>
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<tr>
<td>(2) Communication</td>
<td>Moderate</td>
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<tr>
<td>(3) Family &amp; Personal Relationships, Links with community</td>
<td>Compliant</td>
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<tr>
<td>(4) Admission &amp; Contract for Provision of Services</td>
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<td>(5) Social Care Needs</td>
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<td>(6) Safe &amp; Suitable Premises</td>
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<td>(7) Health &amp; Safety and Risk Management</td>
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<tr>
<td>(8) Safeguarding and Safety</td>
<td>Major</td>
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<tr>
<td>(9) Notification of Incidents</td>
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<tr>
<td>(10) General Welfare and Development</td>
<td>Moderate</td>
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<tr>
<td>(11) Healthcare Needs</td>
<td>Major</td>
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<td>(12) Medication Management</td>
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<tr>
<td>(13) Statement of Purpose</td>
<td>Compliant</td>
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<td>(14) Governance &amp; Management</td>
<td>Major</td>
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<tr>
<td>(15) Absence of the Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>(16) Use of Resources</td>
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<tr>
<td>(17) Workforce</td>
<td>Moderate</td>
</tr>
<tr>
<td>(18) Records and Documentation</td>
<td>Major</td>
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</tbody>
</table>

DC 8 Staff Supervisions (as per organisational policy)

DC8 Core Competency Training Compliance

DC8 Absenteeism 4.7%
Registered Provider Audit Report(s)
DC 8 has had 2 Registered Provider Audits in 2017: Meets the requirement for six monthly audit..
- Bungalow 11 20/2/2017
- Palmerstown Square 29/9/2017
- Palmerstown Heights Not Available
- Woodlands 20 7/2/2017
- Min-a-cree 3/10/2017
- Oakcourt Not Available

Immediate Corrective Actions taken during 2017:
- Safeguarding concerns were immediately prioritised by hiring an additional staff member to support a resident at Min-a-cree. Safeguarding training commenced and a Principal Social Worker for Safeguarding was recruited.
- A resident of Oakcourt was identified as being at risk of falls. A transition was arranged to a campus based accommodation due to ill health. The falls risk has been addressed.
- The Policy Committee has been re-formed under new leadership and this has assisted with the required review and update of policies.
- A review of the Finances Policy was commenced to address the issue raised in relation to medical expenses.
- The addition of a Workforce Planner role has assisted with allocation of regular staff.
- A resident who had been involved in peer-to-peer incidents was transitioned to an individual apartment in Stepping Stones, thus removing a safeguarding risk and eliminating the need for restrictive practices.
- A schedule of unannounced Registered Provider Audits has been set out for 2018 and this is supported by a schedule of announced programme manager audits in each designated centre.
- The Hospital Passport identified in the Registered Provider Audit has been updated.

Longer Term Corrective and Preventative Actions planned for 2018:
- Designated Centre 8 is being re-organised into three designated centres, each with its own PIC, and this allows for greater governance and management of the centres.
- A narrowed scope of responsibility for the PIC will allow for for greater governance, management and oversight of the centre.
- New complaints logs and incident logs are being established in the centre. Details to be reflected upon and learning recorded.
- An updated Residents’ Finance Policy to be released, providing greater clarity on costs.
- A new Finance Committee will review cost categories, and revised Contracts of Care will be issued where appropriate.
- The Workforce Planner will work with centre management to ensure assignment of regular staff to Min-a-cree.
- The process for Assessment of Needs is to be reviewed and updated as required.

What are the views of Family and Friends?

AR17 Family & Friends Survey Responses (Q2-Q5) - DC8

Three responses to the survey from the families of residents living in Designated Centre 8. Individual issues and concerns will be addressed in a person centred way with the involvement of the resident and family members as appropriate. All such developments will be documented in the personal support plan.
Designated Centre 9  as at 31/12/17

Profile:
The centre comprises of four homes, all located in community based settings in Palmerstown. The residents are both ladies and gentlemen ranging in age from 25 to 74.

A Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

HIQA Inspection Report(s) DC 9 underwent one HIQA inspection in 2017 the results of which are shown below.

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<thead>
<tr>
<th>Outcome</th>
<th>15/1/2017</th>
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<tbody>
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A Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

HIQA Inspection Report(s) DC 9 underwent one HIQA inspection in 2017 the results of which are shown below.

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DC 9 was subject to one HIQA inspection in 2017. The results of the inspection are shown below:

- (1) Residents Rights, Dignity & Consultation: Compliant
- (2) Communication: Not specified
- (3) Family & Personal Relationships, Links with community: Not specified
- (4) Admission & Contract for Provision of Services: Not specified
- (5) Social Care Needs: Not specified
- (6) Safe & Suitable Premises: Moderate
- (7) Health & Safety and Risk Management: Substantially
- (8) Safeguarding and Safety: Substantially
- (9) Notification of Incidents: Substantially
- (10) General Welfare and Development: Not specified
- (11) Healthcare Needs: Compliant
- (12) Medication Management: Substantially
- (13) Statement of Purpose: Compliant
- (14) Governance & Management: Compliant
- (15) Absence of the Person in Charge: Not specified
- (16) Use of Resources: Not specified
- (17) Workforce: Substantially
- (18) Records and Documentation: Not specified

Immediate Corrective Actions taken during 2017:
- DC 9 has had 3 Registered Provider Audits in 2017: Failed the requirement for six monthly audit.

What are the views of Family and Friends?
- AR17 Family & Friends Survey Responses (Q2 2017)

DC 9 Staff Supervisions (as per organisational policy)
- Supervisions complete 78% 22%
- DC9 Core Competency Training Compliance
- DC9 Absenteeism 3.5%
Registered Provider Audit Report(s)
DC 9 has had 3 Registered Provider Audits in 2017: Failed the requirement for six monthly audit.
- 2 Hollyville 10/10/2017
- 2 X The Briars, Woodfarm Acres 11/10/17
- Riversdale 19/10/2017

Immediate Corrective Actions taken during 2017:
- Interim Behaviour Support Plans were developed to guide practice for staff working with residents who present with behaviours of concern.
- A review of recording mechanisms was carried out to simplify procedures. The result is that all transactions for each resident are now recorded in one book.
- Environmental issues identified in both Registered Provider and HIQA Audits have been addressed to improve facilities within the Designated Centre.
- There is increased awareness of recognizing and responding to safeguarding concerns with the implementation of safeguarding plans where required.
- The designated centre was involved in the reconfiguration plan to increase management and governance within the individual houses.

Longer Term Corrective and Preventative Actions planned for 2018:
- A schedule of Personal Support Plan reviews has been prepared which will coincide with the Annual Medical Reviews and Multi-disciplinary Team meetings for each resident.
- The Person in Charge is will ensure that fire drill training is completed with each staff member.
- Further reviews of Behaviour Support plans are being scheduled through the year for all residents to which this applies.
- In conjunction with the new workforce planned role, staffing arrangements shall be put in place to ensure that sufficient skilled staff are in place to fulfill the residents’ needs.
- There will be continued consultation with the residents to ensure their preferences around day services are respected. A project to ensure that the most suitable service of their choice is provided.
- The request by residents for a downstairs toilet in their home is under review. Delivery against this request will be dependent on budget allocation.
- The Person in Charge shall have increased time in the homes by the end of 2018.
- The requirement for magnetic door holders is being reviewed and revised on LANDesk.
- Organisational review of finances with new finance committee and updated finance policy.

What are the views of Family and Friends?

AR17 Family & Friends Survey Responses (Q2-Q5) - DC9

- Are you kept up to date?
- Are you satisfied with supports and care?
- Can ask questions/raise concerns?
- Do you feel supported and welcomed?

There was only one response submitted in Designated Centre 9.

The feedback is welcome and the person in charge will make contact with the family to resolve the issues raised.

We are thankful for the feedback.
Designated Centre 10 as at 31/12/17

Profile:
The centre comprises of three houses located in the community in West County Dublin. Both ladies and gentlemen live in these homes and range in age from 32 to 56 years old.

A Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

HIQA Inspection Report(s) DC 10 had one HIQA inspection in 2017. Results as follows:

<table>
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<td>(18) Records and Documentation</td>
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</tbody>
</table>

DC 10 Staff Supervisions (as per organisational policy)

DC10 Core Competency Training Compliance

DC10 Absenteeism

3.8%
Registered Provider Audit Report(s)
DC 10 has had 3 Registered Provider Audits in 2017: Meets the requirement for six monthly audit.
- St. Andrews 19/6/2017
- Westbury 4/10/2017
- Balgaddy Cottage 4/10/2017

Immediate Corrective Actions taken during 2017:
- The Fire Officer identified a new assembly point for Balgaddy Cottage and this was communicated with the staff and residents of the house.
- Safety Plans have been put in place for all residents within the centre.
- Complaints logs are being put in place and the content of which to be reviewed at staff meetings through 2018.
- The requirement for regular, experienced staff is being addressed with the appointment of a workforce planner. This has addressed most of the staffing issues within the centre.

Longer Term Corrective and Preventative Actions planned for 2018:
- Work will continue to ensure that the appropriate number and skill mix of staff is available to meet the assessed needs of the residents.
- A staffing deficiency in some homes requires further focus. One case is to be resolved through the transition of a resident.
- Floor plans to be reviewed for Balgaddy Cottage to ensure that the new assembly point is properly identified.
- The Restraints Policy will be reviewed to provide clear guidance to staff on the use of lap belts that are used within the DC.
- A schedule of regular PIC meetings shall ensure that learning from Registered Provider Unannounced Audits is communicated throughout residential services.
- The Finance Committee will issue a new policy to guide practice on resident bank accounts.
- All nurses shall complete care plan training and a workshop to aid their development of person centered care plans which guide practice in meeting the needs of the residents.
- Transition Plans shall be developed and implemented to support residents who wish to move to another community home.

What are the views of Family and Friends?

AR17 Family & Friends Survey Responses (Q2-Q5) - DC10

Four families responded to the survey. Where respondents chose to identify themselves, this will allow us to make improvements in consultation with the resident and the family.

The person in charge and the person’s keyworker will work together to make this happen and all updates ill be documented in the person’s plan.

[Name] well looked after by hard working staff
Family requests greater privacy during visits
Can call any time and be made to feel welcome
Better work opportunities requested
Good working relationship with supportive staff
Family asks for feedback on the outcome of the survey
Designated Centre 11 as at 31/12/17

Profile:
Designated Centre 11 consists of five homes in West County Dublin. This DC is home to both ladies and gentlemen ranging in age from 24 to 64 years.

A Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

HIQA Inspection Report(s) DC 11 had 2 inspections in 2017. Results as follows:

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<th>#</th>
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<td>Social Care Needs</td>
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<td>(6)</td>
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</table>

DC 11 Staff Supervisions (as per organisational policy)

DC11 Core Competency Training Compliance

DC11 Absenteeism

7.4%
Registered Provider Audit Report(s)
DC 11 has had 5 Registered Provider Audits in 2017: Failed the requirement for six monthly audit.
- Weston Court 6/11/2017 - Westhaven 8/11/2017
- Beechpark 8/11/2017 - Cannonbrook 9/11/2017
- Weston Way 9/11/2017 Part of report missing

Immediate Corrective Actions taken during 2017:
- A lack of awareness and response to safeguarding concerns were addressed at an organisational level
through the recruitment of a Principal Social Worker for Safeguarding, the deployment of the
Safeguarding Vulnerable Persons training and HSEand Children First Training. This awareness has been
reinforced through staff supervision and has resulted in a greater clarity regarding incident reports and
improved safeguarding follow through.
- The new Designated Centre structure allows for improved governance in each home.
- Recruitment efforts, and the introduction of a workforce planner have led to improvements in the
assignments of regular staff to homes.
- Infection control issues are being addressed in-house. A Programme Manager regularly audits LANDesk
requests to completion.
- Residents are using their bus passes for transport whenever possible.
- All staff have been assessed as to their competency in medication management.

Longer Term Corrective and Preventative Actions planned for 2018:
- Continued promotion of effective teamwork in responding to the needs of the residents.
- All care staff shall be assessed as their knowledge and understanding of their role in support the residents.
- A local Complaints Log and Incident Log shall be set up in every home.
- A review of the risk management policy shall provide clear guidance as to the process for the prevention
and management of adverse incidents.
- A new schedule for Annual Medical Reviews and Multi-Disciplinary Team meetings is been implemented
by the end of March to ensure that all such requirements are met.

What are the views of Family and Friends?

AR17 Family & Friends Survey Responses (Q2-Q5) - DC11

Seven respondents have provided valuable feedback that may be actioned by the person in charge and staff in
the designated centre.

All changes will be documented in the person’s plan and reference will be made to the
fact that this change is driven by the family survey.

Thanks to all who responded.
Designated Centre 12 as at 31/12/17

Profile:
Designated Centre 12 consists of six homes in The North Kildare area. DC 12 is home to both ladies and gentlemen ranging in age from 30 to 64 years. Service Users attend a variety of Day Services for education and training.

A Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

HIQA Inspection Report(s) DC 12 had 1* inspections in 2017. Results as follows

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<td>(10) General Welfare and Development</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>(11) Healthcare Needs</td>
<td>Major</td>
</tr>
<tr>
<td>(12) Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>(13) Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>(14) Governance &amp; Management</td>
<td>Moderate</td>
</tr>
<tr>
<td>(15) Absence of the Person in Charge</td>
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<tr>
<td>(16) Use of Resources</td>
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</tr>
<tr>
<td>(17) Workforce</td>
<td>Moderate</td>
</tr>
<tr>
<td>(18) Records and Documentation</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

*This inspection was a registration inspection for Designated Centre 15; which comprised of homes previously in Designated Centre 12.

Designated Centre Performance
DC 12 Staff Supervisions (as per organisational policy)

DC12 Core Competency Training Compliance

DC12 Absenteeism 1.6%
Registered Provider Audit Report(s)
DC 12 has had 3 Registered Provider Audits in 2017: Failed the requirement for six monthly audit.
- Gleneasten Avenue 21/11/2017  - Gleneasten Court 21/11/2017
- Gleneasten Drive 22/11/2017

Immediate Corrective Actions taken during 2017:
- Restrictive practices have been removed in relation to locking of kitchen presses.
- A folder was introduced to monitor the status of actions resulting from incident reports.
- Staff supervision templates have been generated for the Designated Centre.

Longer Term Corrective and Preventative Actions planned for 2018:
- Registered Provider Un-announced audits are planned on a six-monthly basis for 2018.
- A recommendation to convert the garage at Glen Easton Court will contribute to the effort to provide residents with their own room and will support the de-congregation effort.
- A section for recording financial transactions is to be introduced on SURA.
- Scheduling of Multi-Disciplinary Team / Annual Medical Review section is being improved by a detailed planning initiative by the Director of Nursing / Programme Manager.
- Improvements are being made in Personal Support Plans on SURA, with increased focus on health, risk and meaningful activities.
- Intensive recruitment efforts are to continue throughout 2018 in order to bring staffing levels in line with requirements.
- The Person in Charge recommends re-distributing staff between her different areas of responsibility to ensure that all areas have the required skill profile.
- Awaiting the installation of magnetic fire door release mechanisms in Gleneasten Avenue

What are the views of Family and Friends?

We welcome the feedback from the eight families that responded. The person in charge, keyworkers and staff will endeavor to understand and address your concerns in relation to your family member. All changes made in response to this survey will be documented and communicated with the resident.

AR17 Family & Friends Survey Responses (Q2-Q5) - DC12

- Are you kept up to date?
- Are you satisfied with supports and care?
- Can ask questions/ raise concerns?
- Do you feel supported and welcomed?

- Need to maintain regular contact with family
- Internal and external social contact
- Excellent level of care.
- Concern over continuity of staffing
- Lack of staffing impairs social activity
- It is important to us that our family member is treated with respect and their individual needs are met
- Want to see re-introduction of swimming
- What are the views of Family and Friends?
- Do you feel supported and welcomed?
- Are you kept up to date?
- Are you satisfied with supports and care?
- Can ask questions/ raise concerns?

We welcome the feedback from the eight families that responded. The person in charge, keyworkers and staff will endeavor to understand and address your concerns in relation to your family member. All changes made in response to this survey will be planned and communicated with the resident.

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We welcome the feedback from the eight families that responded. The person in charge, keyworkers and staff will endeavor to understand and address your concerns in relation to your family member. All changes made in response to this survey will be documented and communicated with the resident.
Designated Centre 13 as at 31/12/17

Profile

The designated centre consists of two separate houses. A house which provides full time care for three young people. The second house provides respite care for up to four children per night and residential care for one young person. The respite service is provided to children in the age range of 6 to 18 years.

A Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

HIQA Inspection Report(s)  DC 13 had 1 inspection in 2017. Results as follows

<table>
<thead>
<tr>
<th>Outcome</th>
<th>25-26/4/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Residents Rights, Dignity &amp; Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>(2) Communication</td>
<td>Compliant</td>
</tr>
<tr>
<td>(3) Family &amp; Personal Relationships, Links with community</td>
<td>Compliant</td>
</tr>
<tr>
<td>(4) Admission &amp; Contract for Provision of Services</td>
<td>Compliant</td>
</tr>
<tr>
<td>(5) Social Care Needs</td>
<td>Substantially</td>
</tr>
<tr>
<td>(6) Safe &amp; Suitable Premises</td>
<td>Substantially</td>
</tr>
<tr>
<td>(7) Health &amp; Safety and Risk Management</td>
<td>Substantially</td>
</tr>
<tr>
<td>(8) Safeguarding and Safety</td>
<td>Moderate</td>
</tr>
<tr>
<td>(9) Notification of Incidents</td>
<td>Moderate</td>
</tr>
<tr>
<td>(10) General Welfare and Development</td>
<td>Compliant</td>
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<td>(11) Healthcare Needs</td>
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<td>(13) Statement of Purpose</td>
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<tr>
<td>(14) Governance &amp; Management</td>
<td>Major</td>
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<tr>
<td>(15) Absence of the Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>(16) Use of Resources</td>
<td>Compliant</td>
</tr>
<tr>
<td>(17) Workforce</td>
<td>Substantially</td>
</tr>
<tr>
<td>(18) Records and Documentation</td>
<td>Substantially</td>
</tr>
</tbody>
</table>

Designated Centre Performance

DC 13 Staff Supervisions (as per organisational policy)

<table>
<thead>
<tr>
<th>Supervisions NOT complete</th>
<th>Supervisions complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>47%</td>
<td>53%</td>
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</tbody>
</table>

DC13 Core Competency Training Compliance

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding &amp; Welfare</td>
<td>100%</td>
</tr>
<tr>
<td>Respite &amp; Safe &amp; Suitable Premises</td>
<td>100%</td>
</tr>
<tr>
<td>Admission &amp; Contract for Provision of Services</td>
<td>100%</td>
</tr>
<tr>
<td>Care &amp; Comfort</td>
<td>100%</td>
</tr>
<tr>
<td>Health &amp; Safety</td>
<td>100%</td>
</tr>
<tr>
<td>Use of Resources</td>
<td>100%</td>
</tr>
<tr>
<td>Safe &amp; Suitable Premises</td>
<td>100%</td>
</tr>
<tr>
<td>Compliance Management</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

DC13 Absenteeism

1.2%
Registered Provider Audit Report(s)

DC 13 has had no Registered Provider Audits in 2017: Failed the requirement for six monthly audit.

Immediate Corrective Actions taken during 2017:
- Due to ongoing work by the Transitions Manager residents that had reached their 18th birthday were transitioned to adult services.
- A review of restrictive practices took place in order to identify and address un-intended restrictions which resulted in a key for the back gate now being located inside the utility room.
- Automated Door Release mechanisms were installed as required.
- Technology upgrades, including televisions and DVD players in all rooms, and ipads / iphones for the residents, specific to their individual needs

Longer Term Corrective and Preventative Actions planned for 2018:
- A schedule of Registered Provider Audits has been established to ensure the service meets the requirements of the Health Act Regulations (2013) in this regard.
- Improvements are planned for the multi-sensory area to ensure its suitability for the residents who use it.
- One sitting room being upgraded to provide personalised storage space with toys, games, CDs, DVDs and other items specific to the choice of the resident, for use during their stay at the home.
- More meaningful activities are being planned for the residents, in line with their individual preferences.
- Advance plans are being put in place for a child who is approaching their 18th birthday. This person’s preference is for an apartment in the community and their key worker is assisting with preparation of a transition plan to ensure a successful arrangement is in place.
- Many comments from the family and friends of residents refer to waiting lists for clinical services and while this is outside the remit of the persons participating in management of the centre, representations will be made to improve things. In 2018 a new head of clinic will be appointed and a review of the prioritisation tool to ensure appropriate access for all will be a key task of theirs.
- A review of the waiting lists shall take place in order to facilitate more Service Users with respite placements.

What are the views of Family and Friends?

The eleven responses from families provide welcome feedback. Given that demand for respite greatly exceeds supply, there will always be concern over access, wait times etc…

One family member asked in their response “How can we make things better / easier for you [Stewarts]? This will be considered in discussions with families.
Designated Centre 14 as at 31/12/17

Profile:
This Designated Centre consists of 3 homes located in the community that provide Respite Services to adults.

Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

HIQA Inspection Report(s) DC 14 had 2 inspections in 2017. Results as follows:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>11/1/2017</th>
<th>25/10/2017</th>
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</thead>
<tbody>
<tr>
<td>(1) Residents Rights, Dignity &amp; Consultation</td>
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<td>Compliant</td>
</tr>
<tr>
<td>(2) Communication</td>
<td></td>
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<td>Compliant</td>
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<td>Substantially Compliant</td>
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<td>Compliant</td>
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<td>Moderate</td>
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<td>(16) Use of Resources</td>
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<tr>
<td>(17) Workforce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(18) Records and Documentation</td>
<td>Compliant</td>
<td></td>
</tr>
</tbody>
</table>

Designated Centre Performance
DC 14 Staff Supervisions (as per organisational policy) DC 14 Core Competency Training Compliance DC 14 Absenteeism

\[
\text{Supervisions complete: 38%} \quad \text{Substantially Compliant} \quad \text{2.2%}
\]

Immediate Corrective Actions taken during 2017:
- Royal Meadows 11/1/2017
- Ferrier House 25/10/2017
- Beech Park 119 Royal Meadows 20/10/2017
- 130 Royal Meadows 20/10/2017

Longer Term Corrective and Preventative Actions planned for 2018:
- What are the views of Family and Friends?

Respite staff are wonderful without these people in our accommodation and a reduction in wait list.
The capacity in Dochas Lodge was increased by 25% which has led to increased availability of respite.
The team has implemented individual folders for all respite service users.
Service User Meetings on the day of admission have led to increased service user involvement in development of a service user survey, feedback which shall be included in the 2018 Annual Review.
A Beauty Room has been developed in Ferrier House.
TV, DVD and CD Players have been made available in each room.
Medication Audits have been completed and actions identified in them have been addressed.

Additional capacity, including night duty staff and Saturday / Sunday staffing, will remove the additional skilled staff as required to provide the required supports to respite service users. This

The capacity for Ferrier House is to be increased from six beds to seven beds, with the provision of requirements of the Health Act Regulations (2013) in this regard.
A schedule of Registered Provider Audits has been established to ensure the service meets the requirements of the Health Act Regulations (2013) in this regard.
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Persons Participating in Management:
- Betty Kearns
- Mary Connolly

Royal Meadows
Ferrier House
Beech Park
Registered Provider Audit Report(s)

DC 14 has had 3 Registered Provider Audits in 2017: Failed the requirement for six monthly audit.

- 119 Royal Meadows 20/10/2017
- 130 Royal Meadows 20/10/2017
- Ferrier House 23/10/2017

Immediate Corrective Actions taken during 2017:
- The capacity in Dochas Lodge was increased by 25% which has led to increased availability of respite accommodation and a reduction in wait list.
- The team has implemented individual folders for all respite service users.
- Medication Audits have been completed and actions identified in them have been addressed.
- TV, DVD and CD Players have been made available in each room.
- A Beauty Room has been developed in Ferrier House.
- Service User Meetings on the day of admission have led to increased service user involvement in preparing a plan, including food preferences, menus and activities for the week.

Longer Term Corrective and Preventative Actions planned for 2018:
- A schedule of Registered Provider Audits has been established to ensure the service meets the requirements of the Health Act Regulations (2013) in this regard.
- The capacity for Ferrier House is to be increased form six beds to seven beds, with the provision of additional skilled staff as required to provide the required supports to respite service users. This additional capacity, including night duty staff and Saturday / Sunday staffing, will remove the waiting list by the end of April 2018.
- An area specific induction pack is to be rolled out during 2018.
- Improving communication with families shall be an area of focus for the coming year with the development of a service user survey, feedback which shall be included in the 2018 Annual Review.

What are the views of Family and Friends?

Respite staff are wonderful, really couldn’t manage without these people in our lives
Designated Centre 29 as at 31/12/17

Profile:

The audit described below was completed in order to inform a registration decision on a newly acquired home. There were no residents in the centre at the time of audit.

A Clinical Learning Environment (CLE) for NMBI / TCD Nurse Training.

HIQA Inspection Report(s) DC 29 had 1 inspection in 2017. Results as follows:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Outcome Date</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Residents Rights, Dignity &amp; Consultation</td>
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<td></td>
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<tr>
<td>(18) Records and Documentation</td>
<td></td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Designated Centre Performance

DC29 Staff Supervisions (as per organisational policy)

DC29 Core Competency Training Compliance

DC29 Absenteeism

Persons Participating in Management: Yvonne Keeley

• 40 Beech Park
• Castle Village Walk
• Suncroft

New Designated Centre. Staff reported under their original DC.
Registered Provider Audit Report(s)

DC 29 has had no Registered Provider Audits in 2017, since it was a newly acquired home for which an application was made for registration.

Immediate Corrective Actions taken during 2017:

- As a result of the HIQA Audit, a plan was put in place to ensure compliance with the requirements of Schedule 5: Policies and Procedures to be Maintained in Respect of the Designated Centre, and with the requirements for review of these policies.

Longer Term Corrective and Preventative Actions planned for 2018:

- Ensure that the 22 folders required for running the centre are in place.
- Address fire compliance requirements in relation to onsite fire training and fide drills as soon as residents move in.
- Establish a regular staff team, with appropriate training and skills. Establish rosters on TMS and maintain accurate records in relation to rostering.
- Ensure that Annual Medical Review and Multi-Disciplinary Team meetings are scheduled for the residents.
- Request for unannounced Registered Provider Audit(s) to be completed within a short time of residents moving into the home.
- ....all of which will contribute to the plan to achieve registration in 2018 and support residents to move into their new home.

What are the views of Family and Friends?

DC 29 was not open in time for the family and friends of residents to respond to the formal annual survey in 2017. Details of complaints and compliments will be maintained throughout 2018 and we expect full inclusion in the 2018 Family and Friends Survey,
Day Service – The Old Beehive

Profile
The Old Beehive Restaurant and bakery hub are day services that support in the training of Service Users in the area of catering, table service, customer service, hygiene, confidence building, baking and food preparation.

Senior Team Member: Caroline Foy
WTE Staff: 5.30
Service Users: 23

Reported Improvements in 2017

- Goals for all Service Users were identified through informal chats, key worker meetings, and Service User PATHs.
- Service Users had one outing in 2 groups on 2 separate days.
- A common goal of a group of Service Users who attend The Beehive was identified and achieved in 2017.
- All Service Users had a fire evacuation risk assessment completed.
- 2 Service Users from The Beehive participated in the Lip Sync Battle held in Stewarts main building.
- SURA recording has improved in the latter part of 2017.
- Key worker meetings were very sporadic in early 2017 and are now happening every month since the end of 2017.

Planned Activity for 2018

- All Service Users should have a completed PATH in 2018.
- Face to face family meetings are planned for 2018.
- Service Users will gain work experience in the CPU (Central Production Unit).
- Advocacy Training to be re-scheduled for the Service Users to complete in 2018.
- SURA training and core competency courses will be completed by staff.
- In line with New Directions, improvements in a more personal centred approach to training and implementation of meaningful activities has been identified and will be implemented.
- Key worker meetings will be scheduled for the year.
- All Service Users will have a Hospital Passport completed.
- Compliance with the new Day Service Programme Prospectus.
Day Service – Rossecourt Restaurant

Profile
Rossecourt Restaurant is a Day Service for Service Users to gain experience in food preparation and front of house services.

Senior Team Member: Louise Tucker
WTE Staff: 5.25  Service Users: 30

Reported Improvements in 2017

- All Service Users are working on individual goals set through their PATHs or keyworker meetings and documented on SURA.
- Parent reviews were completed between November & December 2017.
- Afternoon tea was organised for families to attend in July 2017.
- Completion of PATHs continued throughout the year. 5 Service Users had PATHs completed.
- Outings have increased since July 2017.
- 3 Service Users gained external work experience.
- 4 Service Users are sampling a different Day Service
- Service Users can now choose any main course option from the daily menu in the restaurant.
- The restaurant has a walking and weigh in club.
- Service Users took part in hand hygiene and manual handling training.

Planned Activity for 2018

- Afternoon tea will be organised for parents, Service Users and staff in 2018.
- Parent reviews will be carried out in October 2018.
- PATHs to continue throughout the year for service users in the Restaurant & Panini Bar.
- Increase the number of outings to incorporate community inclusion under New Directions.
- Service User transitions to another Day Service will be facilitated if requested.
- Staff to focus on Service Users’ individual personal goals other than training goals.
- SURA training for all staff.
- To implement any new initiatives in line with New Directions to further improve the training and experiences for the Service Users currently in the area or who wish to sample in the future.
- Compliance with the new Day Service programme prospectus.
Day Service – RCTEC

Profile
The Day Service offered in Ronanstown Community Training and Education Centre (RCTEC) is a 4 year programme that offers courses based around general learning and vocational skills.

Senior Team Member: Emer McPherson
WTE Staff: 10
Service Users: 50

Reported Improvements in 2017

- Advocacy training was provided to Service Users in 2017.
- Yearly parent reviews took place and key workers were given the opportunity to attend.
- Service Users have been encouraged to become more independent in accessing external activities; tennis, tag rugby, yoga.
- On social inclusion outings all trainees are encouraged to order for and pay for themselves to promote independent living skills.
- During 2017, 56 modules were completed by trainees within the areas of Culinary Operations, Food and Nutrition, Preparing to Gain Employment, Communications, Word Processing and Textiles.
- All 2017 Service Users who completed the RT programme began a New Directions hub programme. This programme will encourage external course attendance for those Service Users who express an interest.
- The RCTEC Trainee Representative Group was re-instated.

Planned Activity for 2018

- To promote positive progression and transition for all trainees who complete the RCTEC programme in 2018, based on their own choice.
- To develop and expand the programme provided within the Autism Hub with an emphasis on individualised learning plans.
- To continue and build on the integration of all programmes offered within Rossecourt Resource Centre through social activities both within the center and the community.
- To develop and implement Individual Learning Plans for the New Directions hub.
- Focus on Service Users’ individual personal goals.
- To revalidate level 3 QQI modules. This will involve the upgrade of modules that are currently run within the center and the introduction of modules that may not be currently run but which may be of benefit to Service Users.
- Compliance with the new Day Service Programme Prospectus.
Day Service – Mill Lane

Profile
Mill Lane is a Day Service that offers a range of individualised activities to Service Users such as Pottery, Arts and Crafts, Education, Life Skills and Horticulture

Manager: Pat O’Donoghue
WTE Staff: 4
Service Users: 21

Reported Improvements in 2017

- One annual PATH review meeting has occurred for each Service User in 2017.
- All Service Users have had documented monthly Key worker meetings.
- Service Users participated in a Life Skills programme in Rossecourt Resource Centre.
- 5 Service Users attended Adult Education Courses in Crosscare Community College.
- 4 Service Users began work experience in 2017.
- 4 Service Users have attended Literacy and Numeracy Sessions in Ballyfermot Civic Centre.
- A visit from The National Road Safety Authority to Mill Lane to give an Audio Visual Presentation on road safety on November 6th.
- Information and explanatory session given by The National Advocacy Service at Mill Lane on November 9th.
- Family meetings were held to address training/work progress.
- Gym participation remained constant at Stewarts Sports Centre.

Planned Activity for 2018

- To develop greater independence in living, working, social and community involvement for Service Users.
- Make and maintain good social and work relationships.
- A Coffee Morning for families will be held in January 2018 and a barbeque in July 2018.
- Assert the Service Users’ right to full citizenship.
- Develop and improve self-advocacy and community skills.
- Demonstrate the level of confidence required to fulfil the objectives of QQ1 level 3 General Learning and Employment Skills.
- To participate in future career planning.
- Compliance with the new Day Service Programme Prospectus.

Staff Supervisions (as per organisational policy)

- Supervisions Completed: 63%
- Supervisions NOT Completed: 38%

Core Competency Training Compliance

- 50%
- 75%
- 50%
- 75%
- 100%
- 100%
- 50%
- 75%
- 100%
- 100%
- 50%

Absenteism

1.38%
Day Service – Kilcloon

Profile
Kilcloon is a Day Service located near Dunboyne. The programmes offered in Kilcloon are Pottery, equestrian, Horticulture, Catering and Day Activation.

Senior Team Members: Tina McLoone/ Jenn Parr/ Neola Rabbite
WTE Staff: 13.5 Service Users: 64

Reported Improvements in 2017

- All Service Users were provided with the option to sample alternative programmes within Kilcloon and/ or have the opportunity to participate in a work experience programme.
- Families were contacted and asked if they would like to meet with the Key workers.
- 12 Paths have been completed in total for service users.
- Meetings with the Service Users were conducted more regularly and minutes were recorded.
- Extra horse sessions were provided to 12 Service Users across Stewarts Care.
- Kilcloon was fitted out with gym equipment in April 2017.
- All fire evacuation risk assessments have been completed.

Planned Activity for 2018

- Monthly key worker meetings will take place and goals will be identified and set.
- Invitations will be sent out to family members to join monthly key worker meetings and to attend PATH sessions.
- In September 2018 the sensory trail in Kilcloon will be completed.
- Service Users will be provided with up to date information on accessing Advocacy Supports.
- A family and friends summer BBQ is being planned for July 2018 and a Christmas coffee morning in December 2018.
- Planned day trips and outings to tie in with Service Users goals and training programmes will be arranged.
- We aim to continue to offer service users a varied weekly timetable.
- We will continue to offer Service Users a variety of learning and training opportunities.
- Compliance with the new Day Service programme prospectus.

Staff Supervisions (as per organisational policy)

<table>
<thead>
<tr>
<th>Supervisions Completed</th>
<th>Supervisions NOT completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>38%</td>
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</table>

Core Competency Training Compliance

<table>
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<tr>
<th>Compliance Area</th>
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</tr>
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<tbody>
<tr>
<td>Leadership and Management</td>
<td>64%</td>
</tr>
<tr>
<td>Equality and Fairness</td>
<td>93%</td>
</tr>
<tr>
<td>Health and Safety Management</td>
<td>71%</td>
</tr>
<tr>
<td>Education and Training</td>
<td>71%</td>
</tr>
<tr>
<td>Personal and Social Development</td>
<td>93%</td>
</tr>
<tr>
<td>Work Experience</td>
<td>79%</td>
</tr>
<tr>
<td>Health and Safety Management</td>
<td>100%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>71%</td>
</tr>
</tbody>
</table>

Absenteeism

0.84%
Day Service – JASS

Profile
The Job Advocate Support Service (JASS) is a Day Service programme that helps Service Users gain work experience and paid employment.

Manager: Ciara Ballantyne
WTE Staff: 3 Service Users: 84

Reported Improvements in 2017
- The JASS programme maintained the support it provides for Service Users and further developed their individualised programmes in line with New Directions.
- 10 Service Users achieved part time paid employment in 2017 bringing the total number of Service Users in paid employment to 60. Areas of employment included; Spa Hotel Lucan, McDonalds, Brogans Bakery, Potin Still Pub, House Nursing Home, Bikeworx.
- 14 Service Users participated in work experience.
- 8 Service Users completed or continued with community education programmes.
- Community interaction was facilitated by linking into places of interest, social outings and community involvement.
- Monthly Jobs Club Meetings were held out of hours for Service Users.
- Weekly activities continued for many Service Users, including Bowling, Football, Gym, Social Interaction afternoons.

Planned Activity for 2018
- Implement the new Social Inclusion and Educational Programmes outlined in the JASS Business Plan by September 2018.
- Provide more Service Users from other areas access to JASS programmes and community inclusion.
- Support Service Users to reach their goals, meeting more of the New Direction Standards.
- To review the current referral process.
- Achieve more work experience, paid employment, facilitate programmes, enrolment in community education, and interaction and integration in the community.
- Going forward the Job Advocate Support Service will continue to maintain and achieve Supported Employment while also bridging the pathway to employment to the Service Users.
- Compliance with the new Day Service programme prospectus.

Staff Supervisions
Absenteism
(as per organisational policy)

Supervisions completed 47%
Supervisions NOT completed 53%

Core Competency Training Compliance

100% 67% 33% 33% 67% 67% 100% 67% 100% 67% 2.20%
Day Service – Grounds Palmerstown

Profile
Grounds Palmerstown offers a practical Day Service in the practice of horticulture. As part of this day service, Service Users help to maintain the grounds in The Mill Lane area.

Manager: Marie Bass
WTE Staff: 5 WTE
Service Users: 17

Reported Improvements in 2017

- All Service Users had monthly key worker meetings.
- Service Users went on numerous outings in 2017; 3 men Climbing Wall, National Accessibility Week Tallaght, fishing on the River Liffey, Kildare Maize, Happy Pear Bray, Phoenix Park, Christmas Fair, Special Olympics Santry Stadium.
- On campus Service Users took part in; Lip Sync Competition, St Patricks Day Parade, Witches Walk, Guerilla Gardening on Valentine’s Day.
- Service Users took part in the completion of the outdoor coffee dock area in the Sports Centre.
- Christmas Reindeer Fair.

Planned Activity for 2018

- All Service User PATHs will be completed in 2018.
- Begin an outdoor classroom initiative for The Orchard with a polytunnel.
- Participation in Sli na Slainte.
- Facilitate social and therapeutic horticulture.
- Continue guerilla gardening.
- Introduce Service Users to waste management education.
- Witches Walk to be continued.
- The Grounds Team will run the Christmas Reindeer Fair in a valued community space.
- Continue to make the grounds space an interactive one.
- Compliance with the new Day Service programme prospectus.
Day Service – Grounds Balgaddy

Profile
The maintenance of Grounds Balgaddy is done with the assistance of the Service Users participating in the Day Service. The Stewarts Care mobile crew also operates out of Balgaddy.

Senior Team Member: Larry Norris
WTE Staff: 3 WTE
Service Users:

Reported Improvements in 2017
- All Service Users had monthly key worker meetings.
- There has been weekly Service User meetings.
- Where possible family members have been contacted.
- Service Users have taken part in Tennis in Mount Sackville.
- Service Users went on numerous outings in 2017; Penny Hill, Botanic gardens, Bord Bia Trade Fair in City West, Tivoli Theatre, Wax Museum, Trinity College, Leixlip Castle, cinema & bowling.

Planned Activity for 2018
- Proposed visit to Dail Eireann supported with education on voting.
- Reinstating the grounds boundary with the new community primary school and Balgaddy house.
- To continue to provide quality training to QQI Level 3 standard in Horticulture using technology to ensure students meet the award standard.
- To participate in the planting specification, tendering and landscaping of the new Stewart’s school in Rossecourt.
- Compliance with the new Day Service programme prospectus.

Staff Supervisions (as per organisational policy)

Supervisions completed 100%
Supervisions NOT completed 0%

Core Competency Training Compliance

Absenteeism

1.73%
Day Service – F1

Profile
Day Activation provided to Service Users based on their needs and abilities.

Senior Team Member: Jean McGearaty
Staff: 13.5
Service Users: 12

Reported Improvements in 2017
- Scheduled monthly key worker meetings.
- Weekly group meetings including staff and Service Users. At these meetings Service Users can have a say in the activities they would like to try out and discuss their activities in which they are currently participating.
- Use of local library and an increased use of public transport rather than using the Stewarts buses.
- Safeguarding of Service Users.
- Advocacy improvements.
- Increase in social outings and lunch out in the community.

Planned Activity for 2018
- Service Users to begin horse riding.
- An increase in individualised outings.
- An increase in the use of public transport.
- Family coffee morning will be held in April 2018.
- Service Users to begin swimming in 2018.
- Get all staff trained in medication management.
- Compliance with the new Day Service programme prospectus.

Staff Supervisions
(as per organisational policy)

Core Competency Training Compliance

Absenteism

1.94%
Day Service – F2

Profile
Day Activation with
- Senior Citizens
- Garden Room, Superhero Room, Rainbow Room, F2 Day Services

Senior Team Member: Helena Curran-Walsh
Staff: 15  Service User: 28

Reported Improvements in 2017
- A coffee morning was held in the summer of 2017 for families and carers of F2. The Senior Citizen group also had a coffee morning for family and friends.
- The Garden Room actively take part in weekly music sessions.
- Service users across F2 enjoyed many person centered 1:1 day trips and group outings throughout the year to Aviva stadium, Taxi outing, Panto, Bray, Titanic Museum Belfast, Carton House, Sallys Gap, Howth.
- The hoist in the Rainbow Room has provided Service Users with the opportunity to change positions, to carry out physio programmes and to facilitate their time in the acheeva work station.
- The Rainbow Room has had a wall mounted television installed for Service Users.
- Senior Citizens completed a personal history project.

Planned Activity for 2018
- Continue to work towards New Directions and focus on choice, person centered activities and taking part in community facilities.
- Regular key worker meetings, weekly group meetings, monthly staff meetings updating progress notes twice yearly. All Service Users to have individual timetables.
- A coffee morning will be held once a year for families to discuss progress and goals.
- Encouraging healthy living by putting up posters of healthy foods.
- Senior Citizens group will join the local Community Centre to take part in activities with Older Adults from the community.
- To link in with Ballyfermot Civic Centre to see if there are any events or courses available to Service Users.
- New education/training programs in Senior Citizen group. These subjects shall include areas that will be specific to & beneficial in the Service Users’ day to day lives.
- Compliance with the new Day Service programme prospectus.
Day Service – F3

Profile
Day Activation achieved through Service User goals, community inclusion and social outings.

Senior Team Member: Owen Hanratty
WTE Staff: 14
Service Users: 23

Reported Improvements in 2017

- Address the changing needs of Service Users by supporting two Service Users to have rest days and another Service User moving from the canteen to an activation group.
- To keep planning activities around PATHs, PSP and goals.
- Many goals, activities have been set and achieved for Service Users through key worker meetings and staff planning. Most goals were done through group based activities. Staff will continue to explore the options throughout 2018 to achieve one to one goals.

Planned Activity for 2018

- Address the changing needs of Service Users.
- To create a hub within the floor and have a day service from the living area.
- To keep planning activities around paths, PSP and goals.
- More funding for Service Users under new directions.
- Service User annual leave.
- To get more transport for Service User outings.
- To re-decorate the floor as this was not completed in 2017.
- New equipment as old equipment needs to be replaced.
- Staff appreciation days.
- To link more with the living area to enhance the life of Service Users.
- Compliance with the new Day Service programme prospectus.

Staff Supervisions (as per organisational policy)

<table>
<thead>
<tr>
<th>Supervisions Completed</th>
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<tbody>
<tr>
<td>24%</td>
<td>76%</td>
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Core Competency Training Compliance

Absenteeism

4.5%
Day Service – Day Attenders

Profile
Day Activation for Service Users who have completed the 4 year RT training programme in Rossecourt Resource Centre.

Senior Team Member: Emer McPherson
WTE Staff: 10
Service Users: 59

Reported Improvements in 2017
- Parent Reviews were held for all Service Users in 2017.
- Four Service Users joined the OT Independent Living Skills Course.
- 5 service users were involved in work experience in 2017.
- 4 Service Users accessed community based learning and 1 accessed further education within the community.
- 3 Service Users had a Path completed in 2017.

Planned Activity for 2018
- Programme Prospectus to be rolled out across all Day Attendee classes.
- PATH’s will focus on Rehabilitative Trainee Day Attendee’s only.
- To increase access to external courses.
- To promote transition, where required, to other areas in Stewarts Care or to outside agencies.
- To continue to promote the integration of all programmes within Rossecourt Resource Centre through social activities both within the center and the community.
- To focus on meaningful activities.
- To encourage personalised goal setting and completion of goals.
- To provide a service that is in line with New Directions.
- To continue staff training and upskilling.
- Compliance with the new Day Service programme prospectus.
Day Service – Coach House

Profile
The Coach House consists of a Café, Craft Shop and Education Centre.

Manager: Angelina Clerkin/ Michelle Brennan
WTE Staff: 9.58
Service Users: 35

Reported Improvements in 2017

- All Service Users have documented goals.
- An open family afternoon was held in 2017.
- Service Users participated in Operation Transformation within Stewarts campus.
- Service Users have been given the opportunity to transition to another Day Service within Stewarts Care.
- Two Service Users have been assisted to confidently take public transport in 2017.
- Service users took part in The South Dublin County Council Social Inclusion Week in September 2017. This included massage demonstrations, flower arranging and mindfulness.
- Service Users took part in advocacy training in September 2017.

Planned Activity for 2018

- Two family afternoons will be organised in 2018 as well as inviting families in on an individual basis.
- SURA training for all staff.
- To encourage service users to be independent and confident in their abilities.
- Upskilling of Service Users whether in house or through community education.
- Focus on community involvement
- Encourage Service Users to set themselves new goals based on skills.
- Have regular scheduled Keyworker meetings.
- To introduce staff timetables to run alongside Service User timetables to ensure all scheduled meetings take place.
- Compliance with the new Day Service programme prospectus.

Staff Supervisions (as per organisational policy)

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<th>Supervisions completed</th>
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Core Competency Training Compliance

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<tr>
<td>Activities</td>
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</table>

Absenteeism

1.64%
Day Service – Clarkeville

Profile
Clarkeville Flower Shop provides the necessary training needed for Service Users to work in the flower shop.

Manager: Angelina Clerkin/Michelle Brennan

Staff Supervisions
(as per organisational policy)

Supervisions NOT complete: 87%
Supervisions complete: 13%

WTE Staff: 3
Service Users: 9

Reported Improvements in 2017

- All Service Users have documented goals
- Key worker meetings are held with Service Users who attend Clarkeville for 1 full day or more.
- Service Users attended flower demonstrations and other flower shops in 2017.
- Service Users participated in floristry workshops during The South Dublin County Council Social Inclusion Week in September 2017.

Planned Activity for 2018

- Outings to other Flower Shops with a view to compiling ideas for the shop revamp, the service users are encouraged to actively input their own ideas.
- To attend flower demonstrations where possible.
- To attend Bloom 2018
- Research local courses in libraries and Cross Care.
- Liaise with Jass to use their room for service users to watch DVDs on floristry and organise short floristry classes based on the foundation of FETAC courses.
- New Prospectus programme for 2018 to include a more structured form of learning floristry
- Continued customer service education for all Service Users.
- Compliance with the new Day Service programme prospectus.

Core Competency Training Compliance

Absenteeism

0%
Day Service – Café Kaizen

Profile
Café Kaizen is a Day Service programme used to facilitate the training of Service Users in a fast paced environment.

Senior Team Member: Eamonn McGowan
WTE Staff: 4     Service Users: 19

Reported Improvements in 2017

- Service User meetings and key worker meetings were formalised, scheduled and filed under their specific category.
- A training prospectus was compiled with a view to bringing the enterprises more in line with training centers.
- Service users enjoyed many community Inclusion outings in 2017; The museum at Cathal Brugha Barracks, A concert in the 3 Arena, 2 outings to the cinema, Taxi man outing, Karaoke in Ukiyo Bar in George St, regular trips to Super bowl, Palmerstown.
- 6 service users joined with the Adamstown Group and took the train to Belfast to visit The Titanic, fulfilling a number of key working goals and 1 PATH goal.
- The Café Kaizen team went to the Christmas pantomime show Rapunzel in the Gaiety Theatre in two groups in December.
- Three PATHs were completed in 2017
- Two Service Users gained external paid employment, in the Spa Hotel in Lucan and in the Maldron Hotel in Tallaght.

Planned Activity for 2018

- The menu in Café Kaizen has been changed in order to provide specific training to the Service Users who attend the Day Service.
- A member of staff will work on a one to one basis with Service Users teaching skills that are transferable to their home/work experience environment.
- All Service User families will be invited to Café Kaizen to discuss and be informed of the Service User ambitions and progress.
- All Service Users will have a varied and up to date timetable.
- Service Users will have weekly community inclusion outings. Outings will be identified and organised with the Service Users.
- Service users will be supported to participate in the community for education, work, volunteering, social and leisure.
- Transitions for Service Users amongst the enterprises will be supported.
- Compliance with the new Day Service programme prospectus.

Staff Supervisions
(as per organisational policy)
Supervisions complete: 32%
Supervisions NOT complete: 68%

Core Competency Training Compliance

Absenteism
11.98%
Day Service – Adult Education

Profile
Adult Education provides day activation through educational activities, social outings and community inclusion.

Senior Team Member: Donnacha Vaughan
WTE Staff: 27  Service Users: 75

Reported Improvements in 2017

- 40 Service Users from Adult Education attended an IT programme run by FIT in Rossecourt Resource Centre.
- 10 Service Users took part in a healthy eating course that was organised through the HSE and delivered in the Home Economics room in Rossecourt.
- 4 Service Users attended Kilcloon to learn the art of pottery making in the summer of 2017.
- 10 Service Users attended monthly art classes in Lucan Library.
- 7 Service Users attend weekly classes at the equine centre in Clondalkin.
- 20 Service Users attend dance classes held in Rossecourt Resource Centre.
- Weekly Service User meetings have been taking place since October 2017.

Planned Activity for 2018

- A new horticulture programme is being set up for Service Users in conjunction with the horticultural department in Kilcloon.
- An X Factor talent show will be organised in Rossecourt.
- An art exhibition will be held in Rossecourt.
- A trip to Clonard House in Co Westmeath for the whole of Rossecourt. The purpose of the trip is for Service Users to have a nice day trip and experience a new setting.
- Adult Education will be rolling out a new Prospectus during 2018 detailing new and existing modules available to Service Users.
- The tennis programme in Castleknock Tennis Club will resumed in 2018.
- New Service Users will be availing of IT lessons through Geraldine Howe from FIT.
- Service Users continue to avail of the new Equine centre in clondalkin weekly and are learning new skills such as animal husbandry.

Staff Supervisions
(as per organisational policy)

Core Competency Training Compliance

Absenteism

4.85%
Day Service – The Orchard

Profile
The Orchard provides multi-sensory programmes for Service Users on an individual basis based on needs and abilities.

Manager: Pauline Murray
WTE Staff: 3
Service Users: 14

Reported Improvements in 2017
- Sensory sessions provided to 40 Service Users comprising of original Life Members, Residents on Campus and Day Service Users.
- Towards the end of 2017 the Sensory Team focused on providing a quality sensory service that supports the needs of the Service Users.
- Sensory Input was provided for individuals within their living areas.
- Sensory interventions were provided to assist Service Users in the transition from Campus to Community Settings.

Planned Activity for 2018
- A priority list for the Service Users who require urgent intervention. It is flexible in design and delivery providing therapeutic response to the needs of the Service User.
- Continue to provide sensory support for individuals within their living areas in designing and fitting out Relaxation Rooms.
- Assist in the transition process for Service Users who are relocating to new living areas. This involves a transition programme over a period of time to make the relocation less stressful for the Service User.
- Source a new location for the sensory programme.
- Reactivate the Infant Stimulation Programme.
Independent Living

Fourteen service users life independently in 9 Clúid and South Dublin County Council Homes.

Review of planned activities for 2017

- A Service User travelled on his own and stayed in a hotel for the first time in an unfamiliar county while another Service User travelled on a group tour in Ireland for the first time.
- A group of Service Users travelled to Holyhead on a ferry. For most service users this was the first time they were abroad.
- Service Users went on community inclusion outings to Belfast and Galway. This trip gave a Service User who had recently moved to Adamstown the opportunity to socialise with his new neighbours and peers.
- The Independent Living Team worked collaboratively with Woodfarm acres, Café Kaizen, JASS and Rossecourt to support a resident transition from a Community House into an independent living tenancy. This called for a multi-faceted approach with a number of different departments in Stewarts for the first time.
- A Service User linked in with Down syndrome Ireland and completed a study to gauge learning through repetition of a process.
- A number of Service Users attended Crumlin College to do computer and literacy courses.
- A number of Service Users secured a place with Cross Care enrolling in Skin Care and Make Up courses.
- A number of service users regularly attend Stewart’s gym for Tai Chi, Walking Club and Gym Work (APA).
- The Independent Living Team supported four transitions in 2017. One of whom was a service user moving from a Stewarts Community House into a Clúid house. One tenant transferred from a Clúid property to another Clúid property to support her wish for single occupancy and one individual transferred from private rental accommodation into a South Dublin County Council (SDCC) house.
- Training in: Healthy food choices whilst shopping / safety in the Community / Road Safety / Community Liaison Officer / Community Inclusion / Irish Family Planning / Fire Safety and Fire alarm evacuation / Money management and Budgeting / Healthy Eating/ Healthy Lifestyle / Health Living / House maintenance / Medication / Medication training.
- The team worked collaboratively with Trinity College Dublin in testing and trialing of new monitoring technology for vulnerable adults and researched technology that would enable a vulnerable service user maintain his independence, staff sought an Epi Care Wrist Band that allowed said tenant to maintain his placement on the Independent Living Programme.
- A Service User acquired paid employment through liaising with JASS soon after moving to Adamstown.

Erasmus

- Two service users completed a personal development course in NUI Maynooth;
- Six service users completed a Train the Trainer course – with the vision of delivering training to other service users;
- One service user travelled to Brussels to deliver a speech on Independent living to the EU Parliament;
- Stewarts hosted visitors from Bulgaria, Finland and France who came to see The Independent Living Programme;
- Staff attended a number of conferences around independent living;
• Training for delivery of speech in Paris March 2018;
• A number of Service Users travelled to Galway on invite from Disability Federation Ireland and delivered a speech on independent living to a parents group.

Advocacy

• 1 Service User applied for a Community Welfare Grant;
• 14 Service User were supported with Banking;
• 11 Service Users were supported with annual rent assessment forms;
• 1 Service User was supported in applying for the Household Benefits Package;
• 14 Service Users were supported when applying for Fuel Allowance;
• 14 Service Users were supported with their Disability Allowance / Illness Benefit;
• 14 Service Users were supported when applying for Public Service Card (PSP);
• 2 Service Users were given Revenue and pensions support.

Planned activity for 2018

• Support any future Service User transitions as directed by the Transitions Manager;
• Encourage and support Service Users to speak about their experiences in a public forum;
• Social inclusion events;
• Support 3 Day attendees living both independently in the community and in their family home;
• Road Safety Training through the Road Safety Authority (RSA) for those in independent living and other departments;
• Develop a Social Club / Training Morning;
• Develop and implement Personal Development, Relationship and Sexuality Education Programme;
• Identify key workers in The Independence ProgrammeAll Service Users will a Personal Support Plan (PSP).
Transitions

Time to move on from Congregated Settings, HSE (June 2011) describes a new model of support where people living in congregated settings will move to housing in ordinary communities, subject to their choice, and avail of the same entitlement to mainstream community health and social services as any other citizen. Stewarts Strategic Plan 2017 – 2019 outlines a primary goal to ‘Develop a person-centred approach that supports living in the community for service users’. This is to be done on a phased basis, supporting the transition of 25 people each year between 2017 and 2023 to suitable accommodation in the community.

The Transitions Manager, recruited in April, 2017 established the Transition Committee comprised of:

<table>
<thead>
<tr>
<th>Transition Manager</th>
<th>Director of Care – Residents</th>
<th>Head of Finance</th>
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<tbody>
<tr>
<td>HR Manager</td>
<td>Technical Services Manager</td>
<td>Clinic Manager</td>
</tr>
<tr>
<td>Programme Manager</td>
<td>Director of Care - Day Services</td>
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This committee is responsible for developing a service model that enables and supports meaningful lives, as chosen by residents, in line with national policies and within the resources available. In addition to de-congregation, the transition department is committed to ensuring the provision of safe and suitable premises for individuals. This was a key focus in 2017 after findings of increased safeguarding concerns and identified unsuitability of homes.

The Transition Manager completed Supported Self-Directed Living Training, designed to enhance the competencies of human service practitioners. The programme was rooted in the theory of ‘Social Role Valorisation’ and focuses on practical application which was integrated into project planning and practices. The Transition department had two main areas of focus, one of which was individuals and second was the acquisition of property, additional components were reviewed along with individual needs assessment.

Individual Planning

An initial Individual assessment was completed for each of the 171 residents on campus on commencement of the Transition department. At the end of 2017, 165 residents remain on campus. Consideration of individual mobility, health needs, resource requirements, community and suitable property were key areas.

This was supported by the development of a toolkit which is informed by ‘Social Role Valorisation’ theory. This is to support consolation and information gathering. The purpose of the toolkit is to support people to move from traditional residential services to a home of their choosing in the community. The toolkit is used to individualise and design services that will enable people to live a good life.

A number of profiles are included to help identify the person’s needs in relation to housing, health, relationships, finances, housekeeping and roles. The toolkit was developed to support the keyworker to gather vital information and to coordinate the relevant people essential to compiling the information. This is guided by the person and may involve the person’s family, friends or staff who know the person well.

Our assumptions should be that:

- People are experts on their own lives;
- People are entitled to be the determiners of their destiny;
- People are able, with support, to make more decisions than they do now.
The long term focus within the new service needs to be on-going discovery and reflection informed by SRV theory which will enable the team to know and understand the individual’s assets, interest and conditions for success. This information can then be used to form the basis of continuous planning, identifying roles, and designing the supports that will lead to a desirable future for the person.

Transitions 2017

The total number of internal transitions in 2017 was eighteen while there were two external transitions (de-congregation) in 2017. Project plans detailing individual moves, resources required and timeframes were developed and submitted to the HSE with proposed complete de-congregation by 2023. This includes the transition of 22 individuals in the first quarter of 2018 in order to provide 25 people who currently share with individual rooms.

Housing

Property requirements were identified in the Action Plan for accelerating our decongregation efforts. This was completed by the Transition Manager and submitted to HSE National Disability Team in May 2017. Revised proposals to meet the requirements of regulation and to address emergency safeguarding concerns within a constrained budget were developed.

This included the re-development of on-campus property and exhausting Stewarts owned property supply. This reconfiguration ensures single bedrooms for each individual in Woodlands 26 and 28.

A greater focus and drive in relation to social housing was placed in August 2017, in particular, Housing Assistance Payment (HAP) and Capital Assistance Scheme (CAS). This involved a significant effort to complete housing applications to ensure eligibility.

A number of opportunities arose with the acquisition of 1 Cluid property in Tallaght, the restart of works on the Hollyville site which will see the development of 2 bungalows in the first quarter of 2019, 2 apartments in Clondalkin in first quarter of 2018 and also further discussion about future developments and partnerships with approved housing bodies.

A Significant effort was made to establish a positive working relationship with County Councils, South Dublin County Council and Kildare County Council. Stewarts was successful in the acquisition of two properties in Clondalkin and Tallaght with negotiations regarding CAS and future properties underway for 2018.
Complaints

Complaints and Compliments are dealt with by the complaints officers, and overseen by a complaints committee, assisted by Complaints coordinator Ms. Elaine Caraway. Currently the complaints officers meet approximately eight times a year to review complaints received, and to allocate officers to each complaint. The complaints oversight committee’s role is to monitor and review inputs, respond with the appropriate level of urgency and to analysis and report upon trends. Serious complaints are notified to the Chief Executive and onward to the Board if such attention is warranted.

During 2017 six additional complaints officers were appointed. The organisational complaints policy was reviewed and is currently pending approval. The terms of reference for the complaints oversight committee is under review and will be presented for approval to the Chief Executive by end of first quarter 2018. It is anticipated that a member of the Board will chair the committee.

Analysis of Complaints

For the period covering 1/1/2017 – 31/12/2017 the total number of complaints received was forty five. Nine complaints were passed on to the Designated Officer for inclusion as safeguarding issues.
Complaints Trends / Themes

- There is evidence of increased awareness of safeguarding by members of the public, service users, staff and family members in relation to the care and welfare of service users. A number of stakeholders used the complaints process to highlight these concerns.
- Concerns about unsatisfactory care provided remains a theme in a number of complaints; ranging from concerns about injuries sustained, poor oral hygiene, concerns about peer to peer incidents, and attitudes of staff. Many of these complaints were resolved to the complainant’s satisfaction at a local level. More serious complaints were dealt with formally or referred to safeguarding.
- Lack of resources was also a theme in a number of complaints. These ranged from concerns about inadequate staffing, nursing and clinical resources, lack of adequate equipment, delays in getting a PA replaced, to a family wanting a residential placement.
- Other issues included concerns about how a Service Users finances were spent.
- We continue to receive complaints in regard to transport provided to service users, including that provided by contractors such as taxi services.

Compliments Trends

In total the Complaints Department is aware of 14 compliments received during 2017.
- Two were in relation to the effort made by staff to facilitate Service Users visiting families at home.
- One complimented the care and commitment of sports centre staff during swim sessions
- Two from mothers who were happy with the care their children received while in respite care.
- Five compliments related to the care and hospitality extended by staff to visiting family members.
- One from the family of a deceased Service User, in thanks for the care he received throughout his life.
- One was from the Physiotherapy department in regards to the level commitment and quality of work of the two members of the household staff.
- One for the catering department in regard to significant improvements in quality and variety of meals.
- One was for the staff of Café Kaizen, thanking them for the effort put into organising the “Lip Sync Battle” which was thoroughly enjoyed by Service Users.

Organisational Learning

- Evidence continues to point to an under reporting of locally resolved complaints /compliments through a lack of understanding of the complaints process or staff not being aware of compliments being received and recorded correctly in the first place.

Recommendations

- To address possible under reporting of locally resolved complaints and compliments, it is recommended that a complaints folder on the server be set up with each area having access to a folder to scan and save complaints and compliments. The complaints committee would have access to these folders for audit purposes.
- Following the publication of the revised complaints policy, a meeting will be arranged with all Persons in Charge to ensure they are aware of the level of competency of all of their staff in relation to the management of complaints/compliments/comments.
Advocacy

In 2017, ninety five service users in Day Services attended advocacy information sessions facilitated by advocates from the National Advocacy Service.

During 2017 there were 18 referrals for external advocacy.

1. A self-referral was made by a service user requesting assistance with a home issue. (Ongoing)
2. A self-referral was made by a service user in relation to individual support needs. (Ongoing)
3. A family member and service user made a referral in relation to a service user’s support needs. (Closed)
4. Fifteen staff referrals were made in relation to day service placements. (All ongoing)

The Assisted Decision-Making (Capacity) Act 2015

The Assisted Decision-Making (Capacity) Act 2015 was passed into law in December 2015 and is the statutory duty to use human rights based approach to support decision making. This legislation has implications for all citizens including people with disabilities and vulnerable adults, along with a broad range of professionals, frontline service providers, voluntary and community organisations, and businesses.

On the 28th November 2017 a workshop ‘Personhood and Advocacy Assisted Decision-Making Capacity Act (2015)’ was facilitated by two advocates from SAGE, a support and advocacy service for service users, families and staff.

The aim of the workshop was to:

- Provide information in relation to the new legislation and on supporting a person regarding their right to make decisions.
- To give staff, service users and family members an understanding of the implications of the Assisted Decision-Making Act (2015).
- To support staff in identifying how service users can be supported to advocate for themselves in everyday life.

The plan for advocacy in 2018:

- Advocacy training is to be continued to be rolled out for service users in Day Services and Residential Services.
- Advocacy awareness for staff and service users will be facilitated by SAGE, a support service and advocacy service for service users and the National Advocacy Service.
- The Advocacy Policy is to be reviewed.
The Health Service team is comprised of an Infection Prevention and Control Officer (IPCO), Surgery Nurse and Health Services Programme Manager. Contracted services provided by health services are General Practitioner, Chiropody Services, Dental Services and Pharmacy Services.

Services provided in 2017 are outlined below;

- Number of GP consultations – 2395
- Number of phlebotomy appointments (service users) – 798
- Number of staff Occ Health appointments (Hep B vaccines + bloods) – 464
- Number of (PRN) GMS requests issued – 1472
- Number of Kardex updates - 1501

Infection Prevention and Control Audits

Throughout 2017, audits were carried out by Infection Prevention and Control Officer (IPCO). Infection prevention and control audits were carried out in all Designated Centres using specially adapted audit tools.

Ongoing issues identified during audits;

- Action plans are not completed on time or require extensive visits to ensure compliance with standards.
- Technical service requests were not always completed in a timely manner or being rejected without an adequate explanation.
- Staff training required as staff lacked knowledge of the infection prevention and control policy.
- Issues with hygiene and ventilation which included staff not completing cleaning schedule.

Major non-compliances recorded:

- Designated Centre 1 (Aisling) had repeated issues with hygiene and use of inappropriate cleaning products
- Designated Centre 6 (Bungalow 11) had consistent issues with hygiene, ventilation problems and inappropriate access to bathroom facilities.

Moderate non-compliances recorded:

- Environmental hygiene
- Ventilation or Mould
- Maintenance issues
- Equipment hygiene
Reported Improvements in 2017

- BOC gases changed hands from health services to technical services.
- The dental hygienist recommenced onsite training.
- Healthcare audits identified deficits and helped establish a database of health diagnoses and needs of the Service Users. This has highlighted deficits in training and assisted workforce planning.

Policy and procedure work for 2017

- Enteral tube feeding policy was completed and will be included under the care policy.
- Cleaning policy/procedure developed in 2017 under the name Environmental and Equipment Policy.
- Review of prevention of blood borne virus policy was completed in 2017.
- Other policy work included IPCO involvement in the waste management policy, the medication management policy, food safety/catering policy, respite policy and safety statement.

In order to improve systems to prevent and control infection

- The infection prevention and control business, strategy and action plan was circulated to the executive team and the Board of Directors. This outlined the projected performance for 2017. This provided an insight into the initiatives and work of the infection prevention and control committee as well as map improvements in the organisation with regards to infection prevention and control.

Achievements/Initiatives in 2017:

During 2017 there was an increased uptake of the hepatitis B vaccine by residents. Accessing free vaccines from the National cold chain and changing the prescription system made vaccines more.

Healthcare associated infections

The IPCO provides support to each area with regard to prevention and control of infections and acts as a steward to prevent antimicrobial resistance. 2017 saw the publication of HPSC Irish National report on the “Point Prevalence Survey of Healthcare-Associated Infections & Antimicrobial Use in Long-Term Care Facilities (HALT): May 2016” Hennessy et al. (2017). Stewarts was involved in this study and it helped to plan care and raise awareness of good and bad practices.

Prevalence rate of on campus residents with an infection (as per HALT case definition)

<table>
<thead>
<tr>
<th></th>
<th>Stewarts 2013</th>
<th>National Average</th>
<th>Stewarts 2016</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>9.10%</td>
<td>4.60%</td>
<td>3.60%</td>
<td>3.30%</td>
</tr>
</tbody>
</table>
Infection prevention and control subcommittee

The committee acts as a forum to discuss performance and progression within the organisation with regard to infection prevention and control. The Board member (chair of IPC committee) feeds directly back to the CE and the board, as per HIQA standards (2009). The IPCO reports to the board on the performance of the organisation in accordance with the HIQA standards. Compliance rates for each year are highlighted in the chart. The IPC business, strategy and action plan was developed to guide improvements throughout 2017.

Planned activity for 2018

HIQA has developed a draft version of standards for community settings. The IPCN has an opportunity to review these guidelines and report back to HIQA on any suggested amendments/improvements. These guidelines will help to set a standard which is easier to achieve in a home setting, as well as help the organisation to prepare for HIQA inspections. Planned activity in line with the new guidelines will include:

- Developing systems to monitor vaccinations/immunity status for both residents and staff.
- Adopting a new nationally approved hand hygiene training course into the service.
- Expanding local mandatory hand hygiene training to include Standard Precautions training in line with local policy.
- Targeted onsite Hand Hygiene training with an emphasis on teaching and assessing technique.
- Working to improve access to hand hygiene facilities within the service.
- Audit of unused water outlets within residential/community homes to ensure safe systems in place.
- Audit of clinical and sharps waste to ensure safe and appropriate disposal of waste material.
- Surveillance: A Point Prevalence Survey to monitor antibiotic use within the service.
- Policy and Procedure work. This will include:
  - Review of the Administering Vaccinations Policy.
  - Review of Veno-puncture Policy.
  - Developing specific protocols for cleaning and supporting staff breaks in the event of outbreaks of infection.
  - Developing a procedure for appointing representatives from supporting services to form part of an Outbreak Control Team.

The Infection Prevention and Control Business Plan will be circulated to the Infection Prevention and Control Committee and progress reports will be presented at quarterly committee meetings throughout the year.
Clinical Nurse Specialist (CNS) Behaviour

The Clinical Nurse Specialist in Behaviour commenced in October 2017 following a vacancy from April 2017. The role of CNS was initially to prioritise caseload based on risk rating and the Harris Scale. A key focus to developing positive behaviour support plans is to ensure that a comprehensive assessment is undertaken with the person, family and staff. This includes background information, the current interventions and strategies in place that support the person, including observations and a review of behaviour records and incidents. The development, review and implementation of positive behaviour support plans is a pivotal role of CNS and there primary focus is on increasing quality of life for the service user.

CNS Role & Caseload

- Nineteen service users currently on the case load of the CNS and are actively receiving supports in terms of risk assessments and behaviour support plans. (This case load does not include that of the Psychology Department);
- Nine Behaviour Support Plans have been implemented and the restrictive practices in place have been reviewed. In two cases, reduction in supports have been identified and are being implemented;
- Support staff who work with Service Users who have behaviour’s that challenge;
- Keep abreast of latest research in terms of supporting people with behaviours that challenge.

Education & Training:

The CNS performs a vital role in the education and training of staff in relation to the core concepts of positive behaviour support and the implementation of behaviour support plans for individual service users.

Restrictive Practice Committee:

The CNS is co-chair of the current Restrictive Practice Committee. The current Restrictive Practice Policy is combined with the Positive Behaviour Support Policy. We plan to separate the policy and revise current strategies and approach to restrictive practices, which will ensure that Stewarts follows due process in the exceptional cases where restrictive interventions are considered as part of the person’s support plan, for the purpose of protecting a person’s well-being or the well-being of others.

Planned Activity for 2018

Caseload

- Develop a referral system that inter-connects with the Psychology Department to ensure that those who require positive behaviour plans are reviewed and supported accordingly.

Training

- Develop and coordinate training for all staff who require Positive Behaviour Support Training and provide An Introduction to Positive Behaviour Support for all staff;
- Commence an Introduction to Positive Behaviour Support as part of the Induction Programme for all new staff who commence work at Stewarts.

Restrictive Practice Committee

- Review and track reductions in Restrictive Practice;
- Multi-disciplinary based approach ensuring that each restrictive practice is reviewed at the Service User’s annual MDT and quarterly by the Restrictive Practice Committee.
- Develop an ethos of understanding restrictive practices within Stewarts and ensure that these practices are reviewed in line with evidence based practice.
Speech and Language Therapy Department

Activity for 2017

Of the 8,163 hours available in the Speech and Language Therapy (SLT) Department, 4,898 hours were deemed direct contact, i.e. with a Service user being present. The number of persons referred to the department in 2017 was 152.

<table>
<thead>
<tr>
<th>Waitlist as of:</th>
<th>Children</th>
<th>Adult</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st January 2017</td>
<td>24*</td>
<td>160</td>
<td>184</td>
</tr>
<tr>
<td>1st July 2017</td>
<td>99*</td>
<td>180</td>
<td>279</td>
</tr>
<tr>
<td>31st December 2017</td>
<td>19*</td>
<td>180</td>
<td>199</td>
</tr>
</tbody>
</table>

* All children are seen within scholastic year, waiting times calculated from end of intervention until scheduled commencement of next intervention i.e. waiting further therapy.

Priority Rating | Wait time
--- | ---
Children | Less than 30 days
Adults (Feeding, Eating, Drinking, Swallowing) | Less than 30 days
Adult (Communication) | Average 910 days

Children’s Services

- **Lámh Training**: In conjunction with the Psychology Department, a Lámh Family Course was delivered to the families of children attending early services in May 2017. In August, Lámh Module 1 was delivered to staff in the Junior and Senior School.
- **Feeding, Eating, Drinking and Swallowing Training**: This training module was delivered by members of the SLT department to the Teachers and SNAs from the Junior and Senior School.
- **Parent Training**: in addition to the Lámh Family Course, Hanen It Takes Two to Talk® Training was delivered to the families of children attending early services.
- **Messy Picnics**: Children across early services and the school attended Messy Picnic groups over a period of months. These groups are targeted at children who show aversion to specific food types or textures and as a result have a limited dietary intake.
- **Collaborative working**: During 2017, SLT staff continued to support the completion of Multi-Disciplinary diagnostic assessments for e.g. Autism Diagnostic Assessment, and joint appointments with the Occupational Therapy Department around Assistive Technology and Feeding equipment.

Adult Services

- **Communication Passport Training**: Part 1 and Part 2 was delivered in January/February and March 2017 to staff in residential, community and day services.
- **Lámh Training**: In conjunction with the Psychology Department, 2 Lámh Module 1 courses were delivered to staff supporting adult service users across residential, community and day services. The video “Lámh sign of the week” continues to be circulated weekly.
• **Feeding, Eating, Drinking and Swallowing Training:** Practical modules were provided on-site in residential units where people present with complex FEDS needs. This was provided after staff had successfully completed the HSEland E-Learning Module.

• **SLT inputs in organisational Committees and Groups:** The SLT department continue to support organisation initiatives such as facilitating and co-ordinating Service User Councils, contribution to Research Committee meetings, Day Service Review group, Human Rights Committee and Quality Steering Committee.

• **Easy to Read Information:** The SLT department continue to promote the use of accessible information. This year the SLT department supported the development of Easy to Read feedback forms for e.g. feedback on gardens (grounds dept.), Presenting Choices/ Summer Project. The SLT department also worked alongside other members of the Accessible Information Media Group (AIM) to support the development of the Preventing Falls Booklet (Physio Dept) and Easy to Read Safety and prevention of Abuse plans (Social Work Dept).

**Planned Activity for 2018**

• **Progressing Disabilities Children Services:** Stewarts Care will be a lead agency for two of the local Children’s Network Disability Teams (0-18 years). A considerable amount of organisation and planning will be required to ensure a smooth transition.

• **Collaborative Working:** The SLT department will continue to work alongside the Service Users, their families and carers, front line staff and members of the Multi Disciplinary Team in order to provide appropriate services.

• **Education and Training for Families, Carers and Front Line Staff:** The SLT department will continue to provide relevant training as required by families, carers and frontline staff for e.g. Lámh Module 1 and Lámh Family courses, Total & Inclusive Communication Environment Training, Managing Feeding, Eating, Drinking and Swallowing Difficulties through HSEland E-learning and practical modules.

• **Management of Waitlist:** The SLT Department will aim to reduce the waiting list for adults with communication difficulties by maintaining a dedicated staffing level to this aspect of the service and the provision of best practise approaches for this group. This will be an ongoing challenge with demand on the SLT service outweighing the supply.
Psychology Department

Of the total available department hours of 8177, 4906 hours represent direct contact.

Waitlist as at

<table>
<thead>
<tr>
<th>Date</th>
<th>Children</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st January 2017</td>
<td>45</td>
<td>102</td>
</tr>
<tr>
<td>1st July 2017</td>
<td>54</td>
<td>149</td>
</tr>
<tr>
<td>31st December 2017</td>
<td>40</td>
<td>213</td>
</tr>
</tbody>
</table>

297 people were referred to the Psychology Department in 2017. The average wait time was 373 days.

Activity for 2017

- While Progressing Disabilities Services has not yet been implemented, preparatory work has continued during the year. This included continued attendance at Central Referrals Forum and Local Implementation Group meetings. Training for staff due to reconfigure was also facilitated;
- The department continued to provide training in Positive Behaviour Support and Lámh to staff. Four Positive Behavior Support courses were provided and three Lámh Module 1 courses were provided this year. Further adaptations have been made to the Positive Behaviour Support Course to provide a shorter introductory course which would also be suitable for induction;
- Training was also provided to families in Lámh and in Parents Plus. A Sibshop was also run in conjunction with the Social Work Department;
- There has also been ongoing liaison with the Mental Health and Intellectual Disability (MHID) team in the area with the Basic Grade Psychologist from this team availing of supervision from the Psychology Department in Stewarts.

Planned activity for 2018

- There will continue to be involvement in Progressing Disability Services with ongoing attendance at Central Referrals Forum, Local Implementation Group and South Dublin Region Governance Group. Training for staff in preparation for reconfiguration will also continue;
- In Conjunction with the CNS in Behaviour, training in Positive Behaviour Support will be continued;
- Psychology will continue to provide training for staff in Lámh;
- Training for families in Lámh, Parents Plus and preparation for reconfiguration will be offered;
- The Psychology Department will also liaise with the newly appointed CNS in Dementia Care and other members of the MDT to support those with this diagnosis;
- Liaison with the MHID will also continue.
Occupational Therapy Department

4.3 WTE € Not Reported 3.21% 63%

Of the 8,767 hours available to the department, 5,260 hours represent direct contact with a Service User. Note that due to the nature of Occupational Therapy there is a significant amount of indirect consultative, administrative and clinical work completed.

Number of persons referred to the department over the calendar year: 184

<table>
<thead>
<tr>
<th>Waitlist as at:</th>
<th>Children</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st of January 2017</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>1st of July 2017</td>
<td>38</td>
<td>33</td>
</tr>
<tr>
<td>31st of December 2017</td>
<td>23</td>
<td>64</td>
</tr>
</tbody>
</table>

Review of planned activity for 2017
- Continued Postural Management Clinic to ensure annual reviews of Service Users who experience problems with postural management or mobility;
- Continued to liaise with colleagues to develop and present programme to teach increased independence skills to Service Users to facilitate meaningful activities and reduce dependence;
- Used Independent Living Skills training to further develop skills of Service Users with potential to live independently or with limited support;
- Conducted bi-monthly wheelchair clinic to ensure the needs of Service Users are met and to reduce waiting times for equipment to be assessed and to increase efficiencies within the department;
- Participated in Practice Education and used Occupational Therapy Student time to offer a wider range of services to Service Users including activity groups or individualised therapy programmes;
- Introduced outcome measures for Occupational Therapy Clinic to ensure this is an efficient and effective service for Service Users;
- Engaged with multi-disciplinary team and external agencies in ensuring a smooth transition for adults with Intellectual Disability and Mental Health issues to community teams;
- Actively engaged in Continuous Professional Development to ensure staff can continue to meet the needs of Service Users and to ensure compliance with requirements of regulatory body, CORU;
- Liaised with HSE to highlight issues in equipment provision for Service Users including lack of funding for specific items and delays experienced by adults in residential care.

Planned Activity for 2018:
- Continue Postural Management Clinic;
- Continue to liaise with colleagues to develop independence programmes;
- Continue with bi-monthly wheelchair clinic;
- Continue to participate in Practice Education;
- Continue to use outcome measures for Occupational Therapy Clinic;
- Engage with multi-disciplinary teams and external agencies to ensure smooth transitions;
- Complete Erasmus trip to France for engagement with workshop.
Physiotherapy Department

5 WTE € Not Reported 2.08%

75%

<table>
<thead>
<tr>
<th></th>
<th>Number of referrals 2017</th>
<th>Average wait time Urgent</th>
<th>Average wait time P1</th>
<th>Average wait time P2-3</th>
<th>Average wait time orthotic clinic</th>
<th>Currently on waitlist for physio</th>
<th>Currently on waitlist for orthotic clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>106</td>
<td>2-3 days</td>
<td>2-4 weeks **</td>
<td>6-12 weeks ***</td>
<td>4 weeks</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Children</td>
<td>25*</td>
<td>2-3 days</td>
<td>8-12 weeks</td>
<td>NA</td>
<td>4 weeks</td>
<td>6</td>
<td>11</td>
</tr>
</tbody>
</table>

*77 children on an active caseload i.e. they are seen on-going so not discharged.

**P1 90% seen within 2-4 weeks (depending on resources). The majority seen within 2 weeks.

***P2-3 100% seen within 6-12 weeks (depending on resources).

Review of planned activity for 2017

Of the 7037 hours available in the department, 4220 hours represented direct contact.

Clinics:

Postural Management Clinic
This clinic was established in 2016 in conjunction with the Occupational Therapy department to ensure all service users in Stewarts had postural management input. The Goldsmith Assessment Tool was purchased in 2017. This objectively measures spinal & pelvic alignment. This is extremely valuable for assessment as it can determine any postural changes & help guide intervention. All staff were trained to use this. The clinic continues to have great co-operation from Service Users & their families, and from staff.

Second Skin Clinic
Second Skin are an Australian company who provide one of a kind custom made body & limb orthoses. There is a total of 19 Service Users who wear the Second Skin splints.

Orthotic clinic
An external orthotic company provides a clinic every 2-3 weeks. An Orthotist carries out specialist assessment and intervention for those who require custom orthotics.

Falls Prevention & Management
In 2016 a Falls Prevention & Management initiative began. A policy and pathway were developed to manage referrals for falls/ balance/ mobility issues. The falls prevention exercise programme continued with the Senior Citizen group in 2017 with great success. To promote the initiative, a falls poster was developed. In 2017 The Falls Prevention & Management booklet in easy read format (with assistance from Accessible Information Media Group) was completed and distributed to all the residential and day areas. In 2017 the falls/ balance/ mobility referrals were audited.
33. % of adult referrals are falls related and of these:

- 63% are over 50 years of age
- 66 % are residential

**Education & Training**

In August 2017 the Physiotherapy Department carried out an information and advice session on postural management for SNA staff in the school. A significant number of children in the school have postural management needs, many of them complex. It is extremely important for staff working with these children on a daily basis to have an awareness of postural management. The session was an introduction to postural management covering the basics of identifying someone with postural management needs and the types of interventions that can be carried out.

Physio led PE classes in the school: these were carried out in 4-6 weeks blocks with each class as part of their regular PE class. As well as providing physio input for the children, exercises were also demonstrated to the class staff. This meant that after the end of the block, staff could continue on with some of the exercises as demonstrated.

**Planned Activity for 2018**

**Falls prevention & management**

In addition to auditing the numbers, the department aims to analyse the demographics and anthropometric measures of the fall referrals. If resources allow there will be education & training for staff on the prevention & management of falls

**Management of waitlist**

We aim to see all referrals with in the priority rating time scale (this is resource dependent)

**Spasticity Management**

The Physiotherapy Department is in the process of developing a pathway for the management of those referred with spasticity. The aim for 2018 is to review everyone with spasticity related complications with follow on intervention where indicated

**Second skin**

To carry out an audit of the numbers and demographics of those seen in the clinic & the expenditure of the equipment purchased.

**Postural Management Training**

To continue on from the information session carried out in the school last year. This will be done at the start of the new school year before staff start in their new classes. Resource depending, an additional session will be provided throughout the year to answer any queries staff may have.
Paediatrics

The doctor is primarily involved with the infants and children who are linked into Early Services but also sees children attending the school. Infants and children are seen when they start in Stewarts Care Children’s Service and thereafter are seen at different intervals depending on their needs. Several of the school children are reviewed regularly and others are seen on request. Some of the children who are in Residential Services are seen annually. The school leavers are generally reviewed prior to leaving school.

The doctor who works part time, liaises closely with parents, clinicians and other staff who are involved with the infants/children. The doctor also communicates and works in conjunction with the relevant General Practitioners, Consultants and other professionals.

There is no waitlist at present, in general the average length of time for a child to be on the waitlist is 21 days. There were 15 children referred during 2017 and of the 634 hours available 182 hours were spent in direct contact with children and their parents.

As part of the requirement for registration with the medical council, Continuous Professional Development has to be carried out. This involves a minimum of 50 hours of education and 12 hours spent on an audit which was completed outside working hours. An additional 23 hours were spent on mandatory training, helix training and attendance at meetings regarding Progressing Disability Services.

Review of planned activity for 2017

The main activity planned for 2017 was to facilitate the roll out of Progressing Disabilities Services (PDS) for children. PDS has been discussed over several years and was due to be rolled out in September 2017. However this did not happen.

Planned activities for 2018

PDS roll out is now planned for the latter half of 2018. This will mean a massive change in the way that children and families access services and for the people that work with them. It is currently planned that Stewarts Care will be the lead agency for two of the Children’s Network Disability Teams. This will require a lot of planning and organisation. The aim is to make this transition as smooth as possible for children, their families and clinicians involved.
Stewarts Preschool provides services and supports for Children with an Intellectual Disability/Global Developmental Delay from the age of two and half years to school going age. The preschool provides up to 18 places which each child attending for 3 hours sessions. The places are made up of 12 full time students and 2 part time students.

Review of planned activities for 2017
- Roll out of the Early Bird Programme. This is a parental course delivered by two trained preschool staff for Parents of children with Autism. The course was very successful and feedback continues to remain positive;
- Staff presentation at the Nursing and Midwifery planning and Development Unit of the Early Bird Programme;
- Implementation of Key Performances Indicators;
- Introduction of Newsletter for families.

Planned activities for 2018
Continued Preparation for Tusla registration including:
- Liaison with Internal Department such as H.R., Catering and Technical Services to all standards are achieved for Tusla Registration;
- Implementation of Visitors to Preschool book;
- Development of Sleep areas in every room;
- Implementation of notice boards for parents including details of staff qualifications and roles, nutritional advices board, list of daily meals for children.
- Self Audit in Preparation for Tusla (February 2018)
- External Audit in preparation for Tusla Registration (March 2018);
- Registration for Tusla;
- The following local preschool protocols are in the process of being finalised:
  - Statement of Purpose of Preschool  Preschool specific Infection Control
  - Managing Behaviour in Preschool  Safe Sleep  Fire Safety
  - Inclusion  Outings  Accidents and Incidents
  - Healthy Eating  Outdoor Play  Settling In
- Planned Roll out of Progressing Disabilities and the implementation of transition to facilitate a smooth transition.
- Continued Communication and Social events with parents e.g. Parent/Keyworker meetings, St Patricks day parade, Teddy Bears Picnic, Yoga with families, graduation ceremony, Halloween and Christmas fun. On February 7th, a Sam Maguire coffee morning is planned.
Human Resources Department

4.54 WTE € Not Reported 4.93% 74%

Review of planned activity for 2017

The Human Resources Department is responsible for staffing related functions in Stewarts including:

- The end to end recruitment process of all new staff which includes sourcing candidates, reviewing CV’s, arranging interviews, screening successful candidates by completing Garda Vetting and reference checks, making offers of employment and drafting contracts.
- Collating reports on staffing figures such as starters and leavers reports and other reports required by senior management and/ or HSE.
- Managing employee records including Annual leave, sick leave and other statutory leave records, employee entitlement to work in Ireland, appraisal and supervision documentation and professional qualifications.
- Auditing and compliance. Ensuring that all employee files are up to date and in line with the requirements of HIQA under schedule two of the Health act Regulations (2013).
- Industrial relations issues resulting from the disciplinary or grievance procedure or that have been raised through consultation with the unions.
- Occupational health referrals.
- Offering support and advice to management and employees on human resource related issues.

Key posts that were filled or replaced in 2017 included:

- Programme Manager
- Principal Social Worker – Safeguarding
- Senior Dietician
- Registrar
- Clinical Nurse Specialist – Behaviours
- Senior Psychologist

Key posts that left/retired in 2017 included:

- Registrar
- Psychiatrist
- CNM3 X 5
- Head of Catering
- Senior Psychologist

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<thead>
<tr>
<th></th>
<th>Starters 2017</th>
<th>Leavers 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Support</td>
<td>4</td>
<td>5</td>
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The key initiatives planned for the HR department in 2017 included developing an employee retention strategy, a recruitment open day in conjunction with TTM Healthcare, the introduction of competency based interviews, an employee engagement survey and carrying out an audit of all annual leave, sick leave and supervision records.

Recruitment 2017

2017 was the busiest year to date for recruitment in Stewarts. There were 77 recruitment campaigns. A recruitment campaign was run in conjunction with TTM Healthcare in February 2017 to recruit a mix of 20 WTE Care Staff and Nurses. A recruitment day was held on 21st February 2017. On the day 4 interview
panels interviewed over 35 candidates and of that 3.5 WTE Staff Nurse and 10.5 WTE Care Staff were recruited.

**Annual Leave Record Audit**

All annual leave records where audited in 2017 to ensure that they were accurate and records where continuously monitored throughout the year. Managers were provided with reports on their employees annual leave to help plan annual leave according to the needs of the department.

**Staff Retention Strategy**

The Retention Strategy 2017 – 2019 was presented to and approved by the Board in June 2017. The strategy consists of a number of significant initiatives developed with the aim to improve employee engagement and satisfaction amongst all staff in Stewarts. These initiatives include;

- A Leadership Action Learning Programme
- Continuation of Exit interviews
- Education Resourcing
- Review of Induction Training Programme
- Review of the Probationary System
- Strengthened Performance Management
- Staff Engagement Interviews
- Improved Communication
- Competency Based Interviews
- Psychometric Testing for Senior Roles
- Health Promotion
- Flexible Working Arrangements

In the second half of 2017 actions arising from The Retention Strategy included:

**The first Leadership Action Learning Programme:** was developed in conjunction with and delivered by Professor Patrick Flood, Professor of Organisational Behaviour in DCU. The programme commenced in September, with 14 participants from various departments throughout the organisation. Feedback from participants was positive and another programme is being planned for 2018.

- **Staff Engagement Interviews:** commenced in August 2017. As information from the interviews is received it is being logged and correlated to identify trends emerging. More interviews are planned for early 2018 and a report will be generated using the findings from all interviews to identify any areas of concern or actions required.

- **Competency Based Interviews:** 14 staff members including the HR team and managers attended a one day training course delivered by DCM Learning on competency based interviews. Since then competencies have been identified for Care Staff, Social Care Leader, Basic Grade Psychologist, Gym Instructor and ICT Officer posts and used in developing competency based interview criteria for the recruitment campaigns.

- **Psychometric Testing:** In November and December, members of Senior Management undertook psychometric testing, in conjunction with Performance Partnerships. It is planned that this will be used going forward as part of the section process when recruiting for senior posts.

- **Strengthen Performance Management:** Work has commenced in late 2017 on reviewing the current process of supervision including updating the forms used. A supervision workshop is being developed in line with the review and will be presented throughout 2018 to all managers engaged in supervision. Audits of supervision records continue to take place monitoring both the level of compliance and the quality of supervision.
Planned activity for 2018

- In 2018 up to 80 new posts have been identified for recruitment, as well as any natural recruitment that arises from retirement and employee attrition.
- A supervision workshop is being developed in line with the review and will be presented throughout 2018 to all managers conducting supervision. Audits of supervision records continue to take place monitoring both the level of compliance and the quality of supervisions.
- The roll out of competency based interviews will continue in 2018 with a commitment within the HR department to use the competency based method in all recruitment campaigns by summer 2018. All job descriptions will be reviewed throughout the year and competencies for each post identified.
- More Staff Engagement interviews are planned for early 2018 and then a report will be generated using the findings from all interviews to identify any areas of concern, and actions required. This report will be collated every quarter.
- Improve awareness about employee wellbeing and the current initiatives in place, such as;
  - Cycle to Work Scheme;
  - Access to the Employee Assistance Programme, Onsite GP facilities;
  - Access to onsite gym and swimming pool facilities, Bootcamp for staff;
  - Healthy food options in the cafe and staff canteen (Salad Bar, Fruit, Soups).
- Actively promote and encourage wellness amongst our employees based on a three pillar well-being programme:
  - A mental well-being perspective;
  - A physical well-being perspective;
  - A financial well-being perspective.
- As part of Stewarts Care Strategic Plan, the HR department will develop a staff engagement survey. This will provide an opportunity to learn more about our workforce. Work will commence on this initiative in 2018. The learning from staff engagement interviews will guide the theme of the survey.
Education and Training Department

4.62 WTE € 393,604 3.66% 83%

Activity for 2017

Core Competency Training

The introduction of additional Core Competency training requirements in mid 2017, led to a fell in compliance across all areas. Designated Centres (DCs) decreased from 78% Dec 2016 to 69% Dec 2017. Day Services fell from 76% Dec 2016 to 69% Dec 2017. Non DC Non Day Service fell from 71% to 53%.

At year end, 63 staff were fully compliant with core competency training.
Review of planned activity for 2017

- Roles & Responsibilities of the Education Department were defined and communicated by Executive Director of HR and Strategy.
- A review of Education and Training Team Roles and Responsibilities took place at beginning of 2017
- Team bi-weekly reports to the Executive Director of HR and Strategy were introduced in March 2017
- Two Additional Manual Handling and People Handling Instructors were trained in Feb 2017
- Two Additional Responsible and Safe Medication Instructors were trained in May 2017
- Education and Training Manager was appointed in May 2017.
- Course funding application and Quality Assurance Policies were reviewed by the Department and submitted to the Quality Steering Committee (in May and November respectively)
- SURA training was handed over to Education and Training from April 2017
- Basic IT Skills and Basic Food Safety courses were developed and introduced in May 2017
- HIQA Awareness and Key Worker Training content was reviewed in March/April.
- Core Competency Training Reports were submitted to Senior Management monthly and to local managers on a quarterly basis.
- 4 Additional Inductions were scheduled to assist with Recruitment Campaigns
- Training Text Alert System was introduced to staff in April and Training email alert to Persons in Charge was rolled out in May.
- Course Booking system (Sulware) was further developed to ease the process of booking for courses. A workaround was introduced to enable TMS update feeds into Sulware.
- Education Training and Development Committee was reviewed by Ex Director of HR and Strategy; new members were added and it took place bimonthly. Due to other member’s pressing priorities this group was unable to meet since July.
- Orientation and Continuous Professional Development Record was developed and introduced to Care Areas in Nov 2017

Other notable performance indicators within the department in 2017

- Average wait time for a training course (Dec 2017) = 11.8 Days
- Training Days lost in 2017 = 995
- Core competency compliance in DC = 69% *

* This includes two new courses: An introduction to children First (online) introduced in July 2017 and 2) Safeguarding Vulnerable Persons Awareness Programme introduced in August 2017

Planned activity for 2018

- Continue to assist staff in completing An Introduction to Children First online, 95% completion target by March 2018;
- Ensure adequate Safeguarding Training courses are scheduled to enable staff compliance;
- Additional Enhancements on TMS planned in Feb/march 2018 to assist with training reporting accuracy and efficiencies;
- Additional Safeguarding Facilitator training planned in March/April 2018 to ensure Safeguarding training schedule can be fulfilled;
• Additional Designated Officers training planned in March/2018;
• Education and Training Committee Meetings to be reinstated from March 2018, this forum to meet bi-monthly to provide updates, address training issues and prioritize training needs;
• Create links between Education and Training and Nurse Practice Development to ensure the right training needs are identified for the right areas/staff. Also to identify essential online training for staff to access via HSELand;
• Identify and promote HSELand training courses suitable to staff in line with training needs;
• Assess the efficiency of Orientation and Continuous Development Pack introduced in November 2017 to Care Areas and make modifications accordingly;
• Provide Local managers with TMS training to access information about staff training renewal dates and ensure compliance with core competency training and prioritise training;
• Provide Senior Managers with up to date statistics to track staff training compliance;
• Review existing Induction Programme to include Positive Behavior Support Training in conjunction with CNS and enhance the inductees experience on their first contact with Stewarts;
• Reduce the turnaround for course funding applications being processed;
• Continue to monitor DNA (Did not Attends) and report to local managers on a weekly basis and to senior managers on a monthly basis. Managers to address DNA high offenders;
• Provide upskilling/ refresher training to any facilitator i.e MAPA CH3 Holding Skills as per standards of training and practice.
Nurse Practice Development Unit (NPDU)

Activity for 2017

Stewarts continues its partnership with Trinity College Dublin (TCD) to provide an Intellectual disability nurse training programme as part of the 4 year honours degree. Successful completion of the programme and conferring of the honours degree leads to registration on the Intellectual disability section of the Nursing register maintained by NMBI (Nursing and midwifery board of Ireland). The four year programme is divided between theoretical education in TCD and the practical component by HSP (Health Service Providers) in Stewarts care and affiliated services.

There are currently 60 places available across the four years with a requirement to increase places by two per year across the four year programme from 2018. There are two WTE Clinical Placement Co-ordinators (CPCs) and one 0.5 Student Allocation Liaison which meet the current requirements for 60 students. There is one WTE Head of Nurse Practice Development since August 2017.

There are 35 placements available to provide clinical learning environments which are divided between the CPCs in order to provide support and monitoring of appropriate learning opportunities for the students and their preceptors. Each of these placements has been subject to an audit in 2017. Each of these placements has also been subject to a review and revision of their learning outcomes and unit profiles in 2017. Students are invited to give anonymous feedback at the end of each placement through Polldaddy and at scheduled reflection meetings. The findings of these feedback are used to improve and review placements and provide feedback to preceptors. Feedback is given to students at practice prep sessions by the CPCs.

NPDU initiatives 2017

- Vital signs workshop December 2017;
- Management Workshops with Cohort 2014 and 2015 September and October 2017;
- Top to Toe Joe with Cohort 2014 28th September 2017;
- Workshops on Report Writing with Cohort 2016 and Cohort 2015 March 2017 June 2017;
- Workshops on Personal Support Plans on demand;
- Medication Management;
- Clinical Skills on Blood Pressure Cohort 2014;
- Care Planning Workshops for Cohort 2015 and Cohort 2014;
- Oral Hygiene with the Dental Nurse whilst on Placements;
- All Cohorts invited to the Intermittent Catherisation Workshops;
- Cohort 2015 and Cohort 2013 attended the Presentation in April 2017 on the Strategic Goals for the Organisation;
- Students on Placements in the Schools did projects on the Autism Awareness Week March 2017;
- Peg Feeding Demonstrations on site Training in the Rainbow Room, Bungalow 7 and F1;
- Safeguarding Workshops Mandatory for all Cohorts to attend when on placements;
- Children’s First on Line Training all students have done this training on line and Certificates sent in to Ed & Training;
- Interview Skills with the Internship Students Cohort 2014;
- Cohort 2014: Invited to attend the Autism Workshop on the 23rd May 2017;
- Cohort 2013: Invited to attend the talk from Dr Doherty’s Team on epilepsy on the 26th June 2017;
- Cohort 2013: Invited to attend the Diabetes Workshop on the 29th June 2017;
- Student Protocols CPC visits reviewed and updated;
- The student Handbook reviewed and updated.

In 2017 there was a total of 87 preceptors (RNIDs) available to students in the clinical learning environments. The team provides regular preceptor training and refresher training opportunities to staff through education and training and upon request. The team are members of various groups with other agencies. The Head of Department is part of the NPD network group for CHO 6 & 7 and a member of groups within TCD such as the curriculum and joint working group. The CPCs and SALO attend and are part of working groups within TCD such as the leap and allocations groups.

As part of the requirements, Stewarts has undergone an audit in 2017 by the Nursing and midwifery board of Ireland in relation to assess our suitability as a HSP in the Nurse training programme. Overall, Students were very positive in their feedback on Stewarts as a HSP and the supports they received from the team. The Practice Development Department are awaiting an official report in relation to this site visit. From feedback during the site visit, work has commenced on ensuring the nursing process is utilised in Care plans through review and training. The department have worked with the link lecturer in TCD to reduce the theory practice gap identified by students.

The programme works in partnership with the other HSPs supported by TCD and also have collaborations with North Kildare Educate together, Adamstown educate together, Citygate and acute general hospitals. The programme was very successful in its efforts of retaining graduate Nurses in 2017 with a 93.3% retention rate and will continue with these efforts into the future.

There is a newly appointed Head of Nurse practice development to lead this team and to ensure systems of Nursing competency among our trained nursing staff in delivering quality care. Under the Director of Nursing, the focus in 2017 was to undertake healthcare assessments on all Residents who reside on campus and the development of a healthcare database. Following on from this, there has been training and education for Nursing staff on care planning with the development of a health assessment strategy and flow chart.

Planned activities 2018:

- Continue to offer training and development opportunities to student nurses to meet the requirements of the existing curriculum and new curriculum 2018. There is a focus on improving compliance with student nurse feedback on their placements. This will be done through facilitating end of placement feedback supports and Student Nurses are invited to attend the Nurses forum;
- There is a new curriculum for roll out with intake 2018. This will be a challenge for the team, given there will be two curricula, with different sets of learning outcomes and domains and two sets of planners being run in tandem until the current curriculum is phased out in 2020. As a result there will be an increased need for specialist placements. The department will continue to review all active and inactive placements for suitability;
- In 2018 the department plan to open a number of new placements to support the changing curriculum. A new community placement in Castle Village has been opened and a site in St Micheal’s House has reopened. There is a plan to open placements with services who provide homebased supports packages to persons with an ID and their families and to enhance student’s access to the Infant stimulation programme in Stewarts. Develop student placements within nursing specialty
roles within Stewarts such as Behavioural, Infection prevention control, clinical and Dementia. The team has been in discussion with Psychiatric services to develop specialist placements;

- Continue to collaborate with TCD in relation to the Erasmus programme for Stewarts in 2018.
- A Service user has offered the programme a discussion with Stewarts on how disability impacts on his life and the department will develop this opportunity into our student orientation programme;
- Continue to develop competency assessments for the Nurses;
- Develop an end of life committee who will offer support to co-ordinate and examine the care of persons who have palliative care needs and those who are dying. As a non specialist area the aim is to ensure that the care required by the Service User is delivered to a high quality and person centred to their individual needs. Continued work with specialist teams such as the Hospice home care team in Harold’s cross in the delivery of care;
- To review data from the healthcare database in order to work closely with the education and training department in ensuring that relevant training based on population needs is made available;
- In order to meet the changing needs of Service Users, there has been training provided to ensure nursing staff supporting Service Users have the relevant competencies. This has commenced with the introduction of training and competency in care and replacement of gastrostomy tubing and cone bowel clear out. This enhances the care offered to Service Users and reduces requirement on acute care. Stewarts have been offered inclusion through the NPDU training and education courses offered by St James’, St Vincent’s and Tallaght Hospital Nurse training centres. This offers not only valuable learning and CPD for Nurses but also the opportunity for collaboration and networking.
RISK Management

Activity of the Risk Manager in 2017:

State Indemnity Briefing for transfer of indemnity to State Claims Agency:
- Liaise with Insurers and Counsel in relation to outstanding claims - Liaise in relation to the changeover of insurance with the State Claims Agency (SCA) (General Indemnity Scheme) with regard to Insurance and Risk Management. Meet with Executive Management Team quarterly and provide a report;
- Provide post learning outcome in relation to litigation to preventing repeats, identify trends and allow for appropriate risk management. Conduct Environmental Risk Assessments in 14 Designated Centres.
- Individual Local Risk Registers developed, implemented and communicated to each house in consultation with the Person in Charge;
- Follow up Action Plan Post Incident piloted;
- Sixteen Pregnant Employee Risk Assessments carried out;
- Review and update the Corporate Risk Register on a quarterly basis, and present to Audit, Risk and Finance Committee;
- Review and update of Local Risk Register: Assist Persons in Charge to retain HIQA registration;
- Review Risk Management Policy, including requirements for Section 38 Agency;
- Assisted with the review of Site Specific Safety Statement.

Additional responsibilities of the role include Chairing the Risk Management Committee; Chairing the Safety Committee. Attendance at Medication Safety and Therapeutics Committee, analysis of medication incidents provided to Committee. Attend Infection Prevention and Control Committee meetings and Audit, Risk and Finance Committee.

The Risk Manager is responsible for ensuring that incidents are reported to State Claims Agency (CIS) and the maintenance of a database from the National Incident Management System (NIMS).

Planned activity for 2018
- Attend Safeguarding Committee meetings;
- Assist Managers to develop Local Risk Registers for their respective areas;
- Chair Risk Management Committee and Safety Committee;
- Assist with review of Organisational Safety Statement;
- Regularly review the Corporate Risk Register;
- Provide NIMS reports internally and externally (HIQA, HSA);
- Liaise with SCA with regard to litigation;
- Quarterly KPI reports are issued by SCA which demonstrate performance.
- Provide quarterly reports for Executive Management Team;
- Provide monthly report for Operational Management Team meetings;
- Provide training on Incident Reporting and Risk Assessment;
- Review Environmental Risk Assessments;
- Provide discovery documentation for 3 existing cases;
- Review upcoming litigation cases and extract and share learning;
- Review update and implementation of Monthly Health and Safety Audit. Following review and any changes suggested, the form will be uploaded onto the intranet in March 2018.
Organisational Learning from Incidents

Quarterly Incident Analysis
A quarterly analysis of incidents is provided to each Person in Charge and each individual living area for 2017. The purpose of the analysis is to identify patterns/trends associated with each living area. Depending on the analysis, further actions may need to be implemented to reduce the frequency of the incident/reduce the risk. Examples of actions may be to review a risk assessment/consultation with a Multi-Disciplinary Team/reviewing or developing a Behaviour Support Plan/reviewing a Local Risk Register.

Incident Report and Risk Assessment Training
An important aspect of learning from incidents is provide staff with information and training. Training on the Incident Report Process is provided for staff in order to understand the purpose of reporting incidents, how to complete an incident report form and how to implement actions to prevent reduce future incidents. Risk Assessment Training is also provided to enable staff to identify a hazard, assess risk(s) and conduct a risk assessment so that risks can be prevented/reduced and managed. This provides staff with competence in the risk assessment process so that appropriate action may be taken to prevent/reduce/manage risks. This process allows staff to contribute to managing risks as part of a team in their respective areas.

Follow On Action Post Incident Report Form
A Follow on Action Post Incident Report Form was developed in order to identify actions to be implemented to prevent recurrence or reduce the risk for each individual incident reported. The objective is to provide evidence that a conscious effort is being made to reduce the frequency/risk as a result of an incident and to ensure there is evidence based learning.

Medication Safety and Therapeutics Committee
The function of the Medication Safety and Therapeutics Committee is to oversee the Medication Management Process. The committee comprises of 3 clinical disciplines: Medication, Nursing and Pharmacy, in addition to representatives from Risk Management and Care Staff. The Risk Manager provides an analysis of all medication incidents/errors to the Committee in order to identify the most frequent type of errors that have occurred. Some initiatives to prevent/reduce medication errors is the use of the red apron (where appropriate), monthly medication audits, Safe Administration of Medication (SAM) training for care staff who administer medication. HSELand provide a training programme for nursing staff who have administered medication in error in order to reflect on causal factors so that learning takes place. The use of the Red Apron has been implemented in particular areas in an effort to reduce error of administration of medication. The red apron is worn to inform staff and service users that when a person is administering medication and must not be interrupted/distracted from this task.

Fall Prevention Committee
The committee was established to assist staff to support persons who may be at risk of falls. The committee has developed a Fall Prevention Policy to assist staff to identify persons who may be at risk of falls with the aid of a falls risk screen to identify the level of risk. An incident analysis is also provided to the committee so that the incidence of falls can be monitored and managed effectively.
Fire Safety

Review of planned activity for 2017

- Technical Services trained Persons in Charge in inducting staff in fire safety, on site fire evacuation training and all fire safety procedures in the Designated Centres;
- The Fire Safety and Critical Incident folders (Folders No. 6 & 15) have been merged into one folder now called the Emergency Evacuation Folder. These have been replaced in all Designated Centres;
- 50% of magnetic door holds have been fitted in 2017
- Technical Services Safety Office monitors the following and as of year-end 2017, the percentages for documentation reported from Designated Centres below are:
  - Day time fire drills, 100%
  - Night time fire drills, 68%
  - Monthly health and safety checklist 86%
  - Site specific safety statement, 91%
  - Environmental risk assessment, 68%

Planned Activity for 2018

- The remainder of staff will be trained in fire safety and on site fire evacuation training and all fire safety procedures in the Designated Centres;
- Remainder of magnetic door to be fitted in 2018. There should be no door wedges in use going forward.
- The newly merged Emergency Evacuation Folder will be rolled out in all day services by end of 2018;
- Technical Services will continue to monitor the documentation reported from Designated Centres.
Activity for 2017
Stewarts Sports Centre has seen further growth in visitor numbers from both the Service User population of Stewarts and members of the public throughout 2017. The Adapted Physical Activity program at Stewarts Sports Centre has progressed by offering a fully inclusive activity timetable including fitness, dance and other sporting and wellness activities.

Adapted Physical Activity (APA)
In 2017 Stewarts Adapted Physical Activity (APA) Centre expand its service to provide a greater range of opportunities for Service Users to participate in. New programs introduced included Tai Chi, Sound Meditation Sessions, Boogie Beast Dance Classes, a Strength and Power Lifting Club and Table Cricket. These are in addition to the existing programs of Yoga, Dance Fit, Aqua Aerobics, Tennis sessions in Castleknock Tennis Club, Tag Rugby and the Walking Club. The 100 strong team of Special Olympics Athletes continued to enjoy training and representing the Athletics, Aquatics, Equestrian and Motor Activities Clubs in events throughout 2017. Delivery of Individualised gym programs has not been completed. Given the complexity of the task of assessing all active Service User members and prescribing individualised exercise plans, this goal has not been met in 2017. With the support from a Trinity College Dublin and students from both UL and DCU, 2018 should see the completion of this initiative.

Sports Centre Public Memberships and Activities
The Stewarts Sports Centre upgraded facilities have continued to increase visitor numbers and gym memberships. From November 2017 Stewarts Swim School has provided swimming lessons for approximately 1500 children weekly. Gym memberships have seen a massive increase in the earlier part of the year. Pool Pod (Pool Platform Lift) has three additional Aqua Tilt chairs which are designed to suit swimmers with severe to profound physical disabilities access the pool.
Planning for 2018

APA Planning for 2018
In addition to promoting the current timetable of events among all Service Users, new initiatives are also being explored. The APA program in conjunction with Stewarts Physiotherapy and Dietician Departments is currently establishing a partnership with Trinity College Dublin with the aim of working together to create a centre of excellence for education, training, research and practice. The main objective will focus on clinical exercise and its application in the prevention and treatment of disease. This initiative will seek to inform best practice and function to tailor individualised physical activity programs for Service Users. The Special Olympics All Ireland Games will take place in Dublin from the 14th -17th of June 2018. Stewarts Special Olympics Clubs have 17 athletes taking part in the Games in competitions including Athletics, Swimming, Equestrian and Motor Activities. Those who have not qualified for the Games this year will still remain busy with their training sessions and participating in upcoming leagues and competitions.

Sports Centre Public Memberships and Initiatives in 2018
The priority for 2018 is continuously improve the level of service and quality. The secondary goal is to increase gym memberships from 600 to 800 and expand the current gym and fitness class timetable. The Jumping Bean Nutrient Café will continue serving customers healthy snacks and drinks. The new outdoor seating area is to be fitted with lighting and plants to encourage customers and service users to enjoy the outdoors.
2018 will see Stewarts Sports Centre develop a new Swim School Pathway including the addition of new aquatics activities for people of all abilities, including special needs children, older adults and mother and baby classes. The Swim for All project will progress in 2018 with the creation of a clear plan for upgrading changing room facilities and swimming pool accessibility. The changing room upgrade is aimed to provide the highest level of changing facilities as well as an extension of the current pool to include a hydrotherapy pool.
Catering Services

The Catering Department has a requirement to provide catering services to service users and staff at Stewarts, as well as delivering the services to the community. The catering department had been without a manager since July 2017, the post has now been filled as of February 2018.

On average the catering team provides 350 meals per day to Service Users, in addition to snacks for consumption throughout the day. Meals are also provided for staff at Stewarts, including breakfast and lunch service.

2017 Activity

The Catering Department has continued to provide full catering service to service users of Stewarts and staff throughout 2017 and has also met all the statutory requirements under which the department must operate.

The department has been very active in 2017 in promoting the importance of nutrition and creating awareness of allergens in the food provided. The department has also ensured in 2017 that national best practice nutrition levels are achieved for all customers of the catering department.

Planned activity for 2018

The proposal for 2018 is to improve the awareness of nutrition and hydration standards for service users and will look to also launch the Healthy Ireland initiative in Stewarts for the staff. As part of this initiative, the Catering Department, in conjunction with the Dietician at Stewarts, we will look to commence Calorie Posting for all food served at Stewarts to all customers.

We plan to introduce a catering IT management system for the operations and an on-line ordering system for users to order their menu requests and stores.

We will also review the staff catering facilities for 2018 and ensures that all staff has an area/facilities to relax and eat their food across all shifts.

2018 will also see a significant increase in both Service Users and staff focuses in the catering department and an annual survey will also be carried out for Service Users and staff to gather user feedback of the catering department.
Information & Communication Technology (ICT)

The function of the ICT Department is to provide, administer and maintain ICT Services to Stewarts Cares’ main campus as well as to its’ community houses dispersed around west Dublin. In 2017, the ICT Dept deployed ICT Services to two new community houses as well as redeploying ICT Services in support of a number of relocations within the main campus and residential premises.

### ICT LANDESK TICKETS

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### LANDesk Tickets

**2017 Activity**

**Managed Wide Area Network (MWAN) Project:**
The install of circuits for MWAN.
- 100% completed in 2017.

**Remote Desktop Service (RDS) & Multi Functional Photocopier (MFP) Deployment Project**
The deployment of RDS & MFP to Residential Houses.
The deployment of RDS & MFP to Community Houses.
- 100% completed in 2017.

**Private Automatic Branch Exchange (PABX) Project**
- A funding application to the HSE for the replacement of the current Alcatel-Lucent 4400 PABX has been successful and funding to the value of €59,589 has been secured;
- The procurement process is complete and the successful vendor has been notified;
- Deployment of the new PABX will take place in Q1 & Q2 of 2018.

**Network switch infrastructure review**
A review of the Network Switch Infrastructure has been conducted to determine which Network Switches could be upgraded to a stable and secure IOS switch image, in addition to identifying which Network Switches are capable of being configured to enable Portfast. Enabling Portfast enhances speed of connections that would be extremely beneficial in the Stewarts Care RDS environment. Of the 26 Network Switches examined, two cannot be upgraded. Upgrading the remainder will incur network outages and will be scheduled in 2018. Funding from HSE is required to replace the two older switches as well as an additional switch for the Rossecourt site to facilitate the additional network points required there.

**Planned activity for 2018**
- Enhance the LANDesk Ticketing System to facilitate improved outputs;
- Move SURA to new platform facilitating future enhancements;
- Secure funding for the Upgrade of eMail System to Cloud Based Platform;
- Review of Business Continuity & Disaster Recovery Solution.
Review of planned activity for 2017

Based on 2016 jobs closed, the department aimed to close the same amount of jobs with the existing resources. Additional resources were allocated to Technical Services in October 2017 and closed 2249 jobs from October up to 31st December 2017 which was 271 jobs more than the same period in 2016.

Projects completed in 2017

- Installation of magnetic door hold devices to all residential areas (in progress);
- Reconfiguration of Woodlands 26 and remodelled Bungalow 5 and Bungalow 3, bedrooms made bigger and overhead hoist and tracking installed, new wet rooms installed;
- Farmhouse - upgraded ensuite toilet to provide access for all residents to communal bathroom;
- 2 Woodfarm Acres - changed bath to shower;
- 11 Weston Court, install ensuite wet room. Install new ramps front and back doors;
- Riversdale - changed bath to shower;
- Fire escape paths for night time bed evacuation to the assembly point at B18, 20 and 22;
- Upgrade emergency lighting in all buildings;
- Bungalow 11 bathroom works including a new bath;
- Energy Centre - condensate recovery skid for steam.

Planned activity for 2018

- As recommended by HIQA during inspections in 2017, due to the resident’s age profile and deterioration of ability to step in and out of a bath in a safe manner, we will be changing the bath to a shower in 119 Royal Meadows, 130 Royal Meadows, Gleneaston Court, Silken Vale and St. Andrews;
- Woodlands 28 and 26 renovations to create individual bedrooms, apartment style accommodation;
- Clarkeville Flower shop and old building renovations - Extend existing flower shop to provide workshop area for flower arranging and craft work for Service Users;
- Bungalow 7 - to support the changing needs of the residents; Installation of hoist tracking system and replacement of bath with a wet room;
- Make path at rear of Bungalow 2 to Bungalow 6 accessible for wheelchairs and emergency services;
- Path at rear of Bungalow 8 – new wider path for evacuating beds in the event of an emergency;
- Dochas Lodge - Fit hoist and tracking to bedrooms and bathrooms. This work is being carried out to support the changing needs of the residents;
- New sewage treatment plant and associated percolation area;
- House 25, reconfigure one apartment with access to rear garden form sitting room. New kitchen in another apartment and renovate bathroom;
- 123 Beechpark, convert staff room into bedroom with ensuite;
- Westhaven, convert the garage into bedroom with ensuite.
- Weston Court - convert the garage into bedroom with ensuite and build new utility room.
- Balgaddy Cottage - fit a new partition in back bedroom to change ensuite to general use bathroom for all Service Users in ground floor bedrooms. Create store room in boiler house.
Household Services

31.36 WTE €1,221,537 3.70% 64%

Review of planned activity for 2017

- Environment and equipment cleaning Policy was ratified in July 2017 by Orla Kavanagh IPCO.
- The Household Department with IPCO updated an audit tool which includes a marking system in addition to narration of findings. Include a frequency audit schedule based on occurrence of household services.
- Audits were carried out in DC1-6 outside of household remit in preparation for HIQA and assistance on handwashing supplies.
- Deep cleans were carried out in community houses in preparation for their audits and general upkeep of the area. 8 community houses in total.
- Advised stepping stones on cleaning supplies and assisted with the purchasing from supplier.
- All staff completed the online children's first in 2017.

Planned activity for 2018

- Complete monthly mould audits for homes. Carry out deep cleans on areas affected by mould and liaise with Technical Services on items that cannot be removed.
- Review and implement a schedule for cleaning the bathrooms / shower rooms in houses.
- Continually audit all areas cleaned by Household staff to ensure the correct equipment, products and standards are maintained and are compliant with HIQA regulations.
- Deep cleaning schedule to be arranged with the Transitions Manager and Programme Manager of renovated areas.
- In conjunction with the new policy onsite Environmental cleaning training for all staff did not take place due to change of roles for IPCO it is hoped it will commence in 2018 with the new IPCO.
- Review cleaning equipment in areas and update if necessary i.e. Roll out flat mopping systems to all areas.
- Conduct a Customer satisfaction survey on household services provided to find out what we are good at and what they feel we can improve on.
Laundry Services

6.5 WTE  € 337,042  2.08%  78%

Review of planned activity for 2017

A annual audit of the Laundry Department was carried out by The International Standards Awards Company Ltd. which represents the professional interests of the laundry industry in Ireland. In 2017 the department scored 93%.

A member of staff from the Laundry Department visits the homes monthly for their comments or complaints. In 2017 there were 9 minor complaints that were all addressed.

Proposed 6 monthly deep clean of net curtains and duvets in all homes has been put on hold.

Planned activity for 2018

- Continue to improve laundry service to all areas on and off campus.
- Improve the percentage received at Hygiene Audit and International Quality Mark for 2018.
- Continue to visit the homes monthly for comments or complaints and will work to reduce any complaints in 2018.
- Replace the laundry van.
- Bags of clean linen are now costed back to each area.
- Put together a customer survey to see how the laundry service can improve.
- Work on improving core competency training for staff in the Laundry Department in 2018.
Stewarts Stores / Sewing Department

The Sewing Department is part of the support services in Stewarts and has 2 full-time employees. The department is responsible for providing a monthly supply of products and services to all 23 homes on campus and homes based in the community, including marking, alterations and repairs to clothing. Bedding (standard and waterproof), sleep suits, wheelchair ponchos are also supplied. Fire Retardant net and heavy curtains are made from raw materials procured from reputable companies. The team maintains records on file of all transactions with suppliers and internal customers.

Review of planned activity for 2017
- The stores department completed all scheduled deliveries in 2017, providing essential products for all departments/offices/bungalows/schools/restaurants/kitchens;
- The stores department is part of the support services within Stewarts Care and has 3 permanent full-time employees. Stores department manager and 2 stores assistants. Stores provides medical, stationary and general products to all bungalows/houses, schools, day services, restaurants/kitchens, offices and community homes.
- The stores department works very closely with suppliers to ensure provision of a quality and professional service in all aspects of procurement activities.
- The stores warehouse (situated in Cherry Orchard industrial Estate) houses inventory of over 600 different types of products sourced and supplied from 20-25 reputable companies. Our product range covers all domestic and catering items.

Planned activity for 2018:
Stores department:
- The Stores/Sewing department will audit all areas to establish the changing needs of each individual area so as to continually provide a cost effective and efficient service.
- The team will liaise with Persons in Charge and Programme managers to ensure regular updates on the needs of each residential/community home and provide information and input on the products and services supplied by the Stores/Sewing departments.
- To readjust request sheets reflecting agreed quantities.
- To continue to work closely with department heads to alleviate the need for “Emergency” deliveries.
- To re-negotiate prices with Suppliers.
- To uphold a high quality of tendering and purchasing processes in accordance with Stewarts Policies.
- To keep deliveries efficient and to a minimum.
- Continued assessment of delivery of service for best price, function and effectiveness.
Review of planned activity for 2017

- Residential Support Service Maintenance Accomodation Contributions (RSSMAC) financial assessment for all Service Users was completed for 2017;
- The proposal to introduce Service User Bank Accounts including ATM cards is on hold as the requirement for this is under review with the HSE;
- The proposal to introduce Visa Purchasing Cards for community homes has not been finalised due to technical difficulties with AIB;
- The introduction of Budget and Management accounts for all Cost Centres is still in progress;
- Continued monitoring payroll cheques to correct errors / omissions in conjunction with TMS support;
- The plan to implement Government and HSE directives with regard to issuing tenders is in progress.

Planned activity for 2018

- Service User Funds – phased screening of all transactions;
- Service User Funds - Complete Financial Assessments for 2018;
- Implementation of New RSSMAC charges and devise procedures for implementing ‘Waiver’ system;
- Introduce VISA Purchasing Cards for Houses;
- Review / Audit the Financial data register on SURA;
- Roll out Budget and Management Accounts for all Cost Centers across the organisation;
- Compile a contracts database;
- Complete Financial Monitoring report for HSE (New Requirement);
- Running Expenses – full audit of same for each living area to commence in February 2018;
- Co-ordinate with Stores and Care Management a more cost efficient method of providing goods;
- Provide Financial Education pack for all Persons in Charge;
- Receipting System – test, rollout and train relevant stakeholders;
- ePOS – continue training and support for all users, and develop improvements to the system;
- Produce Benefit Statements for all members of the Single Public Service Pension Scheme (5 years);
- Implement all Statutory Instruments with regard to Pension Schemes;
- Develop enhancements for the retirement process for all staff;
- Reduce the cheque run numbers on a weekly basis;
- Improve communication with care areas;
- Assigned Finance Staff will continue to participate in the Complaints Committee;
- Further training will be undertaken by all staff to improve skills and provide greater efficiencies;
- Devise a suite of monthly reports for the Enterprises;
- Continue to assist and provide information to new starters with regard to Pay and Pension, develop more advisory documentation for staff and release on regular basis;
- Reduce the number of printed payslips required within the organisation;
- Comprehensive review of all payroll master data for quality assurance;
- Update all procedures to reflect changes in processing;
- Upgrade contracts database.
**Fundraising**

The Fundraising Manager was appointed in October 2017. The focus of this role is to oversee and enhance the fundraising functions of the organisation and to increase the awareness of the organisation.

In 2017 Stewarts Care engaged in a limited number of events. These included Golf Classic (€14,598); Mini Marathon (€4,214); Flag Day (€6,826); Christmas cards (€4,729); Donations (€16,989); Bequests: (€75,944).

Total income from fundraising in 2017 was €123,300.

**Planned activity for 2018**

- Planned Fundraising Events for 2018
  - Golf Classic- May 2018;
  - Womens Mini Marathon- May 2018;
  - Fashion Show involving Dublin GAA and Service Users from Stewarts Care- October 2018;
  - Flag Day- October 2018;
  - Christmas Cards Nov- Dec 2018;
  - Other local fundraising events to be planned throughout the year.

An aim for 2018 is to increase the awareness of the organisation this will be done through;

- Re-launching the Stewarts Care website;
- Facilitating corporate partnerships;
- Inviting companies in to Stewarts Care to partake in Corporate Social Responsibility Days;
- A publicised car-pool karaoke.

The 3 main projects that fundraising will be focused on in 2018 are:

- Improvements in respite services;
- New purpose built changing rooms in the Sports Centre;
- A contribution towards the building of a playground for the newly built Stewarts School;
- The expansion of Clarkeville Flower Shop to enrich the day service provided to Service Users.
Freedom of Information (FOI) & Data Protection (DP)

1 WTE € N/A N/A N/A

FOI and DP request activity:

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<th>FOI requests actioned</th>
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Data Protection (DP) | DPI requests received | DP requests actioned | DP requests closed | DP requests outstanding |
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Number of data protection breaches: 2.

Key lessons learned during the year were:
- The importance of encryption and to ensure that laptops are stored safely and secured in locked offices in locked buildings and shut down when not in use;
- Stewarts staff should not allow access to or share waiting lists with third parties (Reference: Direct Marketing).

Review of planned activity for 2017

Freedom of Information:
- FOI Stats for 2017 completed and sent to the National Federation of Voluntary Bodies:
- 4 FOI Requests above processed and completed:
- Organisational Impact: FOI Publications updated on Stewarts Care website with links to relevant documents as per legal requirements/best practice of the FOI Act 2014 Publication Scheme. FOI Disclosure Logs 2016 and 2017 published:
- Routine / administrative requests processed and completed.

Data Protection:
- Annual Registration 1805/A reviewed and submitted with annual fee to the Data Protection Commissioner’s Office on 15th June 2017.
- On Data Protection request processed and completed.
- Organisational Impact – The General Data Protection Regulation (GDPR) Deadline 25th May 2018. Information circulated to Chief Executive; Executive Director - Corporate; Clinical Services Manager and relevant departments. Advice and booklet received at MHC Solicitors Training has been provided to Fundraising Manager.

Archive Room:
- Co-ordination of storage and collection of secure shredding bags to ensure secure destruction of confidential documents by contractor;
- Updated lists in Archives and re-sorted boxes of files of deceased service users.
Planned activity for 2018

**Freedom of Information & Data Protection:**
- New Freedom of Information & Data Protection Officer appointed in March 2018
- Staff Training in Freedom of Information and Data Protection.

**Freedom of Information:**
- FOI Stats for 2018 to the National Federation of Voluntary Bodies.
- FOI Act 2014 Publication Scheme updated on Stewarts Care website.
- New FOI Officer to participate in the National Federation of Voluntary Bodies FOI Network.

**Records Management in Archive Room:**
- Cross referencing of stored files of deceased/discharged service users with lists;
- Checking files are in correct alphabetical order;
- Filing of outstanding documents.

**Policies:**
- Review of Draft Freedom of Information Policy when new FOI Officer, FOI Decision Makers and Internal Reviewers are appointed and receive training, if required, in 2018;
- Review of Records Management and Retention Policy.

**Stewarts Website:**
- Update of DP section to reflect GDPR.

**NFVB DP Network:**
- DP Officer to participate in the new DP Network to consider the issues in relation to the GDPR. This group will be linked with the existing National Federation FOI Network which currently meets approximately 4 times a year.
APPENDIX 1: Clinical Services Team

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